

**SUMMARIES OF MATERIAL MODIFICATIONS FOR THE  
US AIRWAYS, INC. FLEXIBLE BENEFIT PLAN  
EFFECTIVE JANUARY 1, 2015, JANUARY 1, 2016, AND JANUARY 1, 2017**

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

**EFFECTIVE JANUARY 1, 2015**

**IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS FLEXIBLE BENEFIT PLAN. IF YOU ARE NOT ENROLLED IN THIS FLEXIBLE BENEFIT PLAN, THIS FLEXIBLE BENEFIT PLAN SUMMARY OF MATERIAL MODIFICATIONS DOES NOT APPLY TO YOU, AND SHOULD NOT BE CONSTRUED TO MEAN YOU HAVE COVERAGE UNDER THIS PLAN.**

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 end of the plan year in which the change was adopted. This summary describes certain changes to the US Airways, Inc. Flexible Benefit Plan (the “Plan”) that were effective January 1, 2015. This SMM modifies the Summary Plan Description (the “SPD”), restated as of January 1, 2013. You should keep this SMM with the SPD and other SMMs you previously received for future reference.

The following changes to the SPD are **effective January 1, 2015**, unless otherwise indicated:

**HOW THE FLEXIBLE BENEFIT PLAN WORKS (Pages 5-8)**

**WHO IS ELIGIBLE (Page 6)**

Replace the first bullet with the following:

You are eligible to participate in the Flexible Benefit Plan if you are:

- An active, full-time or part-time employee of US Airways, Inc. with a work base in the United States, but excluding (i) all active US Airways Pilots, (ii) all active US Airways Officers, Management/Specialists, and Support Staff; and (iii) any temporary, on-call or seasonal employees.

**MAKING CHANGES DURING THE YEAR (Page 7)**

Immediately preceding the first paragraph of this subsection, the following statement is added:

NOTE: Throughout this document, the terms “change in status events” and “Life Events” share the same meaning and are used interchangeably.

The sixth bullet is deleted and replaced with the following:

- Correspond with the gain or loss of coverage. For example, if you have or adopt a child: you can start Flexible Spending Accounts, or you can increase your contributions.

At the bottom of Page 7, the bordered statement is deleted and replaced by the following:

**You must notify American Airlines Benefit Service Center at 1-888-860-6178 of any qualified family or work status change within 31 days of the event.**

Immediately following this aforementioned bordered statement, the following subsections are added, as follows:

### **AN OVERVIEW OF CHANGE IN STATUS EVENTS**

The following language is added to this subsection:

- You must register your Change In Status Event within 31 days of the date the event occurred, and
- You must submit documentation/proof of eligibility within 31 days of the date you are requested to submit documentation by the American Airlines Benefits Service Center. For example: You marry on 5/01/15. In order for you to start, increase contributions, you must request this change by 6/02/15.

### **AN OVERVIEW OF CHANGE IN STATUS EVENTS**

The existing “Changes In Status” chart is hereby deleted and replaced by the following chart:

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
You become eligible for Company-provided benefits for the first time	Enroll online through the <a href="#">American Airlines Benefits Service Center</a> .
Your Spouse or Eligible Dependent Child dies	<b>Medical, Dental, and Vision:</b> <ul style="list-style-type: none"> <li>• You lose a Spouse/ Eligible Dependent Child: Stop coverage for your lost Spouse/ Eligible Dependent Child (dependent coverage may be subject to QMCSO). Start coverage for yourself or your Eligible Dependent Child if the loss of your Spouse results in loss of eligibility under your Spouse’s plan</li> <li>• You gain a Spouse/Eligible Dependent Child: Start coverage for yourself, your Spouse, and/or your Eligible Dependent Child. Stop coverage for yourself and/or</li> </ul>
You or your Spouse gives birth to or adopts a Child or has a Child placed with you for adoption or you gain an Eligible Dependent(s) <ul style="list-style-type: none"> <li>• To add a natural child to your coverage, you may use hospital records or an unofficial birth certificate as documentation of the birth. You should not wait to receive the baby’s Social Security number or official birth certificate. These documents may take more than 31 days to arrive and prevent you from starting coverage effective on the baby’s birth date.</li> </ul>	

If You Experience the Following Life Event...	Then, You May be Able to...
<ul style="list-style-type: none"> <li>To add an adopted child to your benefit coverage, you must supply a copy of the placement papers or actual adoption papers. Coverage for an adopted child is effective the date the child is placed with you for adoption and is not retroactive to the child's date of birth.</li> </ul>	<p>your Eligible Dependent Child if you gain coverage under new Spouse's plan.</p> <ul style="list-style-type: none"> <li>Change in your, your Spouse's or your Eligible Dependent Child's employment: If you/your Spouse or your Eligible Dependent Child gain eligibility under the other employer's plan, you can drop yourself, your Spouse, and/or your Eligible Dependent Child. If you/your Spouse or your Eligible Dependent Child lose eligibility or employer contribution under the other employer's plan, you can add yourself, your Spouse, and/or your Eligible Dependent Child.</li> <li>If you change Medical Benefit Options, your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option.</li> <li>Contact your HMO for eligibility – eligibility is determined by the HMO.</li> </ul>
<p>You get legally married (including common law marriage), divorced or legally separated</p>	
<p>Change in your employment with an employer other than the Company OR Change in Spouse's/ Eligible Dependent Child's employment or other health coverage OR Your Spouse's Eligible Dependent Child's employer no longer contributes toward health coverage OR Your Spouse's Eligible Dependent Child's employer no longer covers employees in your Spouse's/Eligible Dependent Child's position</p>	<p><b>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>Start/Stop coverage for yourself only. If you enroll for the first time, coverage is for a duration of 2 years</li> </ul> <p><b>Company-provided Short-Term Disability (for OMSSS):</b></p> <ul style="list-style-type: none"> <li>No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>Increase/Decrease your coverage (for increase, you must provide Proof of Good Health)</li> </ul> <p><b>Spouse Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>Start/Stop coverage</li> </ul> <p><b>Child Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>Start/Stop coverage</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>Start/Stop coverage for yourself</li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
	<ul style="list-style-type: none"> <li>• Increase/Decrease coverage for yourself</li> </ul> <p><b>Spouse AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for eligible Spouse/</li> <li>• Increase/Decrease for eligible Spouse</li> </ul> <p><b>Child AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> <li>• Increase/Decrease coverage</li> </ul> <p><b>Health Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• If you lose a Spouse/Eligible Dependent Child: Stop/Decrease contributions</li> <li>• If you gain a Spouse/Eligible Dependent Child: Start/Increase contributions (if incentives or contributions have been deposited to an HSA, you will be deemed to have enrolled in a Limited Purpose Flexible Spending Account (LPFSA), which can only be used for dental and vision, regardless of the plan selection)</li> <li>• If you, your Spouse or your Eligible Dependent Child gain eligibility under another employer's Health FSA plan: Stop/Decrease contributions</li> <li>• If you, your Spouse or your Eligible Dependent Child lose eligibility under another employer's Health FSA plan: Start/Increase contributions.</li> <li>• Cannot reduce to an amount less than what has already been deducted or paid</li> </ul> <p><b>Dependent Care Flexible Spending Account:</b></p> <ul style="list-style-type: none"> <li>• Increase/Decrease contributions</li> </ul>
<p>Your covered Eligible Dependent Child no longer meets the Plan's eligibility requirement, i.e.:</p> <ul style="list-style-type: none"> <li>• If the dependent attains the age at which he/she is no longer eligible to be covered</li> </ul>	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage for your Eligible Dependent Child (dependent coverage may be subject to QMCSO).</li> <li>• You may change Medical Benefit Options; your Deductible and Out-of-</li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
<p>as your Eligible Dependent</p> <ul style="list-style-type: none"> <li>• If the dependent marries and is no longer eligible for Dental and Vision benefits</li> <li>• If the dependent marries and enrolls in his/her Spouse's employer group health plan</li> </ul>	<p>Pocket Maximum will carry over to your new Medical Benefit Option.</p> <ul style="list-style-type: none"> <li>• Contact your HMO for eligibility – eligibility is determined by the HMO.</li> </ul> <p><b>Optional Short-Term Disability (for FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Company-provided Short-Term Disability (for OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Increase/Decrease your existing coverage (for increase, you must provide Proof of Good Health)</li> </ul> <p><b>Spouse Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start or stop coverage.</li> </ul> <p><b>Child Term Life Insurance t:</b></p> <ul style="list-style-type: none"> <li>• Start or stop coverage.</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for yourself</li> <li>• Increase/Decrease coverage for yourself</li> </ul> <p><b>Spouse AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for eligible Spouse</li> </ul> <p><b>Child AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>Health Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• Stop/Decrease contributions</li> <li>• Cannot reduce to an amount less than what has already been deducted or paid</li> </ul> <p><b>Additionally:</b></p> <ul style="list-style-type: none"> <li>• Contact American Airlines Benefits Service Center to advise that a COBRA packet should be sent to the now-ineligible Dependent's address.</li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
<p>Your dependent Child attains age 13 or he or she or no longer requires Dependent Day Care OR Your elderly parent or Spouse who is incapable of caring for himself/herself no longer meets the definition of “dependent” under the Dependent Care FSA or no longer requires Dependent Day Care.</p>	<p><b>Dependent Care Flexible Spending Account:</b></p> <ul style="list-style-type: none"> <li>• Reduce/Stop Dependent Care Flexible Spending Account contributions.</li> <li>• No other changes to benefits are allowed</li> </ul>
<p>Your benefit coverages are significantly improved, lowered or lessened by the Company (Plan Administrator/Sponsor will determine whether or not a change is “significant”) OR Your contribution amount is significantly increased or decreased by the Company (Plan Administrator/Sponsor will determine whether or not a change is “significant”)</p>	<p><b>Make changes to the applicable Benefit Options:</b></p> <ul style="list-style-type: none"> <li>• The Company will notify you of the allowable benefit changes, the time limits for making election changes and how to make changes at that time.</li> </ul>
<p>You are subject to a court order resulting from a divorce, legal separation, annulment, guardianship or change in legal custody (including a QMCSO) that requires you to provide health care coverage for a Child</p>	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself</li> <li>• Start coverage for your Eligible Dependent Child named in the QMCSO</li> <li>• If required by the terms of the QMCSO, you must change Medical Benefit Options; your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option.</li> <li>• Contact your HMO for eligibility – eligibility is determined by the HMO</li> <li>• You can start Dental/vision coverage for yourself and/or your Eligible Dependent Child ONLY if the QMCSO specifically orders it.</li> </ul> <p><b>Health Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• Start/Increase as long as it is not within 60 days of the end of the Plan Year</li> </ul>
<p>You, your Spouse, or your Eligible Dependent Child enroll in Medicare or Medicaid or CHIP coverage</p>	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage for the affected Spouse or Eligible Dependent Child.</li> </ul>



<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
You, your Spouse, or your Eligible Dependent Child lose Medicare, Medicaid or CHIP coverage	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself and the affected Spouse or Eligible Dependent Child</li> </ul>
You, your Spouse, or your Eligible Dependent Child become eligible for a state premium assistance program	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself and the affected Spouse or Eligible Dependent Child.</li> <li>• If you're adding a Spouse or Eligible Dependent Child, you can change your Medical Benefit Option. If you change, your Deductible and Out-of-Pocket amounts will transfer to your newly elected Medical Benefit Option.</li> </ul>
You, your Spouse or your Eligible Dependent Child become eligible for/lose eligibility for and become enrolled/disenrolled in government-sponsored Tricare coverage	<p><b>Medical:</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself if you lose eligibility</li> <li>• Stop coverage for yourself if you gain eligibility</li> <li>• Start coverage for your Spouse if he/she loses eligibility</li> <li>• Stop coverage for your Spouse if he/she gains eligibility</li> <li>• Start coverage for your Eligible Dependent Child if he/she loses eligibility</li> <li>• Start coverage for your Eligible Dependent Child if he/she gains eligibility</li> </ul>
<p>You move to a new home address:</p> <ul style="list-style-type: none"> <li>• Update both your permanent AND alternate addresses on the Update MY Information page of Jetnet. US Airways, Inc. employees should update their legal payroll address and benefits address on MyHR:  <a href="http://wings.usairways.com/uswings/human_resources/myhr">http://wings.usairways.com/uswings/human_resources/myhr</a></li> </ul>	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• You may change Medical Benefit Options if your existing Medical Benefit Option is unavailable in your new location, or if your new location offers a new Medical Benefit Option not available in your old location.</li> <li>• No changes allowed for Dental and/or Vision Benefit Options.</li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
<ul style="list-style-type: none"> <li>• Submit a revised Federal Form W-4 Form for payroll tax purposes. The form is available online through the Pay and Compensation page of American Airlines Benefits Service Center</li> <li>• Contact other organizations such as the American Credit Union and C.R. Smith Museum directly to update your contact information.</li> <li>• Provide your new address and current emergency contact numbers to your manager/supervisor, as well.</li> <li>• If you are enrolled in the STANDARD, VALUE or CORE Medical Benefit Option and you move to a location where the STANDARD, VALUE or CORE Medical Benefit Option is available, you will stay enrolled in STANDARD, VALUE or CORE Medical Benefit Option. If you were enrolled in an HMO that is not offered in your new location, you may elect a self-funded Medical Benefit Option or an HMO if it exists in your new location.</li> <li>• If a STANDARD, VALUE or CORE Medical Benefit Option Network is not available, you must choose another Medical Benefit Option (OUT-OF-AREA), or you may waive coverage if you have other coverage (such as your Spouse's employer-sponsored plan).</li> <li>• Contact American Airlines Benefits Service Center and a representative will assist you with your election. If you are enrolled in an HMO or in the STANDARD, VALUE or CORE Medical Benefit Option and you do not process your relocation Life Event within 31 days of your move, you will stay in your selected Medical Benefit Option. If your selected Medical Benefit Option is not available, you will automatically be enrolled in the default Medical Benefit Option, which is CORE.</li> </ul>	<p><b>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself only if you had no access to this coverage in your prior state</li> <li>• Stop coverage for yourself if your new state prohibits OSTD coverage</li> </ul> <p><b>Company-provided Short-Term Disability (for OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Spouse Term Life:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Child Term Life:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Spouse AD&amp;D/VPAI:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Child AD&amp;D/VPAI:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• no changes allowed</li> </ul>

If You Experience the Following Life Event...	Then, You May be Able to...
<p>If you move or relocate to a new location within the last two months of the year, contact American Airlines Benefits Service Center so they can ensure your elections are filed for this current year and for next year.</p>	
<p>You become disabled</p>	<p><b>Notify:</b> Your manager/supervisor can download a <a href="#">Disability Claim Form</a>.</p> <p><b>Complete and submit:</b> Your claim for disability benefits.</p>
<p>You start an unpaid leave of absence</p>	<p>Access the American Airlines Benefits Service Center to register your “Going on Leave of Absence” Life Event and update your benefit elections. A confirmation statement showing your choices, the monthly cost of benefits, etc. will display.</p> <p><b>Your cost depends on:</b> The type of leave you are taking</p> <p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> <li>• Stop Spouse coverage</li> <li>• Stop Eligible Dependent Child coverage</li> </ul> <p><b>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Company-provided Short-Term Disability (OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Spouse Term Life:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Child Term Life:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>AD&amp;D/VPAI Insurance Benefit:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Spouse AD&amp;D/VPAI:</b></p> <ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Child AD&amp;D/VPAI:</b></p>

If You Experience the Following Life Event...	Then, You May be Able to...
	<ul style="list-style-type: none"> <li>• Stop coverage</li> </ul> <p><b>Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• Stop/Decrease Health FSA contributions</li> <li>• Stop/Decrease Dependent Care FSA contributions</li> <li>• Cannot reduce any FSA to amount lower than what has been deducted or paid</li> </ul>
You return from an unpaid leave of absence	<p>If you did not continue payment of your benefits during your leave and wish to reactivate your benefits upon your return to work, you may do so; however, you will be required to provide Proof of Good Health for certain benefits (e.g., Voluntary Term Life Insurance, Short Term Disability, etc.).</p> <p>Go to the <a href="#">American Airlines Benefits Service Center</a>, register your “Return to Work” Life Event and make selections or changes to your benefits. If you return within 30 days, you will be placed back in the elections you were in prior to your leave unless you experience another change in status event.</p> <p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Resume/Start coverage for yourself</li> <li>• Start coverage for your Spouse</li> <li>• Start coverage for your Eligible Dependent Child</li> </ul> <p><b>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage for yourself; Proof of Good Health is required</li> </ul> <p><b>Company-provided Short-Term Disability (OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage for yourself; Proof of Good Health is required</li> <li>• Increase/Decrease coverage for yourself;</li> </ul>

If You Experience the Following Life Event...	Then, You May be Able to...
	<p>for increase, Proof of Good Health is required</p> <p><b>Spouse Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage; Proof of Good Health is required</li> <li>• Increase/Decrease coverage; for increase, Proof of Good Health is required</li> </ul> <p><b>Child Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage for yourself</li> <li>• Stop/Decrease coverage for yourself</li> </ul> <p><b>Spouse AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> <li>• Increase/Decrease coverage</li> </ul> <p><b>Child AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• Start/Increase contributions</li> <li>• Stop/Decrease contributions</li> <li>• Special rules apply to the Health FSAs if your leave was FMLA leave <ul style="list-style-type: none"> <li>○ You can resume contributions without making up contributions you missed (coverage will be correspondingly reduced), or</li> <li>○ You can resume contributions plus make up contributions you missed (coverage will resume at the level you elected).</li> </ul> </li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
<p>You change from part-time to full-time employment or full-time to part-time employment</p>	<p><b>Optional Short-Term Disability Insurance (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself; Proof of Good Health is required</li> <li>• Minimum duration of enrollment is 2 years</li> </ul> <p><b>Company-provided Short-Term Disability (OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage for yourself; Proof of Good Health is required</li> <li>• Stop coverage for yourself</li> <li>• Increase/Decrease coverage for yourself; for increase, Proof of Good Health is required</li> </ul> <p><b>Spouse Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage; Proof of Good Health is required</li> <li>• Stop coverage</li> </ul> <p><b>Child Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Resume coverage</li> <li>• Stop coverage</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for yourself</li> <li>• Increase/Decrease coverage for yourself</li> </ul> <p><b>Spouse AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> <li>• Increase/Decrease coverage</li> </ul> <p><b>Child AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul>

<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
You die	<p><b>Continuation of Coverage:</b> Your Eligible Dependents should contact your manager/supervisor, who will coordinate with a survivor support representative at the American Airlines Benefits Service Center to assist with all benefits and privileges, including the election of continuation of coverage, if applicable.</p>
You end your employment with the Company or you are eligible to retire	<p><b>Review: “When Coverage Ends”</b> in the <i>General Enrollment</i> section. <b>Review:</b> The information you receive regarding continuation of coverage through COBRA. <b>Contact:</b> American Airlines Benefits Service Center for information on retirement.</p>
You transfer to another workgroup	<p><b>Medical, Dental, and Vision:</b></p> <ul style="list-style-type: none"> <li>• Changes are allowed only to the extent that the change in workgroup affects benefit eligibility</li> <li>• Start/Stop coverage for yourself, your Spouse and/or your Eligible Dependent Child (dependent coverage may be subject to QMCSO).</li> <li>• You may change Medical Benefit Options; your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option.</li> <li>• Contact your HMO for eligibility – eligibility is determined by the HMO.</li> </ul> <p><b>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for yourself only. If you enroll for the first time, coverage is for a duration of 2 years.</li> </ul> <p><b>Company-provided Short-Term Disability (for OMSSS):</b></p> <ul style="list-style-type: none"> <li>• No changes allowed</li> </ul> <p><b>Voluntary Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Increase/Decrease your coverage with Proof of Good Health</li> </ul>

If You Experience the Following Life Event...	Then, You May be Able to...
	<p><b>Spouse Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>Child Term Life Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>AD&amp;D/VPAI Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for yourself</li> <li>• Increase/Decrease coverage for yourself</li> </ul> <p><b>Spouse AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage for eligible Spouse</li> <li>• Increase/Decrease for eligible Spouse</li> </ul> <p><b>Child AD&amp;D Insurance:</b></p> <ul style="list-style-type: none"> <li>• Start/Stop coverage</li> </ul> <p><b>Health Flexible Spending Accounts:</b></p> <ul style="list-style-type: none"> <li>• Changes are allowed only to the extent that the change in workgroup affects Health Flexible Spending Account eligibility</li> <li>• Start/ Stop Health Flexible Spending Accounts</li> <li>• Increase/Decrease contributions (if incentives or contributions have been deposited to an HSA, you will be deemed to have enrolled in a Limited Purpose Flexible Spending Account (LPFSA), which can only be used for dental and vision, regardless of the plan selection)</li> <li>• Cannot reduce to an amount less than what has already been deducted or paid</li> </ul> <p><b>Dependent Care Flexible Spending Account:</b></p> <ul style="list-style-type: none"> <li>• Increase/Decrease contributions</li> </ul>
<p>You, your Spouse, and/or your Eligible Dependent Child declined the Company’s medical coverage because you or they had coverage elsewhere (external to the Company), and any of the following events occur:</p> <ul style="list-style-type: none"> <li>• Loss of eligibility for other coverage due to</li> </ul>	<p><b>Medical Coverage:</b></p> <ul style="list-style-type: none"> <li>• Start coverage for yourself <ul style="list-style-type: none"> <li>○ Note that you must enroll in the coverage in order to elect coverage for your Spouse and/or Eligible Dependent Child.</li> </ul> </li> <li>• Start coverage for your affected Spouse</li> <li>• Start coverage for your affected Eligible</li> </ul>



<b>If You Experience the Following Life Event...</b>	<b>Then, You May be Able to...</b>
<p>legal separation, divorce, death, termination of employment, reduced work hours (this does not include failure to pay timely contributions, voluntary disenrollment, or termination for cause)</p> <ul style="list-style-type: none"> <li>• Employer contributions for the other coverage stopped</li> <li>• Other coverage was COBRA and the maximum COBRA coverage period ended</li> <li>• Exhaustion of the other coverage's lifetime maximum benefit</li> <li>• Other employer-sponsored coverage is no longer offered</li> <li>• Other coverage (including HMO, other group health plan or arrangement) ends because you and/or your Eligible Dependents no longer reside, live, or work in its service area</li> </ul>	<p>Dependent Child</p> <ul style="list-style-type: none"> <li>• You may change Medical Benefit Options; your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option.</li> </ul>
<p>The cost of dependent care changes (only if the change is imposed by a dependent care provider who is not your relative)</p>	<p><b>Dependent Care Flexible Spending Account:</b></p> <ul style="list-style-type: none"> <li>• Increase/decrease contributions</li> </ul>

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE  
US AIRWAYS, INC. FLEXIBLE BENEFIT PLAN  
EFFECTIVE JANUARY 1, 2015  
EIN/PN: 53-0218143/501**

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

**EFFECTIVE JANUARY 1, 2016**

**IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS FLEXIBLE BENEFIT PLAN. IF YOU ARE NOT ENROLLED IN THIS FLEXIBLE BENEFIT PLAN, THIS FLEXIBLE BENEFIT PLAN SUMMARY OF MATERIAL MODIFICATIONS DOES NOT APPLY TO YOU, AND SHOULD NOT BE CONSTRUED TO MEAN YOU HAVE COVERAGE UNDER THIS PLAN.**

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 end of the plan year in which the change was adopted. This summary describes certain changes to the US Airways, Inc. Flexible Benefit Plan (the “Plan”) that were effective January 1, 2016. This SMM, along with the 2015 SMM provided to you, modifies the Summary Plan Description (the “SPD”), restated as of January 1, 2013. You should keep this SMM with the SPD and other SMMs you received for future reference.

The following changes to the SPD are **effective January 1, 2016**, unless otherwise indicated:

**HOW THE FLEXIBLE BENEFIT PLAN WORKS (Pages 5-8)**

**WHO IS ELIGIBLE (Page 6)**

Replace the first bullet with the following:

You are eligible to participate in the Flexible Benefit Plan if you are:

- An active, full-time or part-time employee on U.S. payroll of American Airlines, Inc. who is in one of the following categories: (i) mechanics and related fleet service and maintenance employees of American Airlines, Inc. who were employed by US Airways, Inc. immediately prior to December 30, 2015 and are represented by the Transport Workers Union (“TWU”) or the International Association of Machinists and Aerospace Workers (“IAM”), and (ii) passenger service employees of American Airlines, Inc. who were employed by US Airways, Inc. immediately prior to December 30, 2015 and are represented by the Communications Workers of America and the International Brotherhood of Teamsters (“CWA-IBT”).

## **WHEN PARTICIPATION ENDS (SPD, Page 8)**

Effective January 1, 2016, the first sentence after the bulleted list is replaced in its entirety with the following:

In addition, your participation in the HCA will end on December 31<sup>st</sup> following the close of the plan year if you do not enroll for the next calendar year (all expenses incurred on or before that date need to be submitted as claims by June 15<sup>th</sup> to be eligible for reimbursement). Notwithstanding the foregoing, the Plan allows you to carryover up to \$500 of any amount remaining in your HCA as of the end of the plan year.

Your participation in the DCA will end on March 15<sup>th</sup> following the close of the plan year if you do not enroll for the next calendar year (all expenses incurred on or before that date need to be submitted as claims by June 15<sup>th</sup> to be eligible for reimbursement).

## **THE HEALTH CARE ACCOUNT AND DEPENDENT CARE ACCOUNT PLANS (SPD, Page 9)**

### **HOW THE HEALTH CARE AND DEPENDENT CARE ACCOUNTS WORK (SPD, Page 10)**

Effective January 1, 2016, the first bullet is replaced with the following:

- **Plan.** First, carefully estimate what your eligible, out-of-pocket health expenses will be from January 1 through December 31, and what your eligible, out-of-pocket dependent care expenses will be from January 1 through March 15 of the following year. Keep in mind that:
  - You can set aside HCA contributions to cover dependents who are and are not covered under a US Airways medical, dental and/or voluntary vision plan. Remember to exclude from your estimate any expenses that will be covered by these plans.
  - American Airlines, Inc. deducts your HCA contributions from your paycheck over the 12-month period beginning January 1 and ending December 31. If you have a HCA in 2016, the Plan allows you to carryover up to \$500 of any amount remaining in your 2016 HCA as of the end of the 2016 plan year. Such carryover amount may be used to pay or reimburse medical expenses under your 2016 HCA incurred during all of 2017. Any unused amount of more than \$500 remaining in your 2016 HCA at the end of the 2016 will be forfeited.
  - American Airlines, Inc. deducts your DCA contributions from your paycheck over the 12-month period beginning January 1 and ending December 31, but you are allowed to submit eligible dependent care expenses incurred during the 14½ month period beginning January 1 and ending March 15 of the following year.

Effective January 1, 2016, the first two sentences of the second paragraph of the fourth bullet are replaced with the following:

If your claim for eligible health care expenses is approved, you will be reimbursed with tax-free dollars from your account, up to the amount that you elected to contribute, minus reimbursements already made during the January 1 – December 31 period. You must submit all claims for the year by June 15 of the next year.

If your claim for eligible dependent care expenses if approved, you will be reimbursed with tax-free dollars from your account, up to the amount that you elected to contribute, minus reimbursements already made during the January 1 – March 15 period. You must submit all claims for the year by June 15 of the year in which the 14½-month period ends. In addition, please note the following:

**USE IT OR LOSE IT (SPD, Page 12)**

Effective January 1, 2016, this section is replaced in its entirety with the following:

***\$500 Carryover of Remaining HCA Balance***

If you have an HCA in 2016, the Plan allows you to carryover up to \$500 of any amount remaining in your 2016 HCA as of the end of the 2016 plan year. Such carryover amount may be used to pay or reimburse medical expenses under your 2016 HCA incurred during all of 2017. Any unused amount of more than \$500 remaining in your 2016 HCA at the end of the 2016 will be forfeited.

If you have a DCA, in accordance with IRS rules, you will forfeit any unused DCA balance that is not used to reimburse expenses incurred by March 15 of the following year.

You have until June 15 of the following calendar year to submit claims for eligible expenses incurred before December 31 of the previous year (for HCAs) or March 15 of that year (for DCAs). Claims are eligible for reimbursement only if you were actively participating (making contributions) in the Plan on the date of service. Services provided while you are on leave or furlough or after you terminate are not eligible for reimbursement unless you have continued your HCA participation through COBRA. If you return to work in the same year, you may make up your contributions in order to bridge participation so that services provided while you were out will also be reimbursable. If you wish to do this, you should contact American Airlines Benefit Service Center at 1-888-860-6178.

**REQUESTING REIMBURSEMENTS (SPD, Page 25)**

**HEALTH CARE ACCOUNT REIMBURSEMENTS (SPD, Page 25)**

Effective January 1, 2016, replace the second paragraph in its entirety with the following:

You must submit all claims for the year by June 15 of the following year. If your claim is approved, you will be reimbursed with tax-free dollars for the full amount of your claim, up to the amount that you elected to contribute to your account for the year minus reimbursements already made during the 12 month period beginning January 1 of the current Plan year and ending December 31 of the current Plan year.

**PLAN ADMINISTRATION (SPD, Pages 38-39)**

**NAMES OF PLANS**

Effective January 1, 2016, replace the names of the Plans with the following:

- The American Airlines, Inc. Flexible Benefit Plan for Certain Legacy Employees
- The American Airlines, Inc. Health Care Account Plan for Certain Legacy Employees
- The American Airlines, Inc. Dependent Care Account Plan for Certain Legacy Employees

**PLAN SPONSOR**

Effective January 1, 2016, replace the name, address, and telephone number of the Plan Sponsor with the following:

American Airlines, Inc., or its authorized delegate

Mailing address:

Mail Drop 5141-HDQ1

P.O. Box 619616

DFW Airport, TX 75261-9616

Street address (do not mail to this address):

4333 Amon Carter Blvd.

Fort Worth, Texas 76155

**PLAN ADMINISTRATOR**

Effective January 1, 2016, replace the name, address, and telephone number of the Plan Administrator with the following:

American Airlines, Inc., or its authorized delegate

Mailing address:

Mail Drop 5141-HDQ1

P.O. Box 619616

DFW Airport, TX 75261-9616

General Phone: 1-800-433-7300

American Airlines, Inc. has delegated certain administrative functions to Aon Hewitt, including answering questions on behalf of American Airlines, Inc. They can be reached at: 1-800-860-6178

Street address (do not mail to this address):

4333 Amon Carter Blvd.

Fort Worth, Texas 76155

**AGENT FOR SERVICE OF LEGAL PROCESS**

Effective January 1, 2016, replace the name, address, and telephone number of the agent for service of legal process with the following:

Managing Director, Health and Wellness  
American Airlines, Inc.

Mailing address:

Mail Drop 5126-HDQ1  
P.O. Box 619616  
DFW Airport, TX 75261-9616

Express Delivery address:

4333 Amon Carter Blvd.  
Fort Worth, TX 76155

**IDENTIFICATION NUMBERS**

Effective January 1, 2016, replace the Employer Identification Number (EIN) with the following:  
13-1502798.

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE  
US AIRWAYS, INC. FLEXIBLE BENEFIT PLAN  
EFFECTIVE JANUARY 1, 2016  
EIN/PN: 53-0218143/501**

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE  
AMERICAN AIRLINES, INC. FLEXIBLE BENEFIT PLAN  
FOR CERTAIN LEGACY EMPLOYEES**

**EIN/PN: 53-0218143/501**

**EFFECTIVE JANUARY 1, 2017**

**IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS FLEXIBLE BENEFIT PLAN. IF YOU ARE NOT ENROLLED IN THIS FLEXIBLE BENEFIT PLAN, THIS FLEXIBLE BENEFIT PLAN SUMMARY OF MATERIAL MODIFICATIONS DOES NOT APPLY TO YOU, AND SHOULD NOT BE CONSTRUED TO MEAN YOU HAVE COVERAGE UNDER THIS PLAN.**

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 end of the plan year in which the change was adopted. This summary describes certain changes to the American Airlines, Inc. Flexible Benefit Plan for Certain Legacy Employees (the “Plan”) that are effective January 1, 2017. This SMM, along with the 2015 SMM and 2016 SMM provided to you, modifies the Summary Plan Description (the “SPD”), restated as of January 1, 2013. You should keep this SMM with the SPD and other SMMs you received for future reference.

The following changes to the SPD are **effective January 1, 2017**, unless otherwise indicated:

**HOW THE FLEXIBLE BENEFIT PLAN WORKS (Pages 5-8)**

**WHO IS ELIGIBLE (Page 6)**

Effective January 1, 2017, replace the first bullet with the following:

You are eligible to participate in the Plan if you are:

- An active, full-time or part-time employee of American Airlines, Inc. in the fleet and maintenance and related groups who are covered by collective bargaining agreements entered into between US Airways, Inc. and the IAM.
- All active, full-time or part time employees of American Airlines, Inc. in the flight simulator engineer and flight crew training instructor groups who were covered by collective bargaining agreements entered into between US Airways, Inc. and the TWU.

**THE HEALTH CARE ACCOUNT AND DEPENDENT CARE ACCOUNT PLANS (SPD, Page 9)**

**HOW THE HEALTH CARE AND DEPENDENT CARE ACCOUNTS WORK (SPD, Page 10)**

Effective January 1, 2017, the first bullet is replaced with the following:

- **Plan.** First, carefully estimate what your eligible, out-of-pocket health expenses will be from January 1 through December 31. Keep in mind that:
  - You can set aside HCA contributions to cover dependents who are and are not covered under an American Airlines medical, dental and/or voluntary vision plan. Remember to exclude from your estimate any expenses that will be covered by these plans.
  - American Airlines deducts your HCA contributions from your paycheck over the 12-month period beginning January 1 and ending December 31. If you have a HCA, the Plan allows you to carryover up to \$500 of any amount remaining in your HCA as of the end of the plan year. Such carryover amount may be used to pay or reimburse medical expenses under your HCA incurred during all of the following plan year. Any unused amount of more than \$500 remaining in your HCA at the end of the following plan year will be forfeited.
  - American Airlines deducts your DCA contributions from your paycheck over the 12-month period beginning January 1 and ending December 31, but you are allowed to submit eligible dependent care expenses incurred during the 14½ month period beginning January 1 and ending March 15 of the following year.

Effective January 1, 2017, this section is replaced in its entirety with the following:

***\$500 Carryover of Remaining HCA Balance***

If you have an HCA, the Plan allows you to carryover up to \$500 of any amount remaining in your HCA as of the end of the plan year. Such carryover amount may be used to pay or reimburse medical expenses under your HCA incurred during all of the next plan year. Any unused amount of more than \$500 remaining in your HCA at the end of the plan year will be forfeited.

If you have a DCA, in accordance with IRS rules, you will forfeit any unused DCA balance that is not used to reimburse expenses incurred by March 15 of the following year.

You have until June 15 of the following calendar year to submit claims for eligible expenses incurred before December 31 of the previous year (for HCAs) or March 15 of that year (for DCAs). Claims are eligible for reimbursement only if you were actively participating (making contributions) in the Plan on the date of service. Services provided while you are on leave or furlough or after you terminate are not eligible for reimbursement unless you have continued your HCA participation through COBRA. If you return to work in the same year, you may make



up your contributions in order to bridge participation so that services provided while you were out will also be reimbursable. If you wish to do this, you should contact American Airlines Benefit Service Center at 1-888-860-6178.

As described in the COBRA chapter, you may elect to continue your HCA as part of your COBRA continuation of coverage options, for the remainder of the calendar year in which you became eligible for continuation of coverage. In addition, the Plan allows you to carryover up to \$500 of any amount remaining in your HCA as of the end of the calendar year in which you became eligible for continuation of coverage. Such carryover amount may be used to pay or reimburse medical expenses incurred during the maximum duration of the COBRA continuation period (i.e. 18, 29, or 36 months, as applicable). Any unused amount of more than \$500 remaining in your HCA at the end of the calendar year in which you became eligible for continuation of coverage will be forfeited.

#### **RULES APPLICABLE TO THE HEALTH CARE ACCOUNT (SPD, Pages 28-29)**

#### **COBRA CONTINUATION (SPD, Pages 28-29)**

Effective January 1, 2017, the following new paragraph is added after the second paragraph:

In addition, you may carryover up to \$500 of any amount remaining in your HCA as of the end of the calendar year in which you became eligible for continuation of coverage. Such carryover amount may be used to pay or reimburse medical expenses incurred during the maximum duration of the COBRA continuation period (i.e. 18, 29, or 36 months, as applicable). Any unused amount of more than \$500 remaining in your HCA at the end of the calendar year in which you became eligible for continuation of coverage will be forfeited.

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE  
AMERICAN AIRLINES, INC. FLEXIBLE BENEFIT PLAN  
FOR CERTAIN LEGACY EMPLOYEES  
EFFECTIVE JANUARY 1, 2017  
EIN/PN: 13-1502798**