Compare Medical Plans

AT&T Benefits Center Plan Prices eff 1/1/2027	Bargained Employee Option 2 Broad	Bargained Employee Option 2 Select	Kaiser S Cal High Ded Plan	Kaiser South California West	Kaiser South California Plan	Bargained Employee Option 1 Broad	Bargained Employee Option 1 Select
Individual	$72.00	$52.00	$77.08	$222.30	$172.00	$172.00	$151.00
Individual + 1	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Individual + Spouse/Partner	$201.00	$146.00	$214.73	$582.80	$447.00	$447.00	$393.00
Individual + Child(ren)	$122.00	$89.00	$129.63	$367.44	$292.00	$292.00	$257.00
Family	$215.00	$156.00	$229.23	$621.82	$481.00	$481.00	$423.00

Compare Dental Plans

AT&T Benefits Center Plan Prices eff 1/1/2027	AT&T Dental HMO	AT&T Dental PPO
Individual	$10.00	$10.00
Individual + 1	$21.00	$21.00
Family	$33.00	$33.00
Individual + Spouse/Partner	Not Applicable	Not Applicable
Individual + Child(ren)	Not Applicable	Not Applicable
Family	Not Applicable	Not Applicable
Individual + 1 or More	Not Applicable	Not Applicable

Compare Vision Plans

AT&T Benefits Center Plan Prices eff 1/1/2027	AT&T Vision Program (Your Current Plan)	AT&T Vision Program
Individual	Not Applicable	$3.50
Individual + 1	Not Applicable	$9.50
Family	$12.50	$16.00
Individual + Spouse/Partner	Not Applicable	Not Applicable
Individual + Child(ren)	Not Applicable	Not Applicable
Family	Not Applicable	Not Applicable
Individual + 1 or More	Not Applicable	Not Applicable