



What's Changing for 2026

We're inspired by what makes you unique.

AT&T provides comprehensive benefits to meet your unique needs and encourage your total wellbeing. Make a Good Call and prepare for Annual Enrollment by reviewing the information on this website — it's personalized for you!

Right now, check out what's changing with your AT&T benefits for next year. For example, review your medical plan option(s) for 2026 and note any changes. Use this opportunity to explore and choose what's right for you and your family. Remember, medical coverage is not just for the times you are sick, it also helps you stay healthy by covering preventive care, like annual checkups.

Medical

Here's an overview of what's changing with your medical coverage for next year:

- **Receive up to \$150 annually from the company as a matching contribution to a Health Savings Account (HSA):** You may be eligible to receive \$150 in your HSA. To qualify for the company contribution to your HSA, you must:
 - Enroll in either the Option 2 medical plan option or a fully-insured medical plan option (FIMCO), like a Health Maintenance Organization (HMO) with high deductible medical plan option, if available in your ZIP code.
 - Contribute at least \$150 to your HSA.
- **Fertility services:** If you elect to participate in one of the self-insured plan options, you will now be eligible to receive fertility treatments and medications.
- **Employee contributions:** While your medical plan options haven't changed, your monthly contributions, deductibles and out-of-pocket maximums may have changed.

Surcharges

The Working Spouse/Partner Surcharge will be \$125 per month in 2026.

Adoption, Surrogacy and Cryopreservation

- **Increased benefit:** Effective Jan. 1, 2026, AT&T offers increased adoption reimbursement assistance and a wider range of covered surrogacy and cryopreservation services.

Health Savings Account (HSA)

Here's an overview of what's changing with the AT&T Health Savings Account (HSA):

- **Increase to maximum HSA contribution amount.** The 2026 HSA contribution maximums will increase from \$4,300 to \$4,400 for individuals and \$8,550 to \$8,750 for families.
- **Receive up to \$150 annually from the company as a matching contribution to your HSA.** To qualify, you must either enroll in the Option 2 medical plan option or a fully-insured medical plan option (FIMCO), like a Health Maintenance Organization (HMO) with a high deductible medical plan option, if available in your ZIP code. You must also contribute at least \$150 to your HSA. The company HSA contribution is now an annual opportunity. You will need to enroll in one of these plan options and make a new HSA election every year during Annual Enrollment in order to receive it.

Flexible Spending Account (FSAs)

Here's an overview of what's changing with the AT&T Flexible Spending Account (FSAs):

- **Increase to maximum Health Care FSA contribution amount.** The Health Care FSA contribution maximum increased from \$3,200 to \$3,300 in 2025. Please note that the IRS may announce an increase to the 2026 maximum contribution amount after Annual Enrollment ends. If you elect to contribute \$3,300 during Annual Enrollment, you can also elect to have your contribution increase automatically to the new 2026 IRS maximum. For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).
- **Increase to maximum Dependent Care Flexible Spending Account (FSA) contribution amount.** For the first time in many years, the Dependent Care FSA contribution maximum will increase from \$5,000 to \$7,500 (\$3,750 if married filing separately).

Dental

Here's an overview of what's changing with your dental coverage for next year:

- **Dependent eligibility:** Starting Jan. 1, 2026, dependent children will be eligible for dental coverage until the end of the month in which they turn age 26. If you have previously ended your dependent child's dental coverage under the current eligibility rules and your child is not yet age 26, you may re-enroll your eligible child during 2026 Annual Enrollment for coverage starting Jan. 1, 2026. Adding a child to coverage, regardless of the child's age, may require dependent verification.
- **Dental Health Maintenance Organization (DHMO):** You may be eligible for a DHMO option depending on your ZIP code. See the DHMO Patient Charge Schedule for additional details. If you choose a DHMO for 2026, you will now pay a \$5 office visit copay each time you visit the dentist and coinsurance for major services and orthodontia services will increase from 40% to 50%.

Vision

Here's an overview of what's changing with your vision coverage for next year:

- **Dependent eligibility:** Starting Jan. 1, 2026, dependent children will be eligible for vision coverage until the end of the month in which they turn age 26. If you have previously ended your dependent child's vision coverage under the current eligibility rules and your child is not yet age 26, you may re-enroll your eligible child during 2026 Annual Enrollment. Adding a child to coverage, regardless of the child's age, may require dependent verification.

Life Insurance

- **Dependent eligibility:** Beginning in 2026, you can enroll your dependent child(ren) in life and AD&D insurance coverage through the end of the month that your child turns 26. Adding a child to coverage, regardless of the child's age, may require dependent verification.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



2026 Medical Plan Options



What's Changing for 2026

Here's an overview of what's changing with medical coverage for next year:

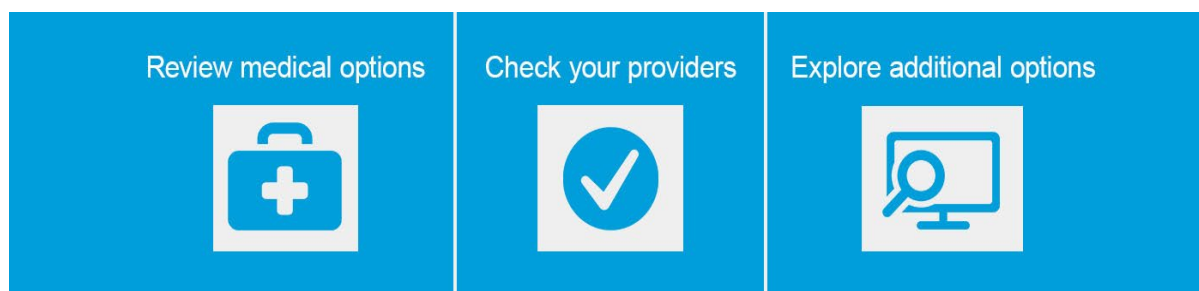
- **Receive up to \$150 annually from the company as a matching contribution to a Health Savings Account (HSA):** You may be eligible to receive \$150 in your HSA. To qualify for the company contribution to your HSA, you must:
 - Enroll in either the Option 2 medical plan option or a fully-insured medical plan option (FIMCO), like a Health Maintenance Organization (HMO) with high deductible medical plan option, if available in your ZIP code.
 - Contribute at least \$150 to your HSA.
- **Fertility services:** If you elect to participate in one of the self-insured plan options, you will now be eligible to receive fertility treatments and medications.
- **Employee contributions:** While your medical plan options haven't changed, your monthly contributions, deductibles and out-of-pocket maximums may have changed.

Use the **Medical Plan Option Evaluator tool** to explore your network providers, claims, out-of-pocket costs and other preferences to find the best option for you and your family.

Remember: Use Convenient Urgent Care When Possible

While all AT&T medical plan options cover emergency care services, emergency care can be costly. When possible, such as for non-life-threatening injuries and illnesses, seek care other than at an emergency room. Virtual Urgent Care visits are especially convenient since they are easy to schedule and allow you to consult with a healthcare provider from the comfort of your home or wherever you need to be at the moment. Contact your plan administrator for more information on how to schedule a Virtual Care visit.

General Enrollment Information



To make changes for 2026, you can do so from Oct. 20 – Nov. 7, 2025 on this website or by calling an AT&T Benefits Center representative at 877-722-0020 from 7 a.m. to 7 p.m. Central time.

If you have questions or need help enrolling, you can schedule an appointment with the AT&T Benefits Center to talk with a representative. Appointments are available during the Annual Enrollment period between 7 a.m. and 7 p.m. Central time, Monday – Friday.

What Happens If You Don't Enroll?

If you want to keep the current medical plan option you are enrolled in for 2026 and you do not enroll, you will automatically get the same coverage if it is still available. To stop or change your current coverage, you need to do so during Annual Enrollment.

Your Medical Benefit

AT&T offers self-insured medical plan options and Fully-Insured Managed Care Options (FIMCOs):

- “Self-insured” — This means AT&T (rather than a third party) keeps the financial risk for paying claims. Self-insured medical plan options also include access to certain additional benefits and incentives. (See the “Added Benefits with Self-Insured Plan Options” section below.) An example of a self-insured plan option includes those with Blue Cross and Blue Shield of Illinois (BCBSIL).
- “Fully-insured” — This means a third party (rather than AT&T) keeps the risk for paying claims. Your eligibility for these options is based on your ZIP code.

Remember, if your preferred providers are not in-network, you could pay more for medical services.

You can check to see if your doctor is in your network or search for new doctors by visiting Blue Cross and Blue Shield of Illinois (BCBSIL*) at www.bcbsil.com/att. Even if you are currently a BCBSIL member, follow the prompts on the home page to locate the correct network based on your bargaining region and state of residence.

* Blue Cross and Blue Shield of Illinois (BCBSIL) provides national coverage.

2026 Self-Insured Medical Plan Options

AT&T offers excellent medical plan options, but depending on your preferences, one plan may stand out as the best value for you. That's why you should compare your options and choose what works best for you and your family.

While AT&T's self-insured medical plan options differ in network coverage, copay amounts and premiums, all of the self-insured options include additional benefits and incentives, including:

- Virtual Care services support from Included Health.
- Access to Centers of Expertise for certain surgeries and procedures.
- Virtual support for back, neck and joint pain with Hinge Health.

See the "What Else You Should Consider" section for details on these added benefits.

HMO Options (Fully-Insured)

You may be eligible for a Health Maintenance Organization (HMO), which is a Fully-Insured Managed Care Option (FIMCO), based on your home ZIP code.

Important: If your dependents meet the eligibility rules for coverage under your company self-insured option, they will likely be eligible for HMOs/FIMCOs. However, for some dependents (e.g., partners and disabled dependents), certain HMOs/FIMCOs may need more information or may not provide coverage.

Before you enroll or re-enroll in an HMO/FIMCO for 2026, it's important to review and compare all your 2026 medical plan options. If you have questions, call the HMO/FIMCO service center (not the AT&T Benefits Center). Phone numbers and your reference number are listed on your online medical plan options chart. Have the reference number from your medical plan options chart handy and be sure to tell the service representative that you are an AT&T participant.

Added Benefits with Self-Insured Plan Options

When you enroll in a self-insured medical plan option, you have access to certain additional benefits year-round:

Virtual Care Visits with Included Health

All self-insured medical plan options offer you and your covered dependents easy access to all kinds of virtual medical and mental health care at no cost to you.

- Virtual Primary Care makes it easy to select and get personalized care from high-quality providers in a fully virtual setting.
- Virtual Urgent Care enables quick and convenient on-demand 24/7 care and is a more cost-effective option than visiting the emergency room for non-life-threatening illnesses or injuries.
- Virtual Mental Care provides virtual therapy and psychiatry visits on your schedule.

For more information on accessing Virtual Care services, go to Your Personal Healthcare Team by Included Health. Your Personal Healthcare Team is on call 24/7 to provide personalized support for your unique healthcare situation.

Digital Exercise Therapy

Care for your joints by improving your flexibility to help prevent injury. Access convenient digital exercise therapy and educational articles to help you reduce and prevent joint and back pain. It's all available through Hinge Health at no cost to you. A personal health coach will help create a convenient exercise therapy plan to help reduce and prevent joint and back pain.

Centers of Expertise

All self-insured plans offer access to Centers of Expertise for addressing certain types of surgery and cancer care:

- **Surgical care and support.** A benefit administered through the Lantern Specialty Care SurgeryPlus program that helps you access high-quality surgical care for many planned surgical procedures, including bariatric surgery and orthopedic surgeries (such as knee replacements) as well as personalized support and resources for you and your dependents.
- **Cancer care support.** A benefit administered through the Lantern Specialty Care Cancer Care Direct program that provides personalized guidance and support throughout your, or a loved one's, cancer journey. An expert support team can help navigate the path ahead and your personal Oncology Nurse Navigator can answer questions on everything from your treatment plan to symptom management, coordination of appointments and expert reviews, and help ensure you're getting the right care. If you or a dependent needs personalized support after a diagnosis, it's available.
- **Sleep support.** A benefit administered through Sleep Charge that provides resources and expertise to help you get your best rest. Take a sleep checkup and experts will determine the best path for you. They can diagnose and treat many sleep-related issues.
- **Cell and gene therapy.** A benefit delivered by Emerging Therapy Solutions that provides support if you or a dependent is diagnosed or living with a chronic disease or condition that could be treated with a cell or gene therapy. Receive access to a nurse Care Guide who understands the challenges you're facing; educational resources; therapy options; access to top-quality, network care centers; a travel benefit and more. Copays, deductibles and out-of-pocket expenses may apply.

Where You Can Find More Information

- Review and compare all your 2026 medical plan (with prescription drug) options and their costs.
- Go to Your Personal Healthcare Team by Included Health to connect with specialists who can help you navigate your medical plan options, find providers in the network who meet your needs and help you arrange for Virtual Care services.
- View personalized videos to help you learn more about your benefits and plan options.
- Watch **Things to Consider When Choosing a Plan.**
- Use the new **Medical Plan Option Evaluator tool.** You'll answer a few short questions and receive a suggested plan based on your answers and preferences. You'll see costs and whether your providers on-file are in-network.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Save Money with an HSA



What's Changing for 2026

Here's an overview of what's changing with the AT&T Health Savings Account (HSA):

- **Increase to maximum HSA contribution amount.** The 2026 HSA contribution maximums will increase from \$4,300 to \$4,400 for individuals and \$8,550 to \$8,750 for families.
- **Receive up to \$150 annually from the company as a matching contribution to your HSA.** To qualify, you must either enroll in the Option 2 medical plan option or a fully-insured medical plan option (FIMCO), like a Health Maintenance Organization (HMO) with a high deductible medical plan option, if available in your ZIP code. You must also contribute at least \$150 to your HSA. The company HSA contribution is now an annual opportunity. You will need to enroll in one of these plan options and make a new HSA election every year during Annual Enrollment in order to receive it.

HSA vs. FSA: What's the Difference?

AT&T offers a Health Savings Account and two Flexible Spending Accounts that you can use to save money when you pay for eligible healthcare and dependent care. Each account type offers certain advantages. Use the information below to understand these advantages and decide what's best for you.

Below is a quick look at the HSA and FSAs. Contribution limits apply for calendar year 2026.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)*	Dependent Care Flexible Spending Account (FSA)*
Description	An HSA is an account that allows you to save tax-free money for qualified healthcare expenses.	A Health Care FSA also allows you to save tax-free money for qualified healthcare expenses, but you must use all the money in the account each year or you lose it.	A Dependent Care FSA offers you tax-free savings on child or elder care coverage (e.g., day care, summer camp and home care expenses).
Maximum annual contribution	\$4,400 individual coverage; \$8,750 family coverage (includes your contributions and any company HSA contributions, if applicable)	\$3,300**	\$7,500
Offer "catch-up" contributions?	Yes, for 55 and older (\$1,000 maximum)	No	No
Ability to invest balance?	Yes	No	No

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)*	Dependent Care Flexible Spending Account (FSA)*
Are contributions taken pre-tax or after-tax?	Pre-tax***	Pre-tax	Pre-tax
Balance carries over each year?	Yes, HSA funds can be used now and in the future (even after you retire or leave the company). Balance is available to spend as you make contributions.	No, must be used each calendar year or you forfeit the money. Annual amount you elect to contribute is available at the beginning of the year.	No, must be used each calendar year or you forfeit the money. Balance is available to spend as you make contributions.
Eligibility	You can open an HSA if you: • Enroll in an HSA-eligible high deductible health plan option. • Are not claimed as a dependent on someone else's tax return. • Do not have other low deductible healthcare coverage, such as through a spouse's/partner's employer. • Do not participate in a Health Care FSA, unless your Health Care FSA is designated as "limited-purpose" to reimbursement of eligible dental, vision and preventive care expenses. • Are not enrolled in any part of Medicare.	You can participate whether or not you elect coverage in a medical plan option. If you contribute to an HSA, money in your FSA can ONLY be used for eligible dental, vision and preventive care expenses.	You can participate whether or not you elect coverage in a medical plan option. This can only be used to pay for eligible dependent care expenses.

* To be eligible for reimbursement, eligible Health Care and Dependent Care FSA expenses must be incurred by Dec. 31, 2026. FSA claims must be submitted to the FSA administrator and postmarked by March 31, 2027. Any unused balance in the account will be forfeited.

** If you elect to contribute the 2025 IRS maximum of \$3,300 during Annual Enrollment, you can also elect to have your contribution increase automatically to the new 2026 IRS maximum.

*** State income taxes apply to your HSA contributions in California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor. When you make pre-tax contributions, you will take home more pay than you would with after-tax contributions.

Health Savings Account (HSA)

What the HSA Is

The Health Savings Account (HSA) is a tax-free* way to pay for qualified healthcare expenses. You must enroll in a high deductible HSA-eligible medical plan option to be eligible for the HSA.

How the HSA Works

You decide how much money to save in your HSA, and you can change that amount at any time. You can put money into your HSA on a pre-tax* basis through convenient payroll deductions to use now or in the future. Setting aside money in an HSA has a few other advantages as well:

- Not only do you save money on qualified expenses, but your taxable income is also lowered.
- You can invest your HSA contributions, and any earnings grow tax-free.
- You don't pay any taxes when you spend your HSA money on qualified healthcare expenses.
- The money in your HSA is yours even if you change medical plan options, leave the company or retire.

You can contribute up to the annual maximum amount as determined by the IRS. For 2026, maximum contribution amounts are \$4,400 for individuals or \$8,750 for families. The annual "catch-up" contribution amount for individuals aged 55 or older is \$1,000.

Contributions will be taken in equal amounts from each of your paychecks (or the first two checks of each month if you receive biweekly checks) throughout the year. You can only access the current balance in your account at a given time. Your HSA carries over year to year, so you don't have to worry about forfeiting your funds at the end of the year.

* State income taxes apply to your HSA contributions in California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor. When you make pre-tax contributions, you take home more pay than you would with after-tax contributions.

New Annual Opportunity

Here's how it works: When you enroll in medical plan Option 2 (or a fully-insured medical plan option with a high deductible medical plan option, if available in your ZIP code), and meet the quarterly and annual contribution requirements to your HSA through payroll deductions, AT&T will contribute a \$150 match per household to your HSA as follows:

If You Contribute via Payroll:	AT&T Will Contribute:
\$37.50 during each quarter or \$150 year to date*	\$37.50 during each quarter or \$150 year to date*

Note: The company HSA contribution is now an annual opportunity. You will need to enroll in one of the plan options mentioned above and make a new HSA election every year during Annual Enrollment in order to receive it.

* Once you have met the minimum year-to-date amount, you will receive the company contribution as applicable in the future quarters during the plan year, as long as you remain eligible.

If You Are Enrolling in an HSA for the First Time

If you meet certain requirements, you can open an HSA with any financial institution. However, to make HSA payroll contributions, you must establish an HSA with Fidelity, and you must complete the following steps:

- During Annual Enrollment, input your desired annual HSA payroll contribution amount when you enroll in medical coverage.
- Outside of Annual Enrollment, make your HSA election on the AT&T Benefits Center website by clicking on the **Change HSA Contributions** link in the **Reference** section of the home page or by calling 877-722-0020.
- Log on to Fidelity NetBenefits® to designate your beneficiary. Choose **Beneficiaries** from the **Quick Links** menu under the **Health Savings Account** tile on the home page.
- Take advantage of tax-free earnings growth of your HSA by designating how your future payroll contributions will be invested. Click **Investing** from the **Quick Links** menu under the **Health Savings Account** tile on the home page.

Payroll deductions for elections made at Annual Enrollment will begin with the first paycheck on or after Jan. 1.

Remember, you can change your HSA election at any time on the AT&T Benefits Center website by clicking on the **Change HSA Contributions** link in the **Reference** section of the home page or by calling 877-722-0020.

IMPORTANT: The HSA offered by Fidelity Investments is not an arrangement established or maintained by the company. Rather, an HSA that you open with Fidelity Investments is an arrangement between you and Fidelity Investments that is established and maintained by Fidelity Investments, the HSA trustee. It is the company's intention to comply with Department of Labor guidance set forth in Field Assistance Bulletin No. 2004-1, which specifies that an HSA is not an ERISA plan if certain requirements are satisfied.

Note: HSA eligibility is restricted if you are enrolled in Medicare. You cannot contribute or receive company contributions to your HSA starting the month you are enrolled in Medicare Part A or Part B, but you can continue to invest and use your balance to pay for eligible expenses.

Disclosure

HSA payroll contributions and any other contributions described in this notice are governed by the AT&T Flexible Spending Account Plan and your AT&T Medical Program. For more information, refer to the AT&T Flexible Spending Account Plan and AT&T Medical Program Summary Plan Descriptions (SPDs). In the case of any discrepancy between this notice and the terms of the Plans as defined in the SPD, the Plan's terms will govern.

Where You Can Find More Information

For more information, see the **Health Savings Account vs. Flexible Spending Account video** and refer to your AT&T Medical Program (for company HSA contributions) or the AT&T Flexible Spending Account Plan Summary Plan Descriptions (SPDs).

Save Money With FSAs



What's Changing for 2026

Here's an overview of what's changing with AT&T Flexible Spending Accounts:

- **Increase to maximum Health Care FSA contribution amount.** The Health Care FSA contribution maximum increased from \$3,200 to \$3,300 in 2025. Please note that the IRS may announce an increase to the 2026 maximum contribution amount after Annual Enrollment ends. If you elect to contribute \$3,300 during Annual Enrollment, you can also elect to have your contribution increase automatically to the new 2026 IRS maximum. For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).
- **Increase to maximum Dependent Care Flexible Spending Account (FSA) contribution amount.** For the first time in many years, the Dependent Care FSA contribution maximum will increase from \$5,000 to \$7,500 (\$3,750 if married filing separately).

Flexible Spending Accounts (FSAs)

Health Care Flexible Spending Account: A Health Care FSA can help you pay for eligible out-of-pocket healthcare expenses for you and your eligible dependents. These could be doctor visits, prescription drugs, dental expenses, vision costs and more.

- During Annual Enrollment, you can elect to contribute up to the 2025 maximum Health Care FSA contribution amount \$3,300.
- Because the IRS announces the 2026 maximum FSA contribution amount after Annual Enrollment begins, you can also elect to have your contribution amount increase automatically to the 2026 maximum. Note that this election to automatically increase your contribution is available only if you elect to contribute \$3,300.
- You must use your entire Health Care FSA balance by the end of each year, or you lose it.
- Contributions will be taken in equal amounts from each of your paychecks throughout the year — or the first two checks of each month if you receive biweekly checks — but you can access your full annual contribution amount to get reimbursed for eligible healthcare out-of-pocket expenses at any time during the year.

Child and Qualifying Relative Dependent Care Flexible Spending Account: If you and your spouse/partner work, are looking for work or are in school full time, the Dependent Care FSA offers the added benefit of child or qualifying relative care coverage. Eligible expenses include day care, summer day camp, after school or home care expenses. Qualified dependents include children under age 13, as well as your spouse/partner, disabled child(ren) over the age of 13 and qualifying relatives, if they:

- Are mentally or physically incapable of self-care;
- Live with you; and
- Are your financial responsibility.

You can contribute up to \$7,500 in 2026, but unlike the Health Care FSA, you can only get reimbursed from your Dependent Care FSA for amounts up to the balance in your FSA at the time you file a claim. Similar to the Health Care FSA, you must use your entire Dependent Care FSA balance before the end of each year, or you lose it.

For Health Care and Dependent Care FSAs:

- To be eligible for reimbursement, services for all healthcare and dependent care eligible expenses must be incurred by Dec. 31, 2026, with claims postmarked by March 31, 2027. Otherwise, you will lose any remaining FSA amounts.
- The Dependent Care FSA and the Health Care FSA are separate accounts. Dependent care eligible expenses can't be reimbursed from your Health Care FSA and healthcare eligible expenses can't be reimbursed from your Dependent Care FSA.

How FSAs Work

Here are a few examples of the types of expenses that are eligible for FSA reimbursement:

Health Care FSA	Dependent Care FSA
Eligible expenses incurred for medical care, such as:	
• Fees for services performed by licensed practitioners • Medical, dental and vision expenses not covered by a medical plan (including deductibles, copays, coinsurance, etc.) • Prescription drugs • Over-the-counter insulin • Eligible over-the-counter cough and cold medications (e.g., pain relievers/fever reducers, cough medicines, non-prescription allergy medication, etc.)	• Payments to a private child care provider (as long as you can provide a tax identification or Social Security Number) • Payments to a daycare center • Payments for summer day camp • Payments to an adult dependent care program (individual or center-based)

What Else You Should Consider

- Input your desired annual Health Care FSA and/or Dependent Care FSA payroll contribution amounts when you enroll in the FSAs.
- Elections made at Annual Enrollment will be effective with the first paycheck on or after Jan. 1.
- If you don't make an election during Annual Enrollment, you will not be enrolled in either the Health Care FSA or the Dependent Care FSA in 2026. However, if you have a qualified change in status (e.g., you get married or add a dependent), you may enroll in the FSA during the year.
- The Health Care FSA becomes limited if you have an HSA. If you have both an active HSA (your own HSA, whether through AT&T or a previous employer, or a spouse's/partner's HSA) and a Health Care FSA in the same plan year, the IRS requires that your Health Care FSA be designated as a "limited-purpose" Health Care FSA. This means it can only be used to reimburse your eligible out-of-pocket dental, vision and preventive care expenses during 2026.
- If you open an HSA outside your enrollment period and/or without payroll contributions (or if your spouse opens an HSA from which you can be reimbursed for eligible expenses), you must contact the AT&T Benefits Center and request that your Health Care FSA be "limited-purpose." Once designated as "limited-purpose" your Health Care FSA cannot be changed to a traditional FSA during the calendar year, even if you discontinue your HSA payroll contributions.

Where You Can Find More Information

For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Working Spouse/Partner Surcharge



What's Changing for 2026

Here's an overview of what's changing with AT&T's Working Spouse/Partner Surcharge for next year:

- The Working Spouse/Partner Surcharge will be \$125 per month in 2026.

Each year during Annual Enrollment, you must take action to certify that your spouse/partner does not have medical coverage available through his or her current employer.

AT&T encourages you and your spouse/partner to compare the cost of AT&T medical plan options with those available through your spouse's/partner's current employer.

If you enroll your spouse/partner in AT&T medical coverage and your spouse/partner:

- Has access to coverage through a current employer, you will pay a \$125 monthly surcharge.
- Does not have access to coverage through a current employer, you must certify that during Annual Enrollment to avoid the surcharge. Otherwise, the surcharge will be added to your monthly medical coverage contribution (what you pay out of your paycheck each month). **Be sure to check the correct status to avoid the surcharge.**

For more information on surcharges, see the Surcharges video.

Tobacco User Attestation



Important action required: You must confirm your tobacco user status by completing the Tobacco User Attestation. Your answer will automatically apply to any benefits program where tobacco users are required to pay a surcharge or higher rate:

- Medical (Tobacco User Surcharge)
- Supplemental life insurance

- Critical illness insurance

You must take action during Annual Enrollment to confirm whether or not you and/or your spouse/partner are a tobacco user, even if you do not plan to enroll in an AT&T medical plan option.

Who's a "tobacco user"?

A "tobacco user" is someone who uses tobacco products at least once a month or more, on average. This includes cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco.

Tobacco User Surcharge



The Tobacco User Surcharge will continue to be \$75 in 2026.

Important action is required: You must confirm your current tobacco user status. If you enroll in an AT&T medical plan option and you and/or your spouse/partner do not complete the attestation during Annual Enrollment, your status may default to "Yes, Tobacco User" for 2026.

How does my tobacco user status affect my monthly medical contributions?

- If you and/or your spouse/partner do not fit the definition of a tobacco user, be sure to confirm your current tobacco user status to avoid the surcharge.
- If you and/or your spouse/partner fit the definition of a tobacco user, and want to avoid the surcharge, you can complete a tobacco cessation program offered at no charge by AT&T.

Tobacco Cessation Program

The Tobacco User Surcharge is \$75 per month per person.

Tobacco users (you and/or your spouse/partner) who wish to avoid the Tobacco User Surcharge in January 2026 should complete the tobacco cessation program by the end of 2025.

Here are some scenarios to understand how completing the tobacco cessation program affects surcharge refunds and waivers for the 2025 and 2026 plan years:

- **Completion before July 1, 2025**
 - Surcharge will be removed for 2025
 - Refund issued for 2025 surcharges
 - To avoid the 2026 surcharge, complete the program again after July 1, 2025 (if you do not attest to being tobacco-free during Annual Enrollment).
- **Completion between July 1, 2025 and Dec. 31, 2025**
 - Surcharge will be removed for both 2025 and 2026
 - Refund issued for 2025 surcharges
 - **Note:** If program is completed in late December 2025, the surcharge might be applied to the first payroll of 2026 but will be refunded later.
- **Completion in 2026**
 - Surcharge removed for 2026 (after completion is reported)

- Refund issued for 2026 surcharges up to the completion date
- Completing after Oct. 1, 2026 also waives the surcharge for 2027

To enroll in and complete the tobacco cessation program, follow these instructions:

1. Register online from a desktop computer or web browser by visiting my.pelagohealth.com/att.
2. Select the program you'd like to focus on.
3. Create your profile and provide contact information to help us verify your eligibility.
4. After completing registration, you will receive a text message prompting you to download the Pelago Health app, which is available in the Apple App Store or Google Play.
5. After downloading the Pelago Health app, you will log in using the same email address and password you input during registration.

If you previously enrolled in the tobacco cessation program and want to re-engage with it after Oct. 1, 2025, when your current enrollment has expired, follow these instructions:

1. Open the Pelago app or visit my.pelagohealth.com/att.
2. Log in using the same email address and password you used during registration. You can also reset your password if needed.
3. The app will automatically start you at the beginning of the tobacco cessation program.

For more information on the tobacco cessation program, see your 2026 AT&T Medical Program Summary Plan Description (SPD) or Summary of Material Modifications SMM).

For more information on surcharges, see the Surcharges video.

Note: The surcharge will not be applied if you are not enrolled in company-sponsored medical benefits, or if the application of the surcharge would result in your paying more than 100% of the cost of coverage.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Raising the Standard of Healthcare with Your Personal Healthcare Team

Your Personal Healthcare Team Benefit

Your Personal Healthcare Team is focused on simplifying and enhancing your healthcare experience. This virtual personal healthcare care team coordinates with AT&T's medical plans to create a unified experience for you and your eligible dependents.

What Your Benefit Includes

Virtual Health Services

Note: These services are available exclusively to participants in a self-insured medical plan option under the AT&T Medical Program, administered by Blue Cross and Blue Shield of Illinois. If you enroll in an HMO or other Fully-Insured Managed Care Option (FIMCO) medical plan, the virtual care and support services described below may be provided by your plan. Be sure to review your plan's specific services.

Get care for colds or flu, allergies, anxiety, chronic conditions and all kinds of medical and mental health conditions. The following virtual services are available on your phone, tablet or computer all year long, as often as needed and at no cost to you.

- **Virtual Primary Care** — select and use a primary care physician (PCP) directly through Your Personal Healthcare Team. Providers are available in a fully virtual setting — making access to primary care easier. You can expect the same level of care and service you get through an in-office setting, including the ability to:
 - Connect with experts from care teams who build long-term relationships with you and your family.
 - Get comprehensive, coordinated care and referrals to other network providers as needed.
- **Virtual Urgent Care** — get quick and easily accessible care for you and your covered dependents, on-demand 24/7.
- **Virtual Mental Care** — connect with therapists and psychiatrists for high-quality care.

To access Your Personal Healthcare Team from your smartphone or tablet, download the Included Health app.

What Else You Should Consider

Your Personal Healthcare Team is here to support you so you can:

Get a doctor who gets you.

Receive personalized recommendations for primary care providers, high-quality facilities and specialists in your networks.

Access advice anytime, anywhere.

Call or chat with a doctor whenever is most convenient for you using Included Health's app, website or phone number to connect with Your Personal Healthcare Team. For questions about health conditions, symptoms, treatment options and more, Your Personal Healthcare Team is on call and on your side to get you the right answers, right away.

Get an expert medical opinion.

Managing a medical condition? Considering surgery or new medications? Get expert answers without getting off your couch. Have a top specialist for your condition review your case and provide a written opinion to you and your doctor.

Understand your medical plan — what's covered and what's not.

See all your medical plan coverage details in one place. Track your deductible, view your claims, even learn ways to save on healthcare.

Avoid overcharges on your healthcare.

With Your Personal Healthcare Team, learn what's covered under your medical plan, see how much you've spent towards your deductible and track your healthcare expenses in one place. Your Personal Healthcare Team will even check your medical bills for errors and assist with denied insurance claims to help you save.

Learn how to make the most of your AT&T benefits and resources.

View your other AT&T-provided benefits and programs all in one place. Get help figuring out which is the best fit for your or your dependents' healthcare needs through Included Health.

Access virtual visits with high-quality, culturally competent doctors.

Easily connect with recommended doctors and care team members via mobile or desktop for a convenient, virtual consultation.

You Can Also Receive Personalized Navigation & Support

Included Health provides dedicated, culturally competent advocacy and support for you and your eligible dependents — at no cost. Our care coordinators offer personalized, concierge-level guidance tailored to the unique needs of individuals from diverse communities.

Get matched with trusted primary care providers, specialists, therapists and psychiatrists who understand and respect your unique background and healthcare needs. Our care coordinators can assist with:

- Navigating specialized care, including surgery and treatment planning
- Managing legal documentation changes and understanding health benefits
- Finding medication cost assistance and manufacturer discounts

- Accessing local community resources and support groups
- Getting help with transportation and appointment scheduling
- Addressing personal, family, social or workplace-related concerns

Dedicated Advocates

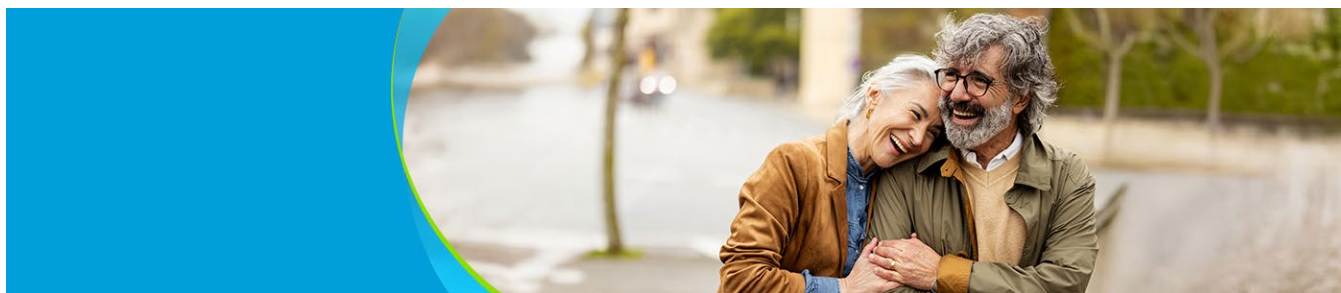
Receive one-on-one support from care coordinators who recognize the challenges and barriers diverse individuals may face when accessing care. Whether you're navigating complex health issues or need help understanding your available resources, Your Personal Healthcare Team is here to support you every step of the way. Contact Included Health at 800-374-1009 to learn more.

Where You Can Find More Information

To get started:

1. Download the Included Health app, visit includedhealth.com/att or call 800-374-1009.
2. Create an account or log in to your existing account.
3. Call or chat with Your Personal Healthcare Team 24/7.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



CarePlus

Your CarePlus Benefit

CarePlus is a supplemental benefit program providing coverage for specified treatments and services generally not covered under the AT&T Medical Program. You don't need to be enrolled in the AT&T Medical Program to sign up, **but you must be enrolled in CarePlus to receive any CarePlus benefits.**

CarePlus contributions will not change for 2026.

In 2026, you will continue to pay a monthly contribution for CarePlus coverage:

2026 Contributions
Individual: \$1 per month
Family: \$3 per month

If you're already enrolled in CarePlus, you'll automatically stay enrolled during Annual Enrollment to continue your CarePlus coverage. If you want to opt out, you must make that change during Annual Enrollment.

If you are not currently enrolled in CarePlus, you can make an election during Annual Enrollment, and your contributions will be made on a pre-tax basis. If you do not make an election during Annual Enrollment, you can still enroll prospectively at any time by calling the AT&T Benefits Center at 877-722-0020; however, your contributions will be after-tax through the end of 2026.

What Your Benefit Includes

The optional supplemental program available through CarePlus provides benefits for:

- **Experimental services** – Financial protection against the high cost of certain specified medical treatments that are considered experimental or investigational services generally not covered by most medical programs (e.g., cancer diagnosis, staging and management; hereditary syndromes; orthopedic procedures, devices and therapies, etc.)
- **Expanded services** – Additional benefits not considered experimental or investigational that may be beneficial to program participants (e.g., hearing aid benefits; service animals; occupational, physical or speech therapy, etc.)

CarePlus services are periodically evaluated so AT&T can provide the most up-to-date coverage. Information about what is included in CarePlus benefits and how to use them is available at careplus.att.com/. In addition, review your CarePlus Summary Plan Description (SPD) and find a complete list of CarePlus-covered services, which also includes benefits not listed on the CarePlus website such as Back-Up Care Days provided by Bright Horizons.

What Else You Should Consider

The CarePlus program is administered by UnitedHealthcare®, who must pre-approve most CarePlus services.

Where You Can Find More Information

To learn more, call UnitedHealthcare® at 877-261-3340 (711 from a TTY phone), Monday through Friday from 7 a.m. to 7 p.m. Central time.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Your 2025 Prescription Copayment Deadlines

This article does not apply to those enrolled in Fully-Insured Managed Care (FIMCO) options, such as an HMO.

For 2025 prescription drug coinsurance/copayments to apply, you must submit eligible prescription drug orders or refills according to the guidelines below. These dates apply to retail as well as specialty pharmacy fills.

Note: You may want to allow for additional time when ordering mail order prescriptions or refills during holiday periods.

Dec. 17, 2025 11 a.m. Central time Deadline for:	Dec. 19, 2025 11:59 p.m. Central time Deadline for:	Dec. 24, 2025 Times Vary Deadline for:
New/refill mail order requests	New/refill prescriptions placed at a Retail or Specialty Pharmacy	(By 5 p.m.) Refill orders placed by speaking with a CVS Caremark service associate
Physician responses to FastStart requests		(By 11:59 p.m.) Refill orders using CVS Caremark's: - Automated IVR/phone system - Online order system on caremark.com Note: Confirmation will be sent when order is completed.

Your 2026 copay/coinsurance and deductible will apply to orders completed on or after Jan. 1, 2026. You can contact CVS Caremark Customer Service at 800-378-8851 or online at [caremark.com](https://www.caremark.com).

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Your Guide to Next Year's Medical ID Cards

You will continue to use your current medical ID card in 2026 if you are staying in your current medical plan option and your benefits administrator and network remain the same.

You will receive a new medical ID card for 2026 if you are changing your medical plan option during Annual Enrollment, if your benefits administrator changes, or if you are newly enrolling in coverage. ID cards should arrive by Jan. 1, 2026.

If you don't yet have your card in January (or have lost your current card) and need care, your provider can confirm coverage through your benefits administrator. You also may be able to print a digital copy of your medical ID card from your benefits administrator's website or app.

Please note when you enroll in a company self-insured medical plan option, your prescription drug benefits administrator will be CVS Caremark. If you are newly enrolled in an AT&T medical plan option, you will receive a separate prescription drug ID card from CVS Caremark for your prescriptions. If you need to request a replacement card or print a temporary card, visit [caremark.com](https://www.caremark.com) or access your ID card from the CVS Caremark app.

You can also contact Your Personal Healthcare Team by Included Health to confirm that a provider is in-network and to access your medical and prescription drug ID card through the Included Health app.

HMO Options

Note: If you are eligible for and enrolling in one of AT&T's Fully-Insured Managed Care Option (FIMCO) medical plans, you may not receive a new card if you are enrolling in the same plan you had in 2025. ID cards are available either on the plans' mobile apps (where applicable) or on their websites.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Dental Options



What's Changing for 2026

Here's an overview of what's changing with your dental coverage for next year:

- **Dependent eligibility:** Starting Jan. 1, 2026, dependent children will be eligible for dental coverage until the end of the month in which they turn age 26. If you have previously ended your dependent child's dental coverage under the current eligibility rules and your child is not yet age 26, you may re-enroll your eligible child during 2026 Annual Enrollment for coverage starting Jan. 1, 2026. Adding a child to coverage, regardless of the child's age, may require dependent verification.
- **Dental Health Maintenance Organization (DHMO):** You may be eligible for a DHMO option depending on your ZIP code. See the DHMO Patient Charge Schedule for additional details. If you choose a DHMO for 2026, you will now pay a \$5 office visit copay each time you visit the dentist and coinsurance for major services and orthodontia services will increase from 40% to 50%.

Your Dental Benefit

With AT&T dental coverage, certain preventive care services, such as regular cleanings, are covered at no cost to you when you visit a network provider.

What Your Benefit Includes

Each dental plan option also covers basic, major and orthodontia services. Remember, seeing network dental providers could mean that more of the costs of services are covered under the plan option, reducing your overall out-of-pocket costs.

What Else You Should Consider

To determine whether the Dental Health Maintenance Organization (DHMO) is available in your ZIP code, see the DHMO Patient Charge Schedule for additional details.

Where You Can Find More Information

Take time to look at your 2026 AT&T dental plan options and costs and click **Compare Dental Plan Details**. It's worth the effort.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Vision Options



What's Changing for 2026

Here's an overview of what's changing with your vision coverage for next year:

- **Dependent eligibility:** Starting Jan. 1, 2026, dependent children will be eligible for vision coverage until the end of the month in which they turn age 26. If you have previously ended your dependent child's vision coverage under the current eligibility rules and your child is not yet age 26, you may re-enroll your eligible child during 2026 Annual Enrollment. Adding a child to coverage, regardless of the child's age, may require dependent verification.

Your Vision Benefit

A routine exam is an effective way to monitor your eye health. In 2026, your AT&T vision coverage will continue to be administered by EyeMed.

What Your Benefit Includes

Compare Vision Options

To see details, annual plan maximums and more, go to 2026 AT&T vision plan options and costs. You'll see that an annual eye exam is available at no cost when you visit a network provider.

What Else You Should Consider

See the EyeMed website or app for more information about savings with network providers and greater savings at certain retail locations.

Member-Only Special Offers

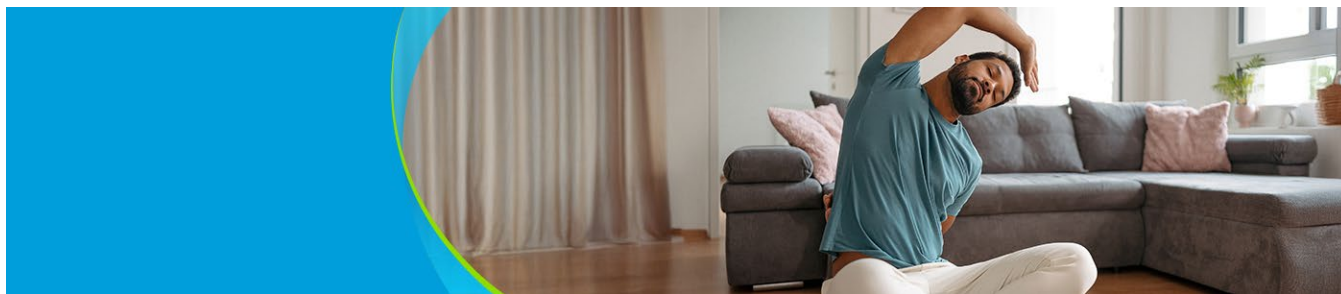
You may be eligible for special savings, exclusive to EyeMed members. To access them, register online at eyemedvisioncare.com/att or go to the EyeMed app. Sign in, then select **Special Offers** to shop the savings.

Go to the EyeMed website or use the EyeMed app to search for a provider, book an appointment and use the cost estimator tool. That way you'll know before you go.

Where You Can Find More Information

To see details, annual plan maximums and more, go to 2026 AT&T vision plan options and costs. You'll see that an annual eye exam is available at no cost when you visit a network provider.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Wellbeing Program

We aim to create a wellbeing experience and culture that drives healthy behaviors, meaningful actions and positive outcomes for employees and their spouses/partners.

Your Wellbeing Benefit

The wellbeing program provides a variety of activities and resources to help you maintain and improve your physical, financial and emotional wellbeing. Because everyone's wellbeing is unique, you have the flexibility to prioritize areas of wellbeing that matter most to you! The wellbeing program provides you with support in the wellbeing areas where you have the most interest or need the most help.

Examples include:

- Tracking steps, sleep and nutrition.
- Participating in companywide and peer-initiated challenges.
- Completing multi-step wellbeing journeys related to physical activity, stress, resiliency, nutrition, financial wellbeing and more.
- Taking assessments, such as for sleep and determining your baseline finances.
- And more!

What Your Program Includes

You can find everything you need to manage your participation, access your wellbeing benefits and discover wellbeing resources by logging on to the AT&T Benefits Center website or using the Alight Mobile app.

Here's how to get started:

- **Review the AT&T Benefits Center website** to learn more about the program, link to the activity tracker, receive personalized recommendations and much more.
- **Download the Alight Mobile app** from the Apple App Store or Google Play. Once the app is downloaded, select **AT&T**. To log on, you will need your AT&T corporate credentials. Eligible spouses/partners and new participants can also access the website and mobile app by registering and creating a participant ID and password. If your spouse/partner is unknown to the AT&T Benefits Center because they are not covered as a dependent, you will need to call the AT&T Benefits Center at 877-722-0020 to provide their information so they can create an account.

What Else You Should Consider

Whether you incorporate the wellbeing program into your daily life or use it sporadically, the wellbeing program is here for you 24/7.

To receive important wellbeing reminders and program information, sign up for text messages.

Where You Can Find More Information

- Review the Wellbeing 101 to get additional details and discover wellbeing activities.
- Review the wellbeing program FAQs to get answers to frequently asked questions about the AT&T wellbeing program.



Employee Assistance Program (EAP) — Emotional Wellbeing for Your Whole Family

Your EAP Benefit

Personalized and confidential care from Lyra is available to help you and your family with common challenges like stress, anxiety, depression, sleep challenges, relationship issues and whatever else life may throw your way.

Whether you're interested in exploring self-guided resources on your own time or talking with a licensed therapist or certified mental health coach, Lyra has options for everyone.

Care for the Whole Family

When a family member struggles, it affects everyone. Your Lyra benefit makes it easy to get high-quality care for you and your loved ones need — at no cost to you. Lyra offers:

- **Support for kids and teens.** The Lyra network of therapists includes 6,500+ child specialists, who help kids work through problems like bullying, social isolation, body image issues and academic stress.
- **Coaching for parents.** Parenting is a big job, but you don't have to tackle it alone. Lyra's coaches provide personalized guidance to help you cope with challenges like tantrums, sleep struggles, picky eating and difficulties in school.
- **Couples counseling.** If you and your partner are experiencing common concerns like arguments, loss of trust or tricky in-law dynamics, a Lyra counselor can help you overcome conflict and strengthen your connection.
- **Care for you.** When you're managing stress, supporting a loved one or caring for an aging relative, it's easy to put your own needs last. Nine out of 10 members experience real improvements with Lyra and you can, too!

What Your Benefit Includes

All AT&T U.S. employees, dependents and household members have access to care at no cost.

- **Sign up:** Create your account at att.lyrahealth.com anytime, 24/7, or call 844-901-1062 to get started. You'll instantly gain access to a vast library of self-care resources, including videos, meditations, soundscapes and breathing exercises. You can access this library through the Lyra Health app, too.

- **Get matched:** Answer a few questions to share how you're feeling. Lyra will use your answers to custom match you with high-quality providers who meet your needs and understand your background and identity.
- **Book an appointment:** Easily schedule an appointment with the provider of your choice — often as soon as the next day. Choose to meet with your provider in-person, virtually or via live messaging.

Where You Can Find More Information

For additional program details, refer to the Employee Assistance Program Summary Plan Description (SPD) for more information.



Life Insurance

Your Life Insurance Benefit

Life insurance protects you and your loved ones financially in the event of your death or the death of a covered dependent.

AT&T provides life insurance coverage for you and your dependents in the following ways.



What's Changing for 2026

- **Dependent eligibility:** Beginning in 2026, you can enroll your dependent child(ren) in life and AD&D insurance coverage through the end of the month that your child turns 26. Adding a child to coverage, regardless of the child's age, may require dependent verification.

What Your Benefit Includes

Basic Life Insurance

AT&T pays the premium for employee basic life and Accidental Death & Dismemberment (AD&D) insurance.* Coverage is 1 times your annual pay.

* The difference in premium paid by AT&T for any coverage amount above \$50,000 is treated as imputed income per IRS requirements. The nominal additional taxable wages will be reflected on your paycheck.

Supplemental Life & AD&D Insurance for You & Your Dependents

- Consider your financial needs to cover your estate settlement and the needs of your loved ones, spouse and dependents when choosing additional life and AD&D coverage.
- Supplemental life and AD&D coverage may be elected at 1 to 10 times your annual pay with a maximum combined coverage amount of \$7 million.
- Additional spouse coverage is available at \$10,000 or at \$25,000 to \$300,000 (in \$25,000 increments).
- Additional dependent children coverage is available between \$5,000 and \$30,000 (in \$5,000 increments).

For additional program details, refer to the AT&T Group Life Insurance Program Summary Plan Description (SPD) for more information.

Where You Can Find More Information

For additional program details, refer to the AT&T Group Life Insurance Program Summary Plan Description (SPD) for more information.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Disability

Your Short-Term & Long-Term Disability Benefits

Your disability benefits give added peace of mind to you and your family in case you are unable to work for an extended period.

If you are absent from work due to illness or injury, you may be eligible to receive short-term disability (STD) and long-term disability (LTD) benefits as a continuing source of income.

What Your Benefits Include

STD

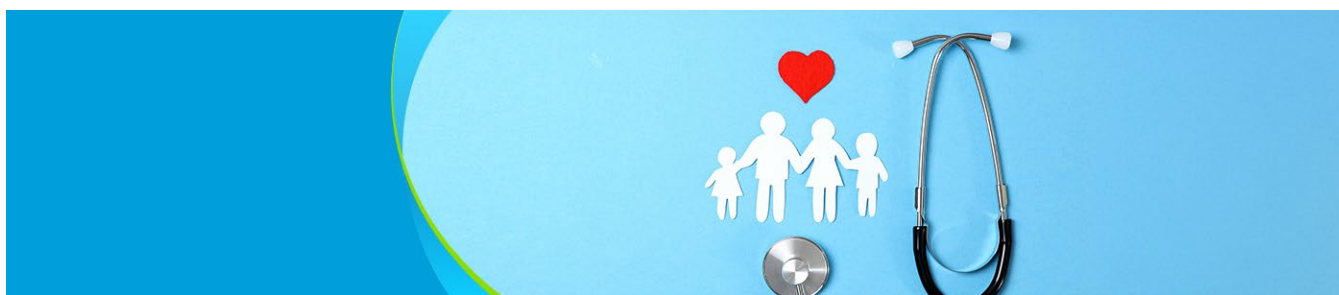
AT&T provides you with an STD benefit that provides pay continuation for a limited period of time.

LTD

If you are unable to return to work after the end of your STD period, you may become eligible to receive company-paid LTD benefits.

Where You Can Find More Information

Read your applicable benefit program's Summary Plan Description (SPD) to determine how each of your AT&T benefits will be paid.



Voluntary Benefits

Your voluntary benefit plan options are composed of two parts: ancillary benefits and identity theft protection. Let's review both.

Ancillary Benefits

We are pleased to continue offering the following AT&T ancillary benefits through MetLife:

- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance
- Legal services

If you are not currently enrolled in any ancillary benefits, you can enroll during Annual Enrollment for coverage to begin Jan. 1, 2026. If you are currently enrolled in any of these benefits and wish to continue with no changes for 2026, you do not need to take action during Annual Enrollment. Visit [metlife.com/att](https://www.metlife.com/att) for details.

You pay the cost of coverage through after-tax payroll deductions.

Critical Illness Insurance

Your Critical Illness Insurance Benefit

Critical illnesses can happen when you least expect them — and they can be costly. Critical illness insurance coverage through MetLife can help safeguard your finances by providing you with a lump-sum payment when you or your loved ones need it most. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Refer to the AT&T Ancillary Benefits Program at [metlife.com/att](https://www.metlife.com/att) for details and a listing of all covered conditions.

What Your Benefit Includes

There are two coverage options — \$10,000 or \$20,000 initial benefit amounts. You and your spouse/partner are eligible to receive 100% of that benefit and eligible dependent children may receive 50%. Children up to age 26 are automatically covered when you elect coverage for yourself or for you and your spouse/partner. Special rules apply for disabled children over the age of 26. Please consult the Summary Plan Description for more details.

Health Screening Benefit

MetLife will also provide an annual benefit of \$50 per calendar year per covered individual for taking any one of the more than 50 eligible screening/prevention measures, such as routine health check-up exams, dental and eye exams, and immunizations. To find out more about the Health Screening Benefit, go to [**metlife.com/att**](https://metlife.com/att) and click on the Health Screening Benefit tile.

Autism Spectrum Disorders Benefit

For spectrum disorders, MetLife will provide 25% of critical illness coverage.

What Else You Should Consider

- You will not have to answer any medical questions when you enroll.
- You can continue your current coverage if you change jobs or retire.
- Critical illness insurance pairs well with a high deductible medical plan option, as payments made from the plan option for covered illnesses are not subject to the medical plan deductible.

Where You Can Find More Information

- Visit the AT&T Ancillary Benefits Program at [**metlife.com/att**](https://metlife.com/att) for coverage and pricing details.
- Review your coverage options and pricing when you complete 2026 Annual Enrollment.

Accident Insurance

Your Accident Insurance Benefit

Accident insurance coverage through MetLife can help you with unexpected expenses, such as those that may not be covered under your medical plan.

What Your Benefit Includes

MetLife pays a lump-sum benefit for over 150 different covered events, medical services and treatments related to injuries you or your covered dependent(s) sustained in an accident. The payments are made directly to you, not to the hospitals or other healthcare providers, and are yours to spend however you want.

There are two coverage options — High or Low. You can also elect coverage for your spouse/partner and eligible dependent children.

What Else You Should Consider

- You will not have to answer any medical questions when you enroll.
- You can continue the coverage if you change jobs or retire.
- **Have child(ren) under age 18?** Enrolling in accident insurance will provide peace of mind year-round for things like sports injuries, riding bikes or accidents that can occur when kids are just being kids. Enrolled individuals who sustain a covered injury while playing in an organized sports activity are eligible for an additional 25% payout. Accident insurance pairs well with a high deductible medical plan option, as payments made from the plan option for covered injuries are not subject to the medical plan deductible.

Where You Can Find More Information

- Visit [metlife.com/att](https://www.metlife.com/att) for details and a list of covered and excluded events, medical services and treatments.
- Review your coverage options and pricing when you complete 2026 Annual Enrollment.

Hospital Indemnity Insurance

Your Hospital Indemnity Insurance Benefit

Hospital stays can be expensive and unexpected. Hospital bills are especially difficult to manage when you lose your income or when your income becomes seriously reduced because of an injury or illness. Hospital indemnity insurance through MetLife can help you pay for expenses if you or a covered dependent becomes hospitalized.

What Your Benefit Includes

During a hospital stay, you might need various treatments, tests and therapies, which could result in out-of-pocket costs beyond what your medical plan may cover, such as deductibles, copays and out-of-network care costs, or household expenses — like your rent or mortgage, car payment or child care.

The coverage will provide a lump-sum payment to help pay for these costs. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Your spouse/partner and eligible dependent children may also be covered.

What Else You Should Consider

- You will not have to answer any medical questions when you enroll.
- You can continue your current coverage if you change jobs or retire.
- If you're pregnant or expecting a baby in 2026, hospital indemnity insurance is a great benefit choice.
- Hospital indemnity insurance pairs well with a high deductible medical plan option for covered hospitalizations, as payments made from the plan option for covered illnesses are not subject to the medical plan deductible.

Where You Can Find More Information

- Visit [metlife.com/att](https://www.metlife.com/att) for additional details and a listing of covered services.
- Review your coverage options and pricing details when you complete 2026 Annual Enrollment.

Legal Services

Your Legal Services Benefit

Legal services coverage through MetLife gives you access to expert guidance and tools you need to handle a broad range of common legal issues.

What Your Benefit Includes

For a monthly fee, you have unlimited access to a network of attorneys to help you take care of legal matters covered under the program — with no waiting periods, no deductibles and no claim forms. When

you enroll, your legal services coverage includes you, your spouse/partner and your eligible dependent children (if applicable).

What Else You Should Consider

Digital Estate Planning. You can also create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

You can continue your coverage if you change jobs or retire.

Where You Can Find More Information

- Visit [metlife.com/att](https://www.metlife.com/att) for additional details, including pricing and a full list of covered services.
- Review pricing when you complete 2026 Annual Enrollment.

Identity Theft Protection

Your Identity Theft Protection Benefit

AT&T offers identity theft protection through ID Watchdog® from Equifax. This important benefit is designed to monitor your identity and protect you and your family from identity fraud, which is growing more prevalent by the day.

What Your Benefit Includes

ID Watchdog is proactive in the following ways:

- It scours billions of data points — public records, transaction records, social media and more — to search for signs of potential identity theft activity.
- You can have added protection by being able to lock your credit reports and prevent identity thieves from opening new accounts in your name.
- If you become a victim, a certified resolution specialist will personally manage your case until your identity is restored.

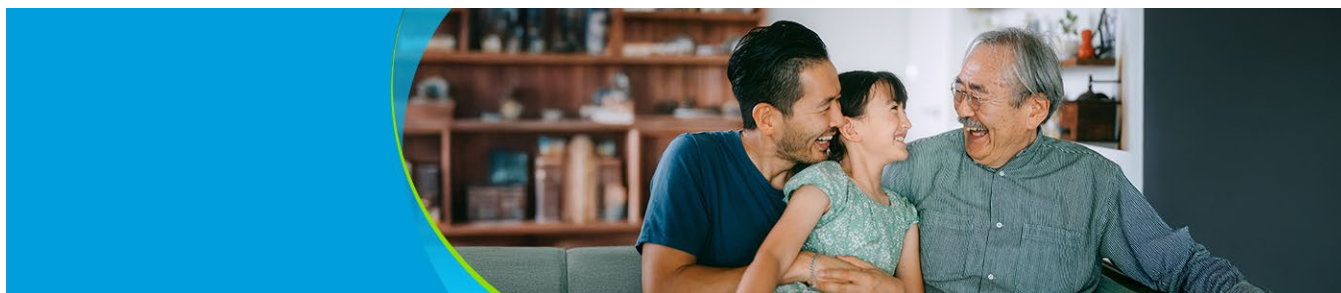
What Else You Should Consider

- When you enroll, your family is also protected.
- In order to administer the identity theft protection program, ID Watchdog® will share certain usage information with AT&T for the purpose of operation and administration of AT&T programs, including evaluating the effectiveness of the program, informing program design and performing usage analysis. This information will not include any of your financial information nor will it be shared in an identifiable way with your employer or any employee of the company. By enrolling in the identity theft protection program, you are consenting to the sharing of information.

Where You Can Find More Information

You can review your coverage options and pricing during Annual Enrollment or at any time throughout the year at idwatchdog.com/myplan/ATT.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Beneficiaries

Update Your Beneficiary Information

Life is unpredictable, and yet many of us don't prepare for the "what ifs." But what if something were to happen to you? Choosing your beneficiaries is essential to ensuring the benefits you've worked hard for go to your intended loved ones.

Now is a good time to update your beneficiary designations, especially if you've had a recent life event (e.g., marriage or divorce). Please review your beneficiary designations for the benefits in which you're eligible to confirm that you have the appropriate beneficiaries designated.

Note: Plan rules may specify how benefits are paid after your death. With certain benefits and programs, your marital status may determine your beneficiary. Read your applicable benefit program's Summary Plan Description (SPD) to determine how each of your AT&T benefits will be paid.

You may assign beneficiaries (per the terms of the SPD) for the following benefits:

- 401(k)
- Pension
- Life insurance
- Final unpaid compensation and benefits

If applicable, designate a beneficiary for your Health Savings Account by selecting **Beneficiaries** from the **Quick Links** menu under Health Savings Account on the Fidelity NetBenefits® website at netbenefits.com/att.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Dependent Eligibility

Have Dependents? Read This.

It's always important to review your list of dependents you have enrolled for coverage. AT&T offers medical coverage for your spouse/partner and child(ren) up to age 26 (or who are disabled). For additional information on eligible dependents, refer to your Summary Plan Description (SPD).

You will need to provide each dependent's full legal name and Social Security Number when you enroll them.

You can enroll eligible child dependents for medical coverage up to age 26, but eligibility for vision, dental and life coverage may vary.

Check the enrollment status of your current dependents. You can contact the AT&T Benefits Center to confirm your dependents' status. You do not need to re-enroll them unless they became ineligible due to a prior age restriction. Medical coverage will end for any eligible enrolled dependent at the end of the month in which they reach age 26. To add new dependents to coverage, visit **Coverage Changes for Spouse and Child**.

Note: You must remove dependents from coverage when they are no longer eligible or risk penalties for benefits fraud. AT&T may audit benefit eligibility at any time. The plan will automatically remove child dependents who are no longer eligible due to age.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).

Glossary of Terms

The following are commonly used benefits-related terms and their definitions.

Allowable Amount or Allowable Charge

The dollar amount that is the basis on which benefits are calculated as determined by the applicable benefits administrator for a covered health service. The plan will not pay benefits toward any amount above the allowable charge for a covered health service.

Annual Deductible

The amount of money you must first pay out of pocket each calendar year for covered services before your insurance begins paying benefits.

The annual deductible, as well as what you'll pay after you meet the deductible, can vary by plan option. Not all services are subject to the annual deductible.

Annual Out-of-Pocket Maximum

The maximum amount that you will pay out of pocket for covered health services each calendar year.

Coinsurance

The percentage of expenses incurred that you pay for covered services. Coinsurance most often applies after you've met your annual deductible; however, other cost-sharing requirements may apply.

Company Self-Insured Medical Plan

Some of AT&T's medical plan options are self-insured, which means the company retains the financial risk for paying claims instead of insuring the risk with a third party.

Copay

A fixed dollar amount you pay for certain covered health services (e.g., \$50 for a specialist office visit or a prescription at the pharmacy). Copay amounts can vary by services received, and other cost-sharing requirements may apply. Not all medical plan options will have copay features.

Employee Retirement Income Security Act of 1974 (ERISA)

ERISA is a federal law that establishes minimum standards for most voluntarily established retirement and health plans in private industry and provides for extensive rules on the federal income tax effects of transactions associated with employee benefit plans. ERISA was enacted to protect the interests of employee benefit plan participants and their beneficiaries by:

- Requiring the disclosure of financial and other information concerning the plan to beneficiaries;
- Establishing standards of conduct for plan fiduciaries; and
- Providing appropriate remedies and access to the federal courts.

Fully-Insured Managed Care Option (FIMCO) / Health Maintenance Organization (HMO)

A medical plan option that provides benefits under an insured arrangement with a third party and not through a Company Self-Insured Medical Plan option.

Genetic Information Nondiscrimination Act of 2008 (GINA)

The Genetic Information Nondiscrimination Act (GINA) is a federal law prohibiting discrimination against an employee, dependent or spouse/partner on the basis of an individual's genetic information. Genetic information is defined as information about an individual's genetics based on genetic tests of an individual's family members or information about the manifestation of a disease or disorder within an individual's family. Genetic information includes any request for or receipt of genetic services (including genetic testing, counseling or education), or participation in clinical research that includes such services, by the individual or family member.

Federal guidelines related to GINA are constantly evolving; however, the Program is making a good faith effort to comply with current guidelines as we understand them.

Health Savings Account

A Health Savings Account (HSA) is a tax-free* way to pay for qualified healthcare expenses, now or in the future. You must be enrolled in a high deductible health plan to be eligible to contribute to an HSA via payroll deductions. Depending on which medical plan option you choose to enroll in, you may be eligible to receive a company HSA contribution.

Note that your HSA balance rolls over year-over-year and can be invested. Earnings accumulate tax-free and can also be used to pay for qualified healthcare expenses. When you reach age 65, your HSA balance can be used for expenses other than healthcare. Because your HSA is a personal account, when you leave the company, you will take your HSA with you.

* State income taxes apply to your HSA contributions in Alabama, California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor.

Network Provider

A provider that has contracted to participate in the applicable benefits administrator's network available under the Program. Also referred to as in-network provider or preferred provider.

Out-of-Network Provider

A provider that has not contracted with your benefits administrator for reimbursement at a negotiated rate.

Preferred Provider Organization (PPO)

The group of healthcare providers that have an agreement in effect with the medical plan benefits administrator or an affiliate (directory or through one or more other organizations) who have agreed to participate in the PPO Network which the benefits administrator makes available for use by the Program.

Secure Mailbox

A private, secure mailbox accessed through the AT&T Benefits Center website where participants can receive important benefits documents and reminders.

Spouse/Partner

A spouse is the person to whom you are legally married, including through Common Law Marriage, and a partner is a Domestic Partner or Legally Recognized Partner (LRP), as both terms are defined in your Summary Plan Description.

Summaries of Material Modifications (SMMs)

Under the Employee Retirement Income Security Act of 1974 (ERISA), plan participants must receive an SMM any time a change is a material modification to the plan.

Summary Plan Descriptions (SPDs)

The main vehicle for communicating health plan provisions, rights and obligations to participants. SPDs are required for employer-sponsored benefit plans offered under the Employee Retirement Income Security Act of 1974 (ERISA).

Your Personal Healthcare Team by Included Health

Live, virtual care team support that can address general healthcare questions and provide smart care guidance to appropriate programs offered by AT&T. Employees could also have access to additional services such as virtual care, billing resolution, Explanation of Benefits (EOB) issues and service denials.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).