

## Coverage for You and Your Dependents

To see your coverage history about a specific plan, choose **View History** in the table below.

To see your dependent's coverage history, choose a dependent's name below.

To view **detail for all of your coverages**, enter a different date.

As of 11-14-2018  (Earliest 01-01-2004) [Redisplay](#)

### Your Monthly Cost

Coverage effective 11-14-2018

All costs are before-tax amounts, unless noted.

#### Medical

##### AT&T Med Prg Silver - BCBS

**\$179.00**

Family ([CARRIE](#), [ALEXIA](#), [TRISTA](#),  
[TREVOR](#), [KAYLEE](#))

[Cost Details](#) 

Payment - Before-Tax

|                  |                 |
|------------------|-----------------|
| Cost             | \$1,365.00      |
| Act Med Subsidy  | -\$1,186.00     |
| <b>Your Cost</b> | <b>\$179.00</b> |

#### Health Savings Account

##### Coverage - \$2,000.00

**\$166.67**

Employer Annual Contribution -  
\$1,000.00

[Cost Details](#) 

|                                                |                 |
|------------------------------------------------|-----------------|
| <b>Coverage</b>                                | \$166.67        |
| Employer Annual Contribution                   | \$83.33         |
| <b>Total</b> for 01-01-2018 through 12-31-2018 | <b>\$250.00</b> |

#### CarePlus

##### Coverage - Active CarePlus

**\$0.00**

Individual + 1 or More ([CARRIE](#),  
[ALEXIA](#), [TRISTA](#), [TREVOR](#), [KAYLEE](#))

Payment - Before-Tax

#### Dental

##### AT&T Dental Prog - Gold

**\$63.00**

Family ([CARRIE](#), [ALEXIA](#), [TRISTA](#),  
[TREVOR](#), [KAYLEE](#))

Payment - Before-Tax

#### Vision

##### AT&T Vision Prog - Gold

**\$26.00**

Family ([CARRIE](#), [ALEXIA](#), [TRISTA](#),  
[TREVOR](#), [KAYLEE](#))

Payment - Before-Tax

|                                    |                                                                             |                            |
|------------------------------------|-----------------------------------------------------------------------------|----------------------------|
| <b>Supplemental LTD Insurance</b>  | <b>Comp Provided LTD - 50% of Pay</b>                                       | <b>\$0.00</b>              |
| <b>Basic Life Insurance</b>        | <b>Employer-Paid Coverage Coverage - \$121,000.00</b>                       | <b>\$0.00</b>              |
| <b>Basic AD&amp;D</b>              | <b>Employer-Paid Coverage Coverage - \$121,000.00</b>                       | <b>\$0.00</b>              |
| <b>Supplemental Life Insurance</b> | <b>5 x Pay Coverage - \$605,000.00</b><br>- Non-Smoker                      | <b>\$49.01<sup>1</sup></b> |
| <b>Spouse Life Insurance</b>       | <b>No Coverage</b>                                                          | <b>\$0.00</b>              |
| <b>Child Life Insurance</b>        | <b>\$30,000 per child</b>                                                   | <b>\$2.73<sup>1</sup></b>  |
| <b>Supplemental AD&amp;D</b>       | <b>5 x Annual Basic Pay Coverage - \$605,000.00</b><br>Payment - Before-Tax | <b>\$7.26</b>              |
| <b>Spouse Accidental Death</b>     | <b>\$300,000</b><br>Payment - Before-Tax                                    | <b>\$4.80</b>              |
| <b>Child Accidental Death</b>      | <b>\$30,000 per child</b><br>Payment - Before-Tax                           | <b>\$0.42</b>              |

|                                                    |                                                                   |                 |
|----------------------------------------------------|-------------------------------------------------------------------|-----------------|
| <b>Tobacco User Medical Contribution Surcharge</b> | <b>Tobacco Surcharge does not apply</b>                           | <b>\$0.00</b>   |
| <b>Medical Contributions Credits</b>               | <b>Neither my spouse/LRP nor I completed HQ or PSF/biometrics</b> | <b>\$0.00</b>   |
| <b>Spouse/LRP Medical Contribution Surcharge</b>   | <b>Yes</b>                                                        | <b>\$100.00</b> |
| <b>Health Care FSA</b>                             | <b>Coverage Amount - \$0.00/year</b>                              | <b>\$0.00</b>   |
| <b>Dependent Care FSA</b>                          | <b>Coverage Amount - \$0.00/year</b>                              | <b>\$0.00</b>   |
| <sup>1</sup> After-tax Amount                      |                                                                   |                 |