

## GROUP LONG-TERM CARE INSURANCE SUMMARY OF PLAN FEATURES FOR AMERICAN AIRLINES, INC.

The plan described below is intended to be a Qualified Long-Term Care Insurance Contract in accordance with the Health Insurance Portability and Accountability Act of 1996.

| FEATURES/<br>PROVISIONS                  | <b>NLTCC REIMBURSEMENT PLAN</b><br>2 OF 6 ADLs  |
|--|---|
| <b>EFFECTIVE DATE</b>                    | August 1, 2000 (original plan)<br><a href="#">November 1, 2004 (enhanced plan)</a>  |
| <b>SITUS STATE</b>                       | Texas – Single Employer   |
| <b>PLAN AVAILABILITY</b>                 | The plan is available to residents of the U.S. , Puerto Rico & the Virgin Islands   |
| <b>POLICY NUMBER</b>                     | 96659   |
| <b>CUSTOMER SERVICE</b>                  | 1-888-526-8495<br>1-800-638-1004 for hearing impaired individuals with a TDD<br><a href="http://www.metlife.com/benefits">www.metlife.com/benefits</a>  |
| <b>RATE GUARANTEE</b>                    | 10 years - through 12/31/2010   |
| <b>ELIGIBLE PARTICIPANTS</b>             | <ul style="list-style-type: none"> <li>• Employees and spouses (or surviving spouses)</li> <li>• Same sex domestic partners of employees* – Length of partnership 6 months*</li> <li>• Retirees and spouses (or surviving spouses)</li> <li>• Same sex domestic partners of retirees* – Length of partnership 6 months *</li> <li>• Parents and parents-in-law</li> <li>• Grandparents and grandparents-in-law</li> <li>• No linkages for enrollment</li> <li>• No age limits</li> <li>• No minimum participation requirements</li> </ul> <p>*Coverage for domestic partners will be available to the extent permissible by state insurance regulations</p>   |
| <b>UNDERWRITING</b>                      | <ul style="list-style-type: none"> <li>• Guaranteed issue for employees actively at work on the effective date of the plan who enroll during the initial enrollment period</li> <li>• Guaranteed issue for new hires within 60 days of hire who are actively at work on their effective date</li> <li>• Guaranteed issue coverage for employees who are not actively at work on their effective date will become effective on the first of the month following their return to work (provided they are actively at work on that date)</li> <li>• Underwriting for all other eligible participants.</li> </ul>   |
| <b>PRE-EXISTING CONDITION LIMITATION</b> | None  |
| <b>COVERED SERVICES</b>                  | <p><b>Comprehensive Coverage:</b></p> <ul style="list-style-type: none"> <li>• Nursing home (skilled, intermediate and custodial care in a licensed nursing home or Alzheimer’s facility)</li> <li>• In-patient hospice care</li> <li>• Voluntary initial care advisory visit</li> <li>• Assisted living facility (or Alzheimer’s facility)</li> <li>• Home care services <ul style="list-style-type: none"> <li>- Services from a licensed home care agency for: R.N., L.P.N., L.V.N.; home health aide; physical, respiratory, occupational, and speech therapy and homemaker services, social worker, social worker from an agency</li> <li>- Care from a nurse (R.N., L.P.N., L.V.N.), licensed therapist, audiologist, or homemaker, who is unaffiliated with a licensed agency</li> <li>– Adult day care</li> <li>– At-home hospice care</li> <li>– Ongoing care advisory services</li> </ul> </li> <li>• <a href="#">Respite services including informal care (covers up to 21 days per calendar year)</a> <ul style="list-style-type: none"> <li>– Services can be provided at home, in a nursing home, or in an assisted living facility.</li> </ul> </li> </ul> |

| FEATURES/<br>PROVISIONS                          | NLTCC REIMBURSEMENT PLAN<br>2 OF 6 ADLs  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
|--|--|--|---------------|--------|--------|--------|------------------|---------------|---------------|---------------|-----------------------|-------|-------|-------|------------------------|---------|---------|---------|-------------------------|-----------|-----------|-----------|--|--|
| ALTERNATE PLAN OF SERVICE                        | A MetLife care manager can authorize benefits for qualified long-term care services not specifically covered under the plan. Services must be qualified, must meet the needs of the covered person, and may be a cost effective alternative  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| PLAN MODEL                                       | Reimbursement: benefits are payable for the actual cost of services up to the daily benefit.   |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| DAILY BENEFITS                                   | <ul style="list-style-type: none"> <li>• Daily benefit choice of \$100, \$200, and \$300 per day</li> <li>• Reimburses provider's charge up to 100% of the daily benefit for nursing home, in-patient hospice care, assisted living facilities, and respite care</li> <li>• Reimburses provider's charge up to <b>60% of the daily benefit for home care, adult day care, and at-home hospice services</b></li> </ul> <p><b>The following DBA range has been added to your plan's available options in connection with the 7/1/13 Inforce Rate Increase: \$60-\$539.00.</b></p>  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| TOTAL LIFETIME BENEFIT                           | <ul style="list-style-type: none"> <li>• 1,825 days (5 years) times the daily benefit</li> </ul>   |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| THREE PRE-PACKAGED PLANS IN ENROLLMENT MATERIALS |  | <table border="1"> <thead> <tr> <th></th> <th>PLAN A</th> <th>PLAN B</th> <th>PLAN C</th> </tr> </thead> <tbody> <tr> <td>Coverage Option:</td> <td>Comprehensive</td> <td>Comprehensive</td> <td>Comprehensive</td> </tr> <tr> <td>Daily Benefit Amount:</td> <td>\$100</td> <td>\$200</td> <td>\$300</td> </tr> <tr> <td>Total Lifetime Amount:</td> <td>5 years</td> <td>5 years</td> <td>5 years</td> </tr> <tr> <td>Total Lifetime Benefit:</td> <td>\$182,500</td> <td>\$365,000</td> <td>\$547,500</td> </tr> </tbody> </table> |               | PLAN A | PLAN B | PLAN C | Coverage Option: | Comprehensive | Comprehensive | Comprehensive | Daily Benefit Amount: | \$100 | \$200 | \$300 | Total Lifetime Amount: | 5 years | 5 years | 5 years | Total Lifetime Benefit: | \$182,500 | \$365,000 | \$547,500 |  |  |
|  | PLAN A   | PLAN B   | PLAN C        |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| Coverage Option:                                 | Comprehensive  | Comprehensive  | Comprehensive |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| Daily Benefit Amount:                            | \$100  | \$200  | \$300         |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| Total Lifetime Amount:                           | 5 years  | 5 years  | 5 years       |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| Total Lifetime Benefit:                          | \$182,500  | \$365,000  | \$547,500     |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| BENEFIT ELIGIBILITY CRITERIA                     | <p>Insureds will be considered for benefit eligibility when they have been certified by a licensed health care practitioner as being chronically ill. Chronically ill means:</p> <ul style="list-style-type: none"> <li>• Expected to be unable to perform (without substantial assistance from another individual) at least 2 of the 6 ADLs (bathing, continence, dressing, eating, toileting, transferring) for a period of at least 90 days due to a loss of functional capacity.</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• Having a severe cognitive impairment that requires substantial supervision to protect such individuals from threats to health and safety.</li> </ul> <p>Benefits will be paid for services included in a Plan of Care prescribed by a licensed health care practitioner.</p> <p>MetLife covers disabilities resulting from organic brain diseases, including Alzheimer's disease and similar disorders. The plan also covers dependencies resulting from brain diseases which are not organically based, as long as the insured meets the benefit eligibility criteria. MetLife does not attempt to identify the cause of disability or mental disorder. The presence of many interrelated factors makes it difficult to isolate cause and thus, to administer a plan which excludes mental or nervous disorders.</p> |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| WAITING PERIOD FOR BENEFITS                      | <ul style="list-style-type: none"> <li>• 90 calendar days (covered services are not required)</li> <li>• Once satisfied, the waiting period does not need to be completed again for subsequent benefit periods. If only partially completed, days will be credited toward a subsequent waiting period, as long as 180 or more days have not passed.</li> </ul>   |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| VOLUNTARY ONSITE CARE ADVISORY SERVICES          | <ul style="list-style-type: none"> <li>• Initial care advisory visit</li> <li>• Ongoing care advisory services</li> </ul>  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| TRANSITION EXPENSE BENEFIT                       | A benefit providing up to <b>ten times</b> the daily benefit to be used for long-term care purposes, such as a personal emergency response system, caregiver training, durable medical equipment, or offsetting costs of qualified services received during the waiting period. It is payable after completion of the waiting period. To access this benefit, proof of payment for a covered expense must be submitted to MetLife. It does not reduce the total lifetime benefit.  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| PREMIUM WAIVER                                   | Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill.   |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |
| INFLATION PROTECTION                             | <ul style="list-style-type: none"> <li>• Optional inflation increase feature included in the plan:</li> </ul>  |  |               |        |        |        |                  |               |               |               |                       |       |       |       |                        |         |         |         |                         |           |           |           |  |  |

| FEATURES/<br>PROVISIONS                         | NLTCC REIMBURSEMENT PLAN<br>2 OF 6 ADLs   |
|---|---|
|   | <ul style="list-style-type: none"> <li>- option offered every three plan years</li> <li>- at least 5% compounded annually</li> <li>- Guaranteed issue as long as the option has been selected once in every two offerings</li> <li>- Offer is made regardless of age, claim status, claim history, or length of participation in the plan</li> <li>- Premiums for the increase are based on attained age</li> </ul> <ul style="list-style-type: none"> <li>• Automatic inflation feature IS NOT available.</li> </ul>   |
| <b>RETURN OF PREMIUM ON DEATH</b>               | Returns all premiums paid up to age 65 to the insured's estate upon death, less benefits received. The amount of the refund will decline 10% per year from age 65 up to age 75. Insured must be covered at time of death.   |
| <b>NONFORFEITURE FEATURE</b>                    | <p>The following nonforfeiture feature is included in the plan:</p> <p><b>NAIC Shortened Benefit Period – Benefit Bank (S1)</b> – Insureds who have paid premiums for at least three years and elect to stop making payments will be entitled to receive some coverage. The feature provides the full daily benefit with a total lifetime benefit based on the amount of premiums paid. The total lifetime benefit will be at least 30 times the daily benefit. Adjusted total lifetime benefit IS NOT reduced by any benefits.</p>   |
| <b>RESTORATION OF BENEFITS</b>                  | <p>MetLife's plan includes a restoration of benefits feature. This provision requires that the insured has not been benefit eligible for the prior two years. Under this provision, the insured's total lifetime benefit would be restored if all of the following conditions were met:</p> <ul style="list-style-type: none"> <li>- The total lifetime benefit has not been exhausted,</li> <li>- Premium payments have been made for a continuous period of 2 years from the date the insured was no longer chronically ill</li> <li>- Satisfactory proof has been provided to a licensed health care practitioner (employed or retained by MetLife), stating that the insured has not been chronically ill at any time during such 2 year period.</li> </ul> |
| <b>INTERNATIONAL COVERAGE</b>                   | If an insured is eligible for benefits and is outside of the United States, we will pay a per diem benefit upon completion of the waiting period. The per diem benefit will be equal to 50% of the home care daily benefit. The per diem benefit will be paid in US dollars. This benefit will be paid up to a maximum of 10 years while the insured is outside of the United States.   |
| <b>BED RESERVATION</b>                          | Nursing home, in-patient hospice, and assisted living facility bed reservation benefit up to 21 days per calendar year.   |
| <b>ADDITIONAL PLAN FEATURES/<br/>PROVISIONS</b> | <ul style="list-style-type: none"> <li>• Provider discounts</li> <li>• Reinstatement provision</li> <li>• Fully portable</li> <li>• Guaranteed renewable</li> <li>• No coordination of benefits provision</li> </ul>  |

| FEATURES/<br>PROVISIONS | NLTCC REIMBURSEMENT PLAN<br>2 OF 6 ADLs  |
|-------------------------|--|
| <b>EXCLUSIONS</b>       | <p>This plan does not provide benefits for the following:</p> <ul style="list-style-type: none"> <li>• Care in a facility that provides services for detoxification of or rehabilitation for alcohol or drug abuse (chemical dependency), except drug abuse sustained at the hands of or while being treated by a physician for an injury or sickness.</li> <li>• Any service or supply received outside the United States or its territories.</li> <li>• Illness, treatment or medical condition arising out of: <ul style="list-style-type: none"> <li>• War or act of war (whether declared or undeclared)</li> <li>• Participation in a felony, riot or insurrection</li> <li>• Service in the armed forces or auxiliary units</li> <li>• Attempted suicide (while sane or insane) or intentionally self-inflicted injury</li> </ul> </li> <li>• Any care provided while in a hospital, except for confinement in a distinct part of a hospital which is licensed as a nursing home or hospice.</li> <li>• Any service provided by your immediate family, unless provided by an informal care provider.</li> <li>• Any service or supply to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance or copayment amount. This exclusion will not apply in those instances where Medicare is determined to be secondary payor under applicable law.</li> <li>• Services for which no charge is normally made in the absence of insurance.</li> </ul> <p>Please note: Separate exclusions apply to international coverage. Please refer to the state specific international rider.</p> |
| <b>BILLING OPTIONS</b>  | <ul style="list-style-type: none"> <li>• Payroll mandatory for employees and spouses</li> <li>• ACAD (monthly automatic checking account deduction)</li> <li>• Direct bill <ul style="list-style-type: none"> <li>- Quarterly</li> <li>- Semiannual</li> <li>- Annual</li> </ul> </li> </ul>   |
| <b>STATE VARIATION</b>  | <p>Initial Care Advisory Visits: TX: MetLife will pay up to \$275 for an initial care advisory visit.</p> <p>Domestic Partners: LA: Domestic Partner coverage is not permissible.</p>  |