

**US AIRWAYS, INC. FLIGHT ATTENDANT LONG TERM
DISABILITY PLAN**

Summary Plan Description

Effective February 28, 2013

SUMMARY PLAN DESCRIPTION

This document summarizes the main provisions of the US Airways Flight Attendant Long Term Disability Benefit Plan (“the Plan”), effective February 28, 2013 and serves as the Summary Plan Description (“SPD”). The Plan is intended to give you financial protection by paying a portion of your income if you become Disabled through illness or injury. The SPD describes the benefits that apply to eligible employees.

Please take some time to review this SPD, since it includes a comprehensive overview of:

- Your participation and the Plan’s eligibility rules;
- How the Plan works in general;
- Your Benefits under the Plan should you become Disabled; and
- Important information about the operation of the Plan and your rights as a participant.

If you have general questions about the benefits information contained in this SPD, please call BenefitsUS Customer Service at 1-888-860-6178.

Note also that this SPD is only a summary. Complete details of the Plan are contained in the legal Plan document. If there is any difference between the information in this SPD and in the legal Plan document, the Plan document will govern. US Airways, Inc. (“US Airways” or “the Company”) sponsors the Plan and reserves the right to amend or terminate the Plan at any time, subject to the terms of an applicable collective bargaining agreement. You will be notified of any changes that affect your benefits, as requires by federal law.

TABLE OF CONTENTS

	Page
INTRODUCTION	2
ABOUT YOUR PARTICIPATION	3
Who Is Eligible	3
When Coverage Begins.....	3
Paying for Coverage	3
When Coverage Ends.....	3
Continuation of Benefits for Employees in the Uniformed Services	4
YOUR LONG TERM DISABILITY BENEFITS	5
When Benefit Payments Begin	5
Benefits During Maternity Leave	6
Definition of “Disability”	6
Your Disability Benefit Amount.....	6
Coordination with Other Benefits.....	7
Retirement Benefits	7
When Benefits End	8
What’s Not Covered	8
ADDITIONAL RULES THAT APPLY TO THIS PLAN	9
How Your Disability Benefit Is Taxed.....	9
Plan Benefits and Your Other US Airways Benefits	9
Working During Your Disability	9
Return to Work Program.....	9
Other Employment.....	10
CLAIMS PROCEDURES	11
Filing a Claim	11
Proof of Continuing Disability.....	12
YOUR RIGHT TO APPEAL.....	13
Time Frame for Claim Determinations.....	13
If You Receive an Adverse Benefit Determination	14
Procedures for Appealing an Adverse Benefit Determination	14

TABLE OF CONTENTS
(continued)

	Page
PLAN ADMINISTRATION	17
Plan Sponsor	17
Plan Administrator	17
Agent for Service of Legal Process	17
Identification Numbers	18
Plan Year.....	18
Organization Providing Administrative Services	18
Plan Funding	18
Plan Document.....	18
Future of the Plan.....	19
Collective Bargaining Agreement.....	19
Limitation on Assignment.....	19
YOUR RIGHTS UNDER ERISA	20
Receive Information About Your Plan and Benefits	20
Prudent Actions by Plan Fiduciaries.....	20
Enforce Your Rights	21
Assistance with Your Questions	22
YOUR EMPLOYMENT	22
GLOSSARY	23

ABOUT YOUR PARTICIPATION

Who Is Eligible

You are eligible for coverage under the Plan if you:

- Are employed as a flight attendant by US Airways and represented by the Association of Flight Attendants, (prior to January 1, 2014, flight attendants domiciled in Phoenix, Arizona were not eligible to participate in the Plan); and
- Are in active status, or on an employer-approved voluntary personal, medical, adoption, or maternity leave of absence (excluding any periods during which you have elected a voluntary furlough or a leave of absence in lieu of furlough).

When Coverage Begins

- **If you were hired prior to January 1, 2005**, then your coverage under the Plan begins on the first day you are eligible for participation.
- **If you were hired on or after January 1, 2005**, then your coverage under the Plan begins on the first day after you have completed one Year of Service as a flight attendant and immediately before becoming disabled, have been on active status or an approved medical or maternity leave of absence. In cases when you are absent from work prior to the completion of one (1) year of service, eligibility shall commence upon the later of your return to work or upon completion of one (1) year of service.

Paying for Coverage

Effective February 1, 2005, you are required to contribute toward the cost of the Plan.

Your contribution amount will be the lesser of: (i) 25 percent of the Employer's Plan cost, updated and communicated annually, or (ii) \$20 per month. No contribution is

required if you are: (i) an active Employee during your first Year of Service who is not yet eligible to participate in the Plan; or (ii) a Disabled Participant.

When Coverage Ends

In general, coverage under the Plan will end the day you are no longer an eligible employee, US Airways terminates this Plan, or you die.

Continuation of Benefits for Employees in the Uniformed Services

If a Participant is receiving Benefits under the Plan at the time the Participant's military service begins, then the Participant's Benefits will continue under the Plan, subject to the requirements of this Section. Any income a Participant receives related to the Participant's military service will offset the amount of the Participant's Benefits.

However if the Participant incurs a service-related disability, the Participant will be ineligible to receive Benefits related to that disability. To receive Benefits under this Section, the Participant must satisfy all requirements under the Uniformed Services Employment & Reemployment Rights Act of 1994 ("USERRA").

YOUR LONG TERM DISABILITY BENEFITS

The Plan continues a portion of your income if you become Disabled (as defined below) due to illness or injury and are unable to work for an extended period of time.

As you review the Plan's Benefit provisions on the following pages, you should use the Glossary to become familiar with the terms used.

When Benefit Payments Begin

Benefits are payable after the Elimination Period described below:

- **For Disabilities that began before January 1, 2003**, Benefits are payable after you have been Disabled for 90 days.
- **For Disabilities beginning on or after January 1, 2003**, Benefits are payable after you have been Disabled for 120 days.

If you recover and return to work, then experience a relapse related to the prior Disability within 120 days of returning to work (or 90 days for Disabilities that began before January 1, 2003), you will not have to satisfy a new Elimination Period and your Benefit payments will resume as soon as administratively possible.

However, you will be subject to a new Elimination Period if you return to work then:

- Experience an unrelated Disability; or
- Experience a related or unrelated Disability after returning to work for more than 120 days (or 90 days for Disabilities that began before January 1, 2003).

Benefits During Maternity Leave

For disabilities that began before February 28, 2013, after your 29th week of pregnancy, you are considered Disabled and are eligible to begin the Elimination Period unless your Physician determines that you are not Disabled. However, if your Physician determines that you are Disabled before the end of your 29th week of pregnancy, you may apply for Plan Benefits as described under “Filing a Claim.”

For disabilities that begin on or after February 28, 2013, after your 24th week of pregnancy you may be automatically deemed disabled, unless your physician determines otherwise. In cases where your physician determines disability at a different point (either prior to or following completion of the 24th week) the Disability will begin on the date as determined by the physician. The one hundred twenty (120) day waiting period will begin on the date of Disability.

Definition of “Disabled” or “Disability”

You are “Disabled” or have a "Disability" if you meet the following conditions:

- **For Disabilities that began prior to April 1, 2001**, you are unable due to illness or injury to perform any available occupation with US Airways for which you are reasonably suited by reason of education and experience.
- **For Disabilities that began on or after April 1, 2001**, you are unable due to illness or injury to perform your duties as a flight attendant for the first 24 months of Benefit payments. After 24 months of Benefits, Benefits will cease if you do not have a Social Security Disability Income Award ("SSDI Award"). If you subsequently

receive an SSDI Award for the same Disability after Benefits have been terminated, Benefits will recommence and be paid retroactive to the termination date.

Your Disability Benefit Amount

If you qualify for Benefit payments under the Plan, your monthly Benefit will be as follows:

- If you became Disabled **before April 1, 2001**, you will receive 60 percent of your Average Monthly Earnings, up to a maximum Benefit of \$1,821 per month.
- If you became Disabled **on or after April 1, 2001 but before January 1, 2003**, you will receive 60 percent of your Average Monthly Earnings, up to a maximum Benefit of \$2,350 per month.
- If you become Disabled **on or after January 1, 2003**, you will receive 50 percent of your Average Monthly Earnings, up to a maximum Benefit of \$7,500 per month.

Coordination with Other Benefits

Your Plan Benefits will be offset, dollar-for-dollar, by any of the following amounts you may receive, or are entitled to receive, from other sources listed below:

- Primary disability benefits paid or payable under federal Social Security law; *
- Disability benefits paid or payable under any workers' compensation law;
- Disability benefits paid or payable under any federal or state law;
- Unemployment benefits paid or payable under any unemployment compensation law;

or

* These amounts may be reduced by any attorneys' fees approved by the Social Security Administration that you incur to obtain the benefits.

- Disability benefits from any other group disability plan.

Retirement Benefits

Your Benefits will also be reduced by all sources of retirement income payable to you, including but not limited to US Airways Retirement Plans or any other qualified or nonqualified benefit plan, to the extent such benefits are attributable to employer contributions. These include:

- Employer contributions made on your behalf to the US Airways, Inc. 401(k) Savings Plan;
- The Retirement Plan for Flight Attendants in the Service of US Airways, Inc.; and
- Any other qualified or nonqualified benefit plan, to the extent such benefits are attributable to employer contributions.

For purposes of the Plan, these retirement benefits are assumed to be paid as a single life annuity on your early or normal retirement date. If you do not receive your retirement benefits at age 65, your Benefit will be reduced by the amount of any normal retirement benefit you would have been entitled to receive.

When Benefits End

- If you became Disabled **before January 1, 2003**, your Benefit duration depends on your age when your Disability begins, as follows:

If You Became Disabled:	Benefits Can Continue While You Remain Disabled:
Before age 60	Until age 65
Age 60 or more	For up to five years

- If you become Disabled **on or after January 1, 2003 but before January 1, 2008**, your Benefits will end when you reach age 65.
- If you became Disabled **on or after January 1, 2008**, your Benefit duration depends on your age when your Disability begins, as follows:

If You Became Disabled:	Benefits Can Continue While You Remain Disabled:
Before age 61	Until Normal Retirement Age, but not less than 60 months
Age 61	Until Normal Retirement Age, but not less than 48 months
Age 62	Until Normal Retirement Age, but not less than 42 months
Age 63	Until Normal Retirement Age, but not less than 36 months
Age 64	Until Normal Retirement Age, but not less than 30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 or older	12 months

Regardless of your age and the date you became Disabled, your Benefits will also end when one of the following happens:

- You are no longer Disabled;
- You do not provide proof of Disability as required by the Plan;
- You are no longer employed by the Company;
- You die; or

- The date you are removed from the system seniority list. Provided, however, benefits shall not cease for Participants hired on or after February 28, 2013, who are unable to return to active service from a medical leave after five (5) consecutive years who are removed from the system seniority list.

However, Benefits will continue if your employment ends because US Airways places you on furlough while you are receiving Benefits under the Plan and you are determined by the Social Security Administration to be totally and permanently disabled on or before the date of the furlough.

What's Not Covered

The Plan does not cover Disabilities due to or related to any of the following:

- Active participation in a riot;
- Committing or attempting to commit a felony; or
- An intentionally self-inflicted injury.

ADDITIONAL RULES THAT APPLY TO THIS PLAN

How Your Disability Benefit Is Taxed

Because US Airways provides coverage which is partially paid by US Airways and partially paid by the Participant, and the Participant's premiums are pre-tax contributions, any benefit you receive from the Plan will be considered taxable income.

Plan Benefits and Your Other US Airways Benefits

- **For a medical leave of absence prior to June 1, 2005**, the medical and dental coverage you have under a plan sponsored by US Airways before going on medical leave of absence will continue for 12 months at active employee contribution levels. After 12 months, coverage continues indefinitely as long as you pay the full cost. Any basic group term life insurance coverage you have under a plan sponsored by US Airways before going on medical leave of absence will continue for 60 days at no cost to you. After 60 days, you are responsible for paying the full cost of basic and optional life insurance coverage while on a leave status. If you are deemed totally and permanently Disabled, your basic and optional life insurance will be paid by US Airways.
- **For a medical leave of absence that occurs on or after June 1, 2005 but prior to January 1, 2006**, the medical and dental coverage that you had under a plan sponsored by US Airways before going on medical leave of absence will continue for 180 days at active employee contribution levels. After the end of the month following the 180 days, COBRA continuation coverage is available for the applicable duration under the law, with the qualifying event date being the original medical

leave date. Any basic group term life insurance coverage you had under a plan sponsored by US Airways before going on medical leave of absence will continue for 60 days at no cost to you. After 60 days, you are responsible for paying full cost of basic and optional life insurance coverage while on a medical leave of absence. If deemed totally and permanently Disabled, you will receive an additional 90 days of medical and dental coverage at active employee rates prior to COBRA continuation coverage, your basic and optional life insurance will be paid by US Airways for an additional 90 days, and you will then be offered conversion coverage.

- **For a medical leave of absence that occurs on or after January 1, 2006**, the medical and dental coverage you had had under a plan sponsored by US Airways before going on medical leave of absence will continue 270 days at active employee contribution levels. After the end of the month following the 270 days, COBRA continuation coverage is available for the applicable duration under the law with the qualifying event date being the end of the month following the 270 days. Any basic group term life insurance coverage you had under a plan sponsored by US Airways before going on medical leave of absence will continue for 60 days at no cost to you. After 60 days, you are responsible for paying full cost of basic and optional life insurance coverage while on a leave status.

Working During Your Disability

Return to Work Program

- **If your Disability began before April 1, 2001**, under the terms of the Return to Work Program, US Airways reserves the right to reassign you to another non-flight

attendant job for which you are reasonably qualified by training, education, or experience. If you decline a legitimate job offer for which you are reasonably qualified, your Plan payments will stop, and you can continue your Disability leave as an unpaid medical leave of absence.

The Return to Work Program is further described in the collective bargaining agreement between US Airways and the Association of Flight Attendants in force on the date your disability commenced.

- **If your Disability begins on or after April 1, 2001**, the Return to Work Program does not apply to you; however, you may apply for other US Airways positions. If you apply for a position and then decide not to accept it, you will still be eligible to receive Plan Benefits, subject to Plan limitations.

Other Employment

You may, with US Airways' advance permission, work for an employer other than US Airways while Disabled and continue to receive Plan Benefits. However, if you earn more from the outside employer while you are Disabled than you earned from that employer in the year before your Disability began, your Plan Benefit amount will be reduced by the difference. For example, if you earned \$10,000 from an outside employer in the year before your Disability began, then earned \$25,000 from the same employer during the year of your Disability, your Benefits from the Plan would be reduced by \$15,000.

If the sum of (a) your income from the outside employer during your Disability and (b) your Plan Benefits exceeds your pre-Disability income from that employer, your Plan Benefits will stop.

CLAIMS PROCEDURES

Filing a Claim

To receive Plan Benefits, you must submit your completed claim application to the Plan Administrator as soon as possible but in no event later than 60 days following the date on which you return to work. The application must include all requested documentation.

Applications may be obtained from your Base or on Wings.

Your claim application must include written proof of your Disability from your Physician or Mental Health Practitioner. The Plan Administrator will review your application, including the medical documentation, and decide on your claim. The Plan Administrator will then notify you of its determination in writing.

- If the Plan Administrator determines that the medical documentation does not prove that you are Disabled, you may be required to submit to an independent medical evaluation with a Physician or Mental Health Practitioner chosen and paid for by US Airways.
- If the Physician selected by US Airways disagrees with the opinion of your Physician or Mental Health Practitioner, you may request a third medical evaluation. The Physicians who provided the first two assessments must agree upon and appoint a third, impartial Physician to provide another medical evaluation. US Airways will pay the full cost of obtaining a third opinion.

Proof of Continuing Disability

Benefits will continue as determined under the Plan, as long as you comply with the treatment plan recommended by your Physician or Mental Health Practitioner and approved by the Plan Administrator.

While you are receiving Plan Benefits, the Plan Administrator may ask you, from time to time, to provide written proof of your continued Disability from your Physician or Mental Health Practitioner.

- If the Plan Administrator determines that the medical documentation does not prove that you continue to be Disabled, you may be required to submit to an independent medical evaluation with a Physician or Mental Health Practitioner chosen and paid for by US Airways.
- If the Physician selected by US Airways disagrees with your Physician or Mental Health Practitioner, you may request a third medical evaluation. The Physicians who provided the first two assessments must agree upon and appoint a third, impartial Physician to provide another medical evaluation. US Airways will pay the full cost of obtaining a third opinion.

Your Plan Benefits may stop if you fail to provide proof of Disability or proof of continued Disability to the Plan Administrator, or if you provide the Plan Administrator with false documentation.

YOUR RIGHT TO APPEAL

Time Frame for Claim Determinations

If you receive an adverse Benefit determination (i.e., a denial, reduction or termination of a Benefit, or a failure to provide or make a payment), the Plan Administrator will notify you within 45 days after receiving the claim. This 45-day period may be extended for up to 30 days if the Plan Administrator:

- Determines the extension is necessary due to matters beyond the Plan's control; and
- Notifies you, before the initial 45-day period expires, of the reason(s) for the extension and the date by which the Plan Administrator expects to render a decision.

If the Plan Administrator again determines that it cannot make a decision within that extension period, the determination period may be extended for up to an additional 30 days. In such case, the Plan Administrator must notify you, before the first 30-day extension period expires, of the reason(s) for the additional extension and the date the Plan Administrator expects to make a decision.

All extension notices you receive must specifically explain:

- The standards on which your entitlement to a Benefit is based;
- The unresolved issues hindering a decision on the claim; and
- The additional information needed to resolve those issues.

If an extension is necessary because you must provide additional information, the Plan's time frame for making a determination is stopped from the date the Plan Administrator

sends you the extension notification to the date you provide the additional information. You have up to 45 days to furnish the requested information.

If You Receive an Adverse Benefit Determination

If your claim is denied, in whole or in part, the Plan Administrator will send you a notification of adverse Benefit determination which will include:

- The specific reason(s) for the adverse Benefit determination;
- Reference to the specific Plan provisions on which the Benefit determination is based;
- A description of any additional material or information necessary for your claim to be reconsidered, and the reason this information is necessary; and
- A description of the Plan's appeal procedures and applicable time limits, including a statement of your rights to bring a civil action under ERISA following an adverse Benefit determination on review.

Procedures for Appealing an Adverse Benefit Determination

You, or your authorized representative, have 180 days from the date you receive an adverse determination notification to appeal the determination and to request, in writing, that the determination be reviewed by the Plan Administrator. The written request must contain:

- The date your request was filed with the Plan Administrator;
- The specific portion of the claim denial you want the Plan Administrator to review;
- A statement explaining why you believe the Plan Administrator should reverse the adverse determination; and

- Any written comments, documents, records and other information relating to the claim.

You have the right to:

- Request, free of charge, reasonable access to and copies of all documents, records and other information relevant to your claim. A document, record, or other information is treated as “relevant” to your claim if it:
 - Was used in making the Benefit determination;
 - Was submitted, considered, or generated in the course of making the Benefit determination, regardless of whether such document, record or other information was used in making the Benefit determination;
 - Demonstrates compliance with the administrative processes and safeguards required in making the Benefit determination; or
 - Constitutes a statement of policy or guidance with respect to the Plan concerning the denied Benefit, regardless of whether such statement was used to make the Benefit determination; and
- Receive a review that takes into account all comments, documents, records and other information submitted by you relating to the claim, regardless of whether such information was submitted or considered in the initial Benefit determination.

The Plan Administrator will notify you of its written decision on review within 45 days after receiving your request for review. This 45-day period may be extended for up to an additional 45 days if the Plan Administrator (a) determines that an extension is required due to special circumstances; and (b) notifies you in writing, before the end of the initial

45-day period, of the special circumstances and the date by which the Plan Administrator expects to make a determination on review.

The Plan Administrator's notice of an adverse Benefit determination on appeal will contain all of the following information:

- The specific reason(s) for the adverse Benefit determination;
- Reference to the specific Plan provisions on which the Benefit determination is based;
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for Benefits; and
- A statement describing your rights under ERISA to bring a civil action.

No one, including your Employer, may fire you or discriminate against you in order to prevent you from obtaining a Benefit or exercising the rights you have under ERISA.

PLAN ADMINISTRATION

This Plan Administration information is provided in compliance with the Employee Retirement Income Security Act (“ERISA”) of 1974, as amended. While you should not need these details on a regular basis, the information may be useful if you have specific questions about your Plan.

Plan Sponsor

US Airways, Inc.
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
480-693-0800

This Plan is a welfare benefit plan providing long term disability benefits.

Plan Administrator

US Airways, Inc.
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
480-693-0800

The administration of the Plan will be under the supervision of the Plan Administrator. To the fullest extent permitted by law, the Plan Administrator will have the discretion to determine all matters relating to eligibility, coverage and Benefits under the Plan. The Plan Administrator will also have the discretion to determine all matters relating to interpretation and operation of the Plan.

Agent for Service of Legal Process

US Airways, Inc.
Legal Department
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
480-693-0800

Legal process also can be served on the Plan Administrator.

Identification Numbers

The Employer Identification Number (“EIN”) assigned by the Internal Revenue Service to US Airways is 53-0218143. The Plan number is 507.

Plan Year

The Plan Year is January 1 through December 31.

Organization Providing Administrative Services

Listed below is the name, address, and phone number of the organization that provides administrative services. These services include administering claims and providing customer assistance.

The Prudential Insurance Company of America
751 Broad Street
Newark, NJ 07102
800-842-1718

Plan Funding

Benefits from this Plan are paid from a combination of the general assets of US Airways and Participant contributions.

Plan Document

This SPD is intended to help you understand the main features of the Plan. It should not be considered a substitute for the Plan document, which governs the operation of the Plan. That document sets forth all of the details and provisions concerning the Plan and is subject to amendment. If any questions arise that are not covered in this SPD or if this

SPD appears to conflict with the official Plan document, the text of the official Plan document will determine how questions will be resolved.

Future of the Plan

It is US Airways' intent that the Plan will continue indefinitely. However, US Airways reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, subject to the terms of the collective bargaining agreement. Any such action would be taken in writing and maintained with the records of the Plan. Plan amendment, modification, suspension or termination may be made for any reason, and at any time.

If the Plan, or any part of the Plan, is terminated, you will receive the Benefits due to you to the extent funded or provided contractually under the terms defined in the Plan's legal contracts.

Collective Bargaining Agreement

This Plan is maintained subject to a collective bargaining agreement. Participants and beneficiaries can obtain a copy of the collective bargaining agreement upon written request to the Plan Administrator. The agreement is also available for review during normal business hours at any US Airways Inflight Services office.

Limitation on Assignment

Your rights and Benefits under the Plan cannot be assigned, sold, or transferred to your creditors or anyone else.

YOUR RIGHTS UNDER ERISA

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all Plan Participants shall be entitled to:

Receive Information About Your Plan and Benefits

If you request, the Plan Administrator must:

- Allow you to examine, without charge, at the Plan Administrator’s office and at other specified locations, such as worksites, all documents governing the Plan, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Provide you with copies of documents governing the operation of the Plan, and copies of the latest annual report (Form 5500 Series) and updated SPD. There may be a reasonable charge for the copies; and
- Provide you with a summary of the Plan’s annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your

employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan Benefit or exercising your rights under ERISA.

Enforce Your Rights

If a claim for a Plan Benefit is denied or ignored, in whole or in part, you or your beneficiary has the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. You can file a suit in a federal or state court (provided you have exhausted the Plan's claims and appeals procedure, as described in the "Claims Procedure" and "Your right to Appeal" sections) if:

- You request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator;
- You believe you have been improperly denied a Benefit (in whole, or in part);
- You believe the Plan fiduciaries are misusing Plan funds; or
- You believe you may have been discriminated against for asserting your rights (in this case, you may file suit in court or request assistance from the U.S. Department of Labor).

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. However, if you lose, or if the court finds that your suit is frivolous, you may be required to pay the costs and fees.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance obtaining documents from the Plan Administrator, you should contact the nearest office of Employee Benefits Security Administration (“EBSA”), U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1-866-444- EBSA (3272).

YOUR EMPLOYMENT

Your eligibility or your right to Benefits under the Plan should not be interpreted as a guarantee of employment. The company’s employment decisions are made without regard to the benefits to which you are entitled upon employment.

This SPD provides detailed information about the Plan and how it works. This SPD does not constitute an expressed or implied contract or guarantee of employment.

GLOSSARY

Average Monthly Earnings - a Participant's gross salary as reported on IRS Form W-2 for the tax year preceding the commencement of the Benefit, divided by the number of full and partial months for which the Participant actually received compensation. This number will be adjusted to include pre-tax contributions and to exclude any non-wage compensation.

Benefit - the monthly Disability income benefit that a Participant who is determined to be Disabled shall be entitled to receive under the Plan.

Elimination Period - for Disabilities that began before January 1, 2003, Benefits are payable after you have been Disabled for 90 days. For Disabilities beginning on or after January 1, 2003, Benefits are payable after you have been Disabled for 120 days.

ERISA - the Employee Retirement Income Security Act of 1974, as amended.

Mental Health Practitioner - a) A Physician who is board-certified, board-eligible, or who limits his or her practice to clinical and consulting psychiatry and/or neurology; or b) A psychologist who has a doctorate in his or her respective discipline, is licensed by the appropriate state regulatory board to practice without restriction at an independent level, and who limits his or her practice to clinical and consulting psychology.

Normal Retirement Age - your retirement age under federal Social Security law.

Participant - any employee who satisfies the necessary eligibility requirements.

Physician - a) An individual licensed as a Medical Doctor (M.D.) by the appropriate state regulatory authority to practice medicine independently and without restrictions; or b) an

individual licensed as a Doctor of Osteopathic Medicine (O.D.) by the appropriate state regulatory authority to practice medicine independently and without restrictions.

Plan - the US Airways, Inc. Flight Attendant Long Term Disability Benefit Plan.

Plan Administrator - the Employer or such other person or committee as may be appointed from time to time by the Employer to administer the provisions of the Plan.

Plan Year - January 1 through December 31.

Retirement Plans - all retirement benefit plans sponsored by the employer for the benefit of the employee, including, but not limited to, the Retirement Plan for Flight Attendants in the Service of US Airways, Inc. and employer contributions to the US Airways, Inc. 401(k) Savings Plan, as such plans may be amended from time to time.

NOTES

NOTES

NOTES