

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



AMERICAN AIRLINES

COVERAGE INFORMATION

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1
Coverage Type		On and off-job (24 hour)
Covered Events		Illness and injury
HSA Compatible		Yes
BENEFITS		PLAN 1
HOSPITAL CARE ²		PLAN 1
First Day Hospital Confinement	Up to 1 day per year	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$200
First Day ICU Confinement	Up to 1 day per year	\$2,000
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$400
VALUE ADDED SERVICES		PLAN 1
Ability Assist [®] EAP ³ – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampions SM – Administrative & clinical support following serious illness or injury		Included

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under the age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about you and your families health. All you have to do is elect the coverage to become insured.

HOW DO I PAY THE PREMIUM FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

HOW CAN I ENROLL?

You may enroll through the Added Benefits website at www.AAaddedbenefits.com or by calling 1-855-550-0706.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy provision. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

-For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.