



HMO Options

You may be eligible for an HMO, also referred to as a Fully-Insured Managed Care Option (FIMCO), based on your home ZIP code. In addition to the current Kaiser West plan, 2 new Kaiser options are being introduced; a High Deductible plan (HSA eligible) and a low deductible plan.

It is important that you compare all of your options and choose what works best for you and your family.

	Kaiser High Deductible Plan	Kaiser Low Deductible Plan	Kaiser West Plan
Monthly Contributions			
<u>Current Employee</u>	<i>Hired/rehired/transferred on/before 5/29/2020</i>		
Individual:	\$97.00	\$215.42	\$292.18
Family:	\$268.00	\$549.01	\$757.67
<u>New Hire:</u>	<i>Hired/rehired/transferred after 5/29/2020</i>		
Individual:	\$124.00	\$244.42	\$316.18
Family:	\$343.00	\$623.01	\$817.67
Medical Coverage	1-800-464-4000	1-800-464-4000	1-800-464-4000
Annual Deductible	\$3,300 Individual; \$6,600 Family	\$1,000 Individual; \$2,000 Family; inpatient hospital, outpatient surgery, emergency department visits	\$0 Individual; \$0 Family
Annual Out-of-Pocket Maximum	\$7,050 Individual; \$14,100 Family; includes deductible; Copays apply; any amounts the member pays toward the deductible apply toward the annual out-of-pocket maximum	\$5,000 Individual; \$10,000 Family; includes deductible; copays apply; any amounts the member pays toward the deductible apply toward the annual out-of-pocket maximum	\$1,500 Individual; \$3,000 Family; Plan year deductible included in out-of-pocket maximum amounts; Copays apply to out-of-pocket maximum
Office Visit (Non-Specialist)	30% Coinsurance after deductible is met	\$25 copay; per visit	\$20 copay; Per Visit
Office Visit (Specialist)	30% Coinsurance after deductible is met	\$50 copay; per visit	\$20 copay; Per Visit
Virtual Care	0% Coinsurance after deductible is met	0% Coinsurance	0% Coinsurance

Prescription drug coverage	1-800-464-4000	1-800-464-4000	1-800-464-4000
Annual deductible	Not Applicable	Not Applicable	Not Applicable
Annual out-of-pocket maximum	Not Applicable	Not Applicable	Not Applicable
Generic Drugs	30% Coinsurance after deductible is met; \$50 maximum copay; 100 day supply; Preventive generic 0% Coinsurance	10% Coinsurance; \$50 maximum copay; 100 day supply	\$10 copay; 30 day supply
Preferred Brand Drugs	30% Coinsurance after deductible is met; \$100 maximum copay; 100 day supply	10% Coinsurance; \$100 maximum copay; 100 day supply	\$20 copay; 30 day supply; must be medically necessary, prescribed by a Plan physician, and obtained at Plan Pharmacies
Non-Preferred Brand Drugs	30% Coinsurance after deductible is met; \$100 maximum copay; 100 day supply	10% Coinsurance; \$100 maximum copay; 100 day supply	\$20 copay; 30 day supply; must be medically necessary, prescribed by a Plan physician, and obtained at Plan Pharmacies
Generic Drugs	30% Coinsurance after deductible is met; \$50 maximum copay; 100 day supply	10% Coinsurance; \$50 maximum copay; 100 day supply	\$20 copay; 100 day supply
Preferred Brand Drugs	30% Coinsurance after deductible is met; \$100 maximum copay; 100 day supply	10% Coinsurance; \$100 maximum copay; 100 day supply	\$40 copay; 100 day supply; must be medically necessary, prescribed by a Plan physician, and obtained through Plan mail order
Non-Preferred Brand Drugs	30% Coinsurance after deductible is met; \$100 maximum copay; 100 day supply	10% Coinsurance; \$100 maximum copay; 100 day supply	\$40 copay; 100 day supply; must be medically necessary, prescribed by a Plan physician, and obtained through Plan mail order
<i>This is intended to provide a high level summary of network coverage details. See SPD for full information</i>			

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 2025, it's important to review and compare all your 2025 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.

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