

**Annual Enrollment Dates for Legacy “T” population**  
**Active Occupational 10/29/07-11/9/07**  
**Retirees 11/05/07-11/16/0**  
**Flexible for retirees 11/19/07-12/31/07**

Look for Guides to Annual Enrollment information to start arriving at work sites the week of October 15<sup>th</sup>, 2007. You may access the web site now to look up information to prepare for Annual Enrollment.

Look for Annual Enrollment materials to arrive at your home approximately 5 days prior to the start of enrollment. If you do not receive a package call AT&T Benefits Center at: **1-877-722-0020** (domestic) or **+1-847-883-0866** (international).

You may enroll or change benefit options either online or via telephone.

Online at: **<http://resources.hewitt.com/att>**

- You will need your AT&T Benefits Center user ID and password. You may want to validate your ID and password ahead of time to avoid delays. Instructions can be found on the web site.

Telephone: **1-877-722-0020** Monday through Friday, from 7 a.m. to 7 p.m.  
Central time

- You will need your Benefits Center password, last 4 digits of your social and birth date for validation.
- When calling, if you enter this information it will route you to the dedicated representatives, experienced in the Legacy “T” benefits.

During Annual Enrollment it is going to be critical that you read all the information provided. There will be changes in the companies administering our benefits.

- **All active occupational members will have Blue Cross Blue Shield of Illinois (BCBSIL) [www.bcbsil.com/att](http://www.bcbsil.com/att) as the administrator for the Point-of-Service (POS) and Traditional Indemnity (TI) plans, except Georgia will still remain with BCBS of Ga. [www.bcbsga.com](http://www.bcbsga.com)**
  - **Important note for those who currently have UHC POS-** AT&T’s plan requires we have referrals from our Primary Care Physician (PCP). UHC has never enforced the paper referrals and the other providers do. If you do not obtain a referral from your PCP the charges will be paid at the Out-of-Network level.
- **All retirees will have Aetna for POS and TI, [www.aetna.com](http://www.aetna.com)**
  - **Important note for those who currently have UHC POS-** AT&T’s plan requires we have referrals from our Primary Care Physician (PCP). UHC has never enforced the paper referrals and the other providers do. If you do not obtain a referral from your PCP the charges will be paid at the Out-of-Network level.

If you don't plan to make changes, first, **ensure that the Employee Worksheet is correct** and there is no change in coverage options available to you or your dependents. For example you may have been in a Point of Service (POS) area in 2007, but there is no POS area available in 2008 and you default to the Traditional Indemnity (TI) plan (see below for more information on Opt-In).

- If you enroll or make any changes via the web, print your confirmation and keep it until after the 1<sup>st</sup> of the year and you have confirmed your chosen coverage options are in place.
- If you enroll or make changes through a telephone conversation with Hewitt you should receive a confirmation letter in the mail for your elections. **Please verify the information is correct** and contact them if it is incorrect.
- In the event you are assigned to a new carrier while under treatment for a serious illness, applying for Continuation of Care (Transitional Care) will cover the issue of retaining treatment under the same physician, even if he/she does not participate in the newly assigned network. If this is necessary you must apply through the new carrier before the first of the year. Information will be sent out from the Company prior to the end of the year.
- **New for retirees/Medicare eligible** -The term "split family" refers to a family where at least one person is Medicare eligible and other covered family members are not.

Beginning with Annual Enrollment for 2008, "split family" retirees will make two separate medical plan enrollment elections.

- First, the retiree will choose a medical option for Medicare-eligible family Members.
- Second, the retiree will choose a medical option for non-Medicare-eligible family members.
- **New for retirees- Flexible enrollment**- retirees rarely change coverage year to year. This feature will permit retirees to change their coverage at any time throughout the year. Changes made during one month will be effective the 2<sup>nd</sup> month following the change. For example if someone changes their coverage in February, coverage will be changed effective April 1.
  - **Flexible enrollment dates are** 11/19/07 - 12/31/07

### Opt-In

The POS networks are zip code driven. If your zip code does not "pre-assign" you to a POS you may be able to Opt-In to one for the coming year.

- You must Opt-In every year. There is no automatic renewal from year to year.
- You must call in to Hewitt to Opt-in.
- The location of providers and facilities should be the deciding factor for selecting this feature.
- Before electing this feature you should check for network accessibility. You
  - Access the medical administrators' web site to look up participating doctors and facilities in a zip code near you or possibly near your work

location to confirm there is network accessibility within a convenient traveling distance for you. These web sites are:

[www.bcbsil.com/att](http://www.bcbsil.com/att)

[www.bcbsga.com](http://www.bcbsga.com)

[www.aetna.com](http://www.aetna.com)

If you elect an HMO, confirm if there any benefit level changes or premium increases you may be assessed in the coming year. Some carriers have premium increases that you don't find out about until they are assessed in the following year, after you are locked into your election choice for the entire year. The HMO's are not negotiated by the Union, but are offered as an additional choice by the Company. More or less you are at your own risk electing this coverage, as we have no means to get involved if problems arise with claims or benefit levels.

#### Class II Dependents

- Just a reminder they must be enrolled every year (unless grandfathered).

For questions or problems contact CWA National Healthcare Coordinator Kim Wilburn at:

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