

AT&T Mobility Health Care Plan
Frequently Asked Questions (FAQs)

If you reach your out of pocket (OOP) maximum will the plan pay at 100%?

Yes

How is preventative care (i.e., mammogram, pap smear, colonoscopy, prostate, prenatal, etc.) covered?

100% when network physicians/facilities are utilized; not covered out of network

How is outpatient treatment (biopsy, dialysis, etc.) covered? Do you have to meet a deductible first? If so, is it a 90/10 coverage once the deductible is met?

If network physicians and facilities are utilized, treatment is covered; you do have to meet a deductible first and it is 90/10 coverage up to the out of pocket (OOP) maximum

What costs apply to the deductible? What costs apply to the Out of Pocket maximums?

Covered health services under the plan.

Can a flexible spending account be used for the deductible? Premiums?

Yes for deductibles, no for premiums.

Will the Company provide a list of items that are covered 100%?

No. Only in network preventive and eligible charges that exceed the OOP max are covered at 100%. A list of covered preventive services does not exist and is dependent on the provider coding the care as preventive rather than diagnostic in nature. A list of eligible charges covered by the plan once the OOP is met does not exist.

Is your deductible individually based or based on your selection of employee +1, or family? Out of pocket maximums?

Deductible and OOP amounts are based on coverage tier elected.

If I am married and my spouse has a job that offers insurance, can he/she still be covered under this plan?

Yes

Will a person's contribution go up during the year as you get a raise or will it take effect in January and remain the same all year?

Contributions remain static throughout the year and are adjusted each year.

What amounts (such as co-pays, drug cost, medical cost, dental, and contributions) equal the out of pocket cost?

Covered medical expenses. This includes deductibles, coinsurance and copays. Contributions and expenses not considered medical (e.g. dental) do not apply to the OOP Max.

AT&T Mobility Health Care Plan **Frequently Asked Questions (FAQs)**

Do preventative visits include eye exams, OB/GYN visits such as paps, mammograms, and yearly physical exams?

It includes visits and tests that are coded preventive by the physician. If a diagnosis codes accompanies the claim, then it is not considered preventive.

Does emergency care (in network) have a co-pay other than the 10% of total cost?

Emergency Room visits have only coinsurance applied to them.

How long does long term care last and when does it kick in?

LTC benefits are provided to a participant once they have met the qualifications as described in the plan document which include parameters during the qualification period and that a person is not able to perform certain significant activities of daily living as defined by the plan. These LTC benefits continue as long a person is considered eligible for benefits up to any applicable daily and lifetime maximum dollar amounts, depending on the level of coverage the participant enrolled in.

Is the providing company changing from United Health Care?

No, not at this time. However, the Company reserves the right to change administrators at any point in time.

Annual deductible (page 2): are these figures calculated from salary only meaning it is .5, 1.0, and 1.5% of annual salary? How did they reach the 500, 1000, and 1500 figure - was this calculated on \$100,000 salary?

The deductibles are set to comply with the overall cost share as set under the Arbitrator's Award.

Below is the explanation for part time employees:

The employee would pay 50% of the premium as contributions and would then have to pay the deductible/coinsurance/co pays, etc.

So, if the premium equivalent is \$8,000, the part time employee would pay \$4,000 or \$333.34 per month. Then when they have a claim, the deductible, coinsurance, co pay etc. would apply.

This is unchanged from previous years.