

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE  
US AIRWAYS, INC. HEALTH BENEFIT PLAN  
EIN/PN: 53-0218143/501**

Section 104 of the Employee Retirement Income Security Act of 1974 (“ERISA”) directs the administrator of an ERISA-covered plan to furnish to participants (and beneficiaries receiving benefits under the plan) a summary of any material modifications to the plan (the “SMM”) within 210 days following the plan year in which the change was adopted. This summary describes certain changes to the US Airways, Inc. Health Benefit Plan (the “Plan”). This SMM modifies the Summary Plan Description (the “SPD”), revised as of January 1, 2008. You should keep this SMM with the Summary Plan Description you previously received, for future reference.

The following changes to the SPD are **effective January 1, 2010**, unless otherwise indicated:

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits group health plans from using “genetic information” about employees (and their dependents or other family members) for setting or adjusting premium rates, for underwriting purposes, and for determining eligibility for enrollment in the group health plan. For example, under GINA a plan cannot require or request that an employee or family member undergo a genetic test prior to or as a condition of enrollment under the plan. Also, restrictions are placed on the collection and use of family medical history information prior to enrollment. Specifically, the rules prohibit the use of rewards or incentives for completion of family medical histories prior to enrollment. GINA does not restrict genetic testing as ordered by a medical provider or the use of family medical history or genetic testing data to enhance plan benefits after enrollment has occurred and a medical provider has been consulted. GINA becomes effective for the Plan on January 1, 2010.

**Eligibility for Your Dependents (SPD, Pages 2)**

In addition to the information in this section of the SPD, effective January 1, 2010, Michelle’s Law requires that if your dependent child ceases to be a full-time student solely as a result of a medically necessary leave of absence from post-secondary studies, as certified by a physician, coverage continues under this Plan for your dependent child who is on an approved medical leave from full-time studies until the earlier of the following:

- The last day of the 12th month following the loss of full-time student status; or
- The last day of the month in which the medically necessary leave ends, if the child does not return to full-time student status at that time.

If, during this period of extended coverage, the child does not qualify as your dependent for tax purposes, you will be subject to income and employment taxes on the value of the extended coverage provided to your child. You are responsible for informing Benefits US Customer Service if your child begins a medically necessary leave of absence from school by providing a statement from your child’s physician, and you will be asked to verify whether the child qualifies as your dependent for tax purposes during the leave of absence.

**SPD Sections Regarding Change in Status & Special Enrollment Rights (SPD, Pages 7 - 11)**

In addition to the information in these sections of the SPD, effective April 1, 2009, the Children’s Health Insurance Program Reauthorization Act of 2009 (“CHIPRA”) requires that the Plan must permit you and your dependent(s) to enroll (or disenroll) in the Plan upon your request **within 60 days** following the occurrence of either of the following events:

1. *Loss of coverage under Medicaid or a state child health plan:* If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or

your dependent(s) in the Plan not later than 60 days after the date coverage ends under Medicaid or the state child health plan.

2. *Gaining eligibility for coverage under Medicaid or a state child health plan:* If you and/or your dependent(s) become eligible for financial assistance (such as a premium subsidy) from Medicaid or a state child health plan, you may request to enroll yourself and/or your child(ren) under the Plan, provided that your request is made no later than 60 days after the date that Medicaid or the state child health plan determines that you and/ or your dependent(s) are eligible for such financial assistance. If you and/or dependent(s) are currently enrolled in the Plan, you have the option of terminating the enrollment of you and/or your child(ren) in the Plan and enroll in Medicaid or a state child health plan. Please note that, once you terminate your enrollment in the Plan, your children's enrollment will also be terminated.

Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state children's health plan within 60 days will prevent you from enrolling in the Plan and/or making any changes to your coverage elections until the next open enrollment period.

**SPD Sections Regarding Mental Health & Chemical Dependency Program Benefits (SPD, Pages 41 - 49)**

The Mental Health Parity Act of 2008 requires that, effective January 1, 2010, the financial requirements and treatment limitations applicable to mental health and substance-use-disorder benefits be no more restrictive than the requirements and limitations that apply to health benefits based on physical injury or illness. Therefore, effective January 1, 2010, the lifetime and annual dollar limits, deductibles, co-payments and out-of-pocket expenses are generally the same for mental/substance use benefits as those for physical injury or illness benefits. These changes apply to in-network and out-of network coverage.

**Schedule of Mental Health and Chemical Dependency Benefits (SPD, Page 43)**

If you are enrolled in the PPO Plan for medical coverage, your mental health and chemical dependency benefits are summarized in the table below:

Mental Health and Chemical Dependency Benefits	PPO 80/60		PPO 90/70		PPO 100/80	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (1 person/2 or more people)	\$450/\$900	\$900/\$1,800	\$225/\$450	\$450/\$900	\$225/\$450	\$450/\$900
Annual Out-of-Pocket Maximum (1 person/2 or more people)	\$3,000/\$6,000	\$6,000/\$12,000	\$1,500/\$3,000	\$3,000/\$6,000	Not applicable	\$3,000/\$6,000
Lifetime Maximum	Unlimited	\$1,000,000 per person for PPO 80/60, 90/70, 100/80 combined	Unlimited	\$1,000,000 per person for PPO 80/60, 90/70, 100/80 combined	Unlimited	\$1,000,000 per person for PPO 80/60, 90/70, 100/80 combined
Inpatient Care	The Plan pays 80% of discounted in-network fees, after separate annual deductible.	The Plan pays 60% of R&C charges, after separate annual deductible	The Plan pays 90% of discounted in-network fees, after separate annual deductible	The Plan pays 70% of R&C charges, after separate annual deductible	The Plan pays 100% of discounted in-network fees, after separate annual deductible	The Plan pays 80% of R&C charges, after separate annual deductible
Outpatient Care	\$25 co-pay <i>No visit maximum</i>	The Plan pays 60% of R&C charges, after separate annual deductible <i>No visit maximum</i>	\$25 co-pay <i>No visit maximum</i>	The Plan pays 70% of R&C charges, after separate annual deductible <i>No visit maximum</i>	\$25 co-pay <i>No visit maximum</i>	The Plan pays 80% of R&C charges, after separate annual deductible <i>No visit maximum</i>

**Schedule of Mental Health and Chemical Dependency Benefits (SPD, Page 43)**

If you are enrolled in the Out-of-Area Programs, your mental health and chemical dependency benefits are summarized in the table below:

<b>Mental Health and Chemical Dependency Benefits</b>	<b>OOA 80</b>	<b>OOA 90</b>	<b>OOA 100</b>
Annual Deductible  (1 person/2 or more people)	\$450/\$900	\$225/\$450	\$225/\$450
Annual Out-of-Pocket Maximum (1 person/2 or more people)	\$3,000/\$6,000	\$1,500/\$3,000	Not applicable
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Inpatient Care	The Plan pays 80% of discounted Medicare Allowable Amount after separate annual deductible <i>No day maximum</i>	The Plan pays 90% of the Medicare Allowable Amount, after separate annual deductible <i>No day maximum</i>	The Plan pays 100% of the Medicare Allowable Amount, after separate annual deductible <i>No day maximum</i>
Outpatient Care	The Plan pays 80% of the Medicare Allowable Amount, after separate annual deductible <i>No visit maximum</i>	The Plan pays 90% of the Medicare Allowable Amount, after separate annual deductible <i>No visit maximum</i>	The Plan pays 100% of the Medicare Allowable Amount, after separate annual deductible <i>No visit maximum</i>

## **Your Coverage – Mental Health and Chemical Dependency (SPD, Page 45)**

### ***When You See Out-of-Network Providers***

After you meet the out-of-network mental health and chemical dependency annual deductible, out-of-network benefits are covered like the out-of-network medical services, according to the medical program option in which you enroll — PPO 80/60, PPO 90/70, or PPO 100/80. There are no annual limits for visits or admission days effective January 1, 2010.

## **YOUR VOLUNTARY LONG-TERM CARE PLAN (SPD, Page 64)**

### **Eligibility**

Your spouse and your children may also be eligible for coverage. *(For more eligibility details about coverage for your eligible dependents, please refer to the “Eligibility for Dependents” section of this SPD.)*

## **YOUR VOLUNTARY CRITICAL ILLNESS PLAN (SPD, Page 65)**

### **Eligibility**

Your spouse and your children may also be eligible for coverage. *(For more eligibility details about coverage for your eligible dependents, please refer to the “Eligibility for Dependents” section of this SPD.)*

## **YOUR VOLUNTARY ACCIDENT INSURANCE PLAN (SPD, Page 66)**

### **Eligibility**

Your spouse and your children may also be eligible for coverage. *(For more eligibility details about coverage for your eligible dependents, please refer to the “Eligibility for Dependents” section of this SPD.)*

## **GLOSSARY (SPD, Page 96)**

**Out-of-Pocket Maximum** — An annual individual or family limit on the amount you spend out of your own pocket for expenses that the Plan does not cover in full, including deductibles but excluding co-payments.

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### **For Additional Information**

To request additional information regarding this summary, please contact Benefits US Customer Service 1-888-860-6178.