

IMPORTANT - PLEASE READ & SHARE

2012 Annual Enrollment Is Coming

10/31/11 Annual Enrollment Begins For Legacy SBC Retirees

- Enrollment kits will be mailed to your last known home address
- You can enroll On-line: <http://resources.hewitt.com/att> OR
- Call a Service Rep at 1-877-722-0020
- You will need your User ID & Password (call if you don't know it)

11/12/11 Annual Enrollment ENDS

11/13/11 - 11/25/11 Correction Period (if needed)

Notes & Reminders (Company Sponsored/Traditional Medical Plans)

NO new Healthcare Reimbursement Acct deposits are scheduled for this year.

Pre-1993 Retirees generally keep what they have unless the current plan not offered. United Healthcare is generally the administrator. No monthly premiums.

Post 1993 Medicare Eligible Retirees have no monthly premiums & are generally administered by BC/BS of IL. Be aware of ALT = Alternative medical plans as they have much higher deductibles/out of pocket and penalty costs. Medicare eligible retirees in MI will NOT have the Blue Care Network HMO option due to higher costs & low volume.

Post 1993 Non-Medicare Retirees have a choice of keeping their old plan with a monthly premium (\$9.67 S - \$17.41 S+1 - \$21.76 F) or choosing the Alternative plan without premiums, BUT w/much higher deductibles, out of pocket & penalty costs. (exception will be "New Hire Retirees" should there be any)

PPO/Non and HCN (Healthcare Network Plan) all use the same Dr/Hospital Network. Determine that your providers are In-Network/Stay In-Network to be cost effective. Preventative care is not usually covered Out of Network or is limited. You must have no prior diagnosis & Dr must use a preventative code to be deemed preventative.

HCN plans usually have less pre-authorization/medcall rules than PPO/Non. When in doubt on either plan; always call the administrator prior to usage if possible or within 48 hours after to avoid paying penalties. (Examples but not limited to: inpatient hospital stays, mental health pre-approvals, 2nd opinion mandates, tests/procedures required on outpatient basis, specialist referrals, true emergency ER-ambulance rules, home health care, hospice, extended care, organ transplants, air transport, chiropractic limits.

Always check HMO costs, levels of coverage and whom is actually covered.
Keep ALL Documents including Confirmation of Coverage. Check your dependents.