



American Airlines 2021 Plan At-A-Glance

Benefit	CC 80/500 Plan	Helpful Plan Information
Calendar Year Deductible	\$500 Per Individual \$1,000 Per Family	Deductible starts January 1st and ends on December 31st. Deductible carry-over for services incurred and applied in the last calendar quarter.
Out-of-Pocket Limit Per Calendar Year	\$3,500 Per Individual \$7,000 Per Family	All covered expenses paid by the member count toward the annual out-of-pocket maximum.
Office Visits - PCP	\$25 Copay	Does not apply toward deductible
Office Visits - Specialist	\$35 Copay	Does not apply toward deductible
Chiropractic Care	\$35 Copay	Does not apply toward deductible
Preventive Care	\$0 Copay	Find a complete listing of preventive services in the Member Handbook on the custom website at http://aa.ccok.com
Emergency Room	20% Coinsurance (after deductible)	Deductible must be satisfied before coinsurance begins; up to the out-of-pocket maximum
Urgent Care	\$50 Copay	Does not apply toward deductible
Inpatient Hospital Care	20% Coinsurance (after deductible)	Deductible must be satisfied before coinsurance begins; up to the out-of-pocket maximum
Outpatient Surgical Facility	20% Coinsurance (after deductible)	Deductible must be satisfied before coinsurance begins; up to the out-of-pocket maximum
Outpatient Diagnostic Services: Laboratory	Laboratory - \$0 copay	Routine lab is 100% covered
Radiology	Outpatient Radiology - \$0 copay	Routine x-ray is 100% covered
Advanced Imaging	MRI, CT Scan & PET Scan 20% Coinsurance (after deductible)	Deductible must be satisfied before coinsurance begins; up to the out-of-pocket maximum
Allergy Serum	20% Coinsurance (after deductible)	Deductible must be satisfied before coinsurance begins; up to the out-of-pocket maximum
Prescription Copays	\$0 / \$15 / \$40 / \$70 / \$160	The network pharmacy listing as well as the complete formulary, including the \$0 copay medication listing can be found on the custom website at http://aa.ccok.com or call the Pharmacy Help Desk for more information at 918-594-5211 or toll free 1-877-293-8628.
Mail Order Home Delivery Program	90 day supply for two copays	
Select \$0 Generic Prescription Drugs	Categories of drugs: blood pressure, cholesterol, anti-depressants & anti-inflammatory	
Additional Resources:	24 Hour Nurse Line: 1-800-777-4890 Behavioral Health: 918-594-5262	These helpful phone numbers are located on your ID card.

The calendar year deductible and coinsurance does not apply to all types of services.

This is not a complete benefit summary - please refer to the CommunityCare benefit summaries located on the website

The custom website specifically for AA members can be found at <http://aa.ccok.com>. On this site, you can view the benefits as well as search for providers, view the formulary and much more! Customer Service is also there to help you at **918-594-5242**.