

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



AMERICAN AIRLINES

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		CUSTOM PLAN
Coverage Type		Off-job only
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		CUSTOM PLAN
Accident Follow-Up	Up to 3 visits per accident	\$50
Acupuncture	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$750
Ambulance – Ground	Once per accident	\$200
Blood/Plasma/Platelets	Once per accident	\$300
Chiropractic Care	Up to 10 visits per accident	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$100
Daily ICU Confinement	Up to 30 days per accident	\$200
Diagnostic Exam	Once per accident	\$100
Emergency Dental	Once per accident	Up to \$100
Emergency Room	Once per accident	\$50
Hospital Admission	Once per accident	\$500
Initial Physician Office Visit	Once per accident	\$25
Lodging	Up to 30 nights per lifetime	\$100
Medical Appliance	Once per accident	\$75
Physical Therapy	Up to 10 visits per accident	\$25
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Transportation	Up to 3 trips per accident	\$200
Urgent Care	Once per accident	\$25
X-ray	Once per accident	\$50
SPECIFIED INJURY & SURGERY		CUSTOM PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,000
Arthroscopic Surgery	Once per accident	\$125
Burn	Once per accident	Up to \$5,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$3,000
Eye Injury	Once per accident	Up to \$400
Fracture	Once per bone per accident	Up to \$3,000
Hernia Repair	Once per accident	\$150
Joint Replacement	Once per accident	\$500
Knee Cartilage	Once per accident	Up to \$500
Laceration	Once per accident	Up to \$200
Ruptured Disc	Once per accident	\$500
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$750
CATASTROPHIC		CUSTOM PLAN
Coma	Once per accident	Up to \$5,000
Home Health Care	Up to 30 days per accident	\$50
Prosthesis	Once per accident	Up to \$500

VALUE ADDED SERVICES	CUSTOM PLAN
Ability Assist® EAP ² – 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.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's 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.AAddedbenefits.com or by calling 1-855-550-0706.

WHEN DOES THIS INSURANCE END?

This insurance will end when you 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. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹Rates and/or benefits may be changed.

²HealthChampionsSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

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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. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent