

2019 OPTIONS FOR MECIAL

EXAMPLE OF UHC AS LOW OPTION

Compare Retiree Medical - Non-Medicare Plans

The data provided in the chart below is for the 2019 plan year.

Background Information

	SelectMed Option 1 -BCBS	SelectMed Option 2 -BCBS	SelectMed Option 3 -BCBS
Plan Facts			
Product name on website	Blue Open Access POS	Blue Open Access POS	Blue Open Access POS
Plan description	SelectMed Option	SelectMed Option	SelectMed Option
Member services	1-800-621-7336	1-800-621-7336	1-800-621-7336
Website	bcbsil.com/att	bcbsil.com/att	bcbsil.com/att
Group ID	3086- For AT&T Benefits Center Use Only	3087- For AT&T Benefits Center Use Only	3088- For AT&T Benefits Center Use Only

Cost Sharing

Deductible: Individual/Family	Network \$1,350 Individual; \$2,700 Ind+1; \$2,700 Family; combined with Rx & MH/SUD Non-Network \$12,000 Individual; \$24,000 Ind+1; \$24,000 Family; combined with Rx & MH/SUD	Network \$1,600 Individual; \$3,200 Ind+1; \$3,200 Family; combined with Rx & MH/SUD Non-Network \$12,000 Individual; \$24,000 Ind+1; \$24,000 Family; combined with Rx & MH/SUD	Network \$2,500 Individual; \$5,000 Ind+1; \$5,000 Family; combined with Rx & MH/SUD Non-Network \$12,000 Individual; \$24,000 Ind+1; \$24,000 Family; combined with Rx & MH/SUD
Annual Out-of-pocket maximum: Individual/Family	Network \$5,000 Individual; \$10,000 Ind+1; \$10,000 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 & Family capped at \$5,000 per Individual. Non-Network \$27,000 Individual; \$54,000 Ind+1; \$54,000 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 & Family capped at \$27,000 per Individual.	Network \$6,000 Individual; \$12,000 Ind+1; \$12,000 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 and Family capped at \$6,000 per Individual. Non-Network \$27,000 Individual; \$54,000 Ind+1; \$54,000 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 & Family capped at \$27,000 per Individual.	Network \$6,750 Individual; \$13,500 Ind+1; \$13,500 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 and Family capped at \$6,750 per Individual. Non-Network \$27,000 Individual; \$54,000 Ind+1; \$54,000 Family; includes deductible; combined w/ Rx & MH/SUD; Ind+1 and Family capped at \$27,000 per Individual.

Outpatient Services

Primary Care

Primary doctor office visit	Network 90% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible
Specialist office visit	Network 90% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible Non-Network 20% of Allowable Charges covered after deductible

Outpatient Care

Outpatient surgery	Network 90% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Network 80% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Network 70% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered Non-Network 20% of Allowable Charges covered after deductible; preventive not covered
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Outpatient laboratory services	Network 90% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered	Network 80% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered	Network 70% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered
	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered
Outpatient physical therapy	Network 90% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA	Network 80% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA	Network 70% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA
	Non-Network 20% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA	Non-Network 20% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA	Non-Network 20% of Allowable Charges covered after deductible; limited to 90 visits per calendar year combined for Physical, Occupational and Speech Therapies; combined for Network, Non-Network and ONA
Outpatient X-ray	Network 90% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered	Network 80% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered	Network 70% of Allowable Charges covered after deductible for sickness/illness; preventive 100% of Allowable Charges covered
	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered	Non-Network 20% of Allowable Charges covered after deductible; preventive not covered

Family Planning/Maternity Care

Office visit: Pre/postnatal	Network Postnatal Office Visit: 90% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator	Network Postnatal Office Visit: 80% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator	Network Postnatal Office Visit: 70% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator
	Non-Network Postnatal Office Visit: 20% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator	Non-Network Postnatal Office Visit: 20% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator	Non-Network Postnatal Office Visit: 20% of Allowable Charges covered after deductible; Prenatal Office Visit: Check with Benefits Administrator
In-hospital delivery services	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible
Infertility services	Network 90% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only	Network 80% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only	Network 70% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only
	Non-Network 20% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only	Non-Network 20% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only	Non-Network 20% of Allowable Charges covered after deductible for diagnosis & treatment of underlying medical condition only

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Preventive Care

Annual physical exam	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered
	Non-Network Not covered	Non-Network Not covered	Non-Network Not covered

Well-woman exam (includes pap)	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered
	Non-Network Not covered	Non-Network Not covered	Non-Network Not covered
Mammogram	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered
	Non-Network Not covered	Non-Network Not covered	Non-Network Not covered
Pediatric exams	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered	Network 100% of Allowable Charges covered
	Non-Network Not covered	Non-Network Not covered	Non-Network Not covered

Inpatient Services

Inpatient Room and Board

Hospital copay or coinsurance	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible
Hospital semi-private room	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible

Inpatient Care

Inpatient lab and X-ray	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible
Inpatient physician and surgeon services	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible

Emergency Care

Emergency room	Network 90% of Allowable Charges after deductible for true emergencies; non-emergencies not covered	Network 80% of Allowable Charges after deductible for true emergencies; non-emergencies not covered	Network 70% of Allowable Charges after deductible for true emergencies; non-emergencies not covered
	Non-Network For true emergencies, refer to Network provisions; non-emergencies not covered	Non-Network For true emergencies, refer to Network provisions; non-emergencies not covered	Non-Network For true emergencies, refer to Network provisions; non-emergencies not covered
Urgent care clinic visit	Network 90% of Allowable Charges covered after deductible	Network 80% of Allowable Charges covered after deductible	Network 70% of Allowable Charges covered after deductible
	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible	Non-Network 20% of Allowable Charges covered after deductible
Ambulance services	90% of Allowable Charges covered after deductible, Network and Non-Network; non-emergencies: 90% Network; 20% Non-Network	80% of Allowable Charges covered after deductible, Network and Non-Network; non-emergencies: 80% Network; 20% Non-Network	70% of Allowable Charges covered after deductible, Network and Non-Network; non-emergencies: 70% Network; 20% Non-Network

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Prescription Drug Coverage

General

Annual prescription deductible	<p>Network Combined with Network Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p>	<p>Network Combined with Network Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p>	<p>Network Combined with Network Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual Deductible Individual/Family section for amount; deductible must be met before Coinsurance applies.</p>
Prescription drug Website	caremark.com	caremark.com	caremark.com
Prescription drug member services phone number	1-800-378-8851	1-800-378-8851	1-800-378-8851
Prescription drug vendor	CVS Caremark	CVS Caremark	CVS Caremark
Annual prescription out-of-pocket maximum	<p>Network Combined with Network Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p>	<p>Network Combined with Network Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p>	<p>Network Combined with Network Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p> <p>Non-Network Combined with Medical and MH/SUD; see Annual out-of-pocket maximum Individual/Family section for amount</p>
Retail			
Retail generic	<p>Network Applicable Network Coinsurance with max \$50 per prescription after deductible; up to 30 day supply; two fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network Applicable Network Coinsurance with max \$50 per prescription after deductible; up to 30 day supply; two fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network Applicable Network Coinsurance with max \$50 per prescription after deductible; up to 30 day supply; two fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>
Retail formulary brand	<p>Network Applicable Network Coinsurance w/max \$100 per Rx after ded.; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network Applicable Network Coinsurance w/max \$100 per Rx after ded.; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network Applicable Network Coinsurance w/max \$100 per Rx after ded.; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>
Retail nonformulary brand	<p>Network 20% Coinsurance after ded. with no max per prescription; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network 20% Coinsurance after ded. with no max per prescription; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>	<p>Network 20% Coinsurance after ded. with no max per prescription; up to 30 day supply; generic avail, pay generic copay+drug cost difference; 2 fill max on maintenance drug then Mail Order required.</p> <p>Non-Network You pay the greater of the balance after the Plan pays 75% of the cost of the Drug or the cost had you gone to a Network Retail pharmacy.</p>
Mail Order			
Mail order generic	Applicable Network Coinsurance up to a maximum of \$100 per prescription after deductible; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.	Applicable Network Coinsurance up to a maximum of \$100 per prescription after deductible; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.	Applicable Network Coinsurance up to a maximum of \$100 per prescription after deductible; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.

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Mail order formulary brand	Applicable Network Coinsurance w/max \$200 per Rx after ded; up to 90 day supply; if generic avail. pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.	Applicable Network Coinsurance w/max \$200 per Rx after ded; up to 90 day supply; if generic avail. pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.	Applicable Network Coinsurance w/max \$200 per Rx after ded; up to 90 day supply; if generic avail. pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.
Mail order nonformulary brand	20% Coinsurance after ded. with no max per Rx; up to 90 day supply; if generic avail., pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.	20% Coinsurance after ded. with no max per Rx; up to 90 day supply; if generic avail., pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.	20% Coinsurance after ded. with no max per Rx; up to 90 day supply; if generic avail., pay generic copay+drug cost difference. Retail pickup at specified Retail Pharmacies also avail.

Other Services

Mental Health

Mental Health and Substance Use Disorder Vendor	Beacon Health Options	Beacon Health Options	Beacon Health Options
Mental Health and Substance Use Disorder Website	achievesolutions.net/att	achievesolutions.net/att	achievesolutions.net/att
Mental Health and Substance Use Disorder Phone Number	1-800-554-6701	1-800-554-6701	1-800-554-6701
Mental Health: Outpatient coverage	<p>Network Office Visit: 90% of Allowable Charges covered after deductible; Network Other Outpatient: 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network Office Visit: 80% of Allowable Charges covered after deductible; Network Other Outpatient: 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network Office Visit: 70% of Allowable Charges covered after deductible; Network Other Outpatient: 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>
Mental Health: Inpatient coverage	<p>Network 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>

Substance Abuse Disorder

Detox: Outpatient coverage	<p>Network Office Visit: 90% of Allowable Charges covered after deductible; Network Other Outpatient: 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network Office Visit: 80% of Allowable Charges covered after deductible; Network Other Outpatient: 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network Office Visit: 70% of Allowable Charges covered after deductible; Network Other Outpatient: 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>
Detox: Inpatient coverage	<p>Network 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>	<p>Network 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p> <p>Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx</p>

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Rehab: Outpatient coverage	Network Office Visit: 90% of Allowable Charges covered after deductible; Network Other Outpatient: 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Network Office Visit: 80% of Allowable Charges covered after deductible; Network Other Outpatient: 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Network Office Visit: 70% of Allowable Charges covered after deductible; Network Other Outpatient: 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx
	Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Non-Network Office Visit/Other Outpatient: 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx
Rehab: Inpatient coverage	Network 90% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Network 80% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Network 70% of Allowable Charges covered after deductible; deductible combined with medical and Rx
	Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx	Non-Network 20% of Allowable Charges covered after deductible; deductible combined with medical and Rx
Alternative Care			
Chiropractic	Network 90% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network	Network 80% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network	Network 70% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network
	Non-Network 20% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network	Non-Network 20% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network	Non-Network 20% of Allowable Charges covered after deductible; limited to 30 visits per individual per year; combined Network and Non-Network
Other			
Noncustodial home health care	Network 90% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network	Network 80% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network	Network 70% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network
	Non-Network 20% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network	Non-Network 20% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network	Non-Network 20% of Allowable Charges covered after deductible; limited to 120 visits per individual per year; combined Network and Non-Network

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. In addition, the charts may not take into account how each plan covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance on the benefits offered by the plan. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Neither AT&T nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. AT&T reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.