

**SUMMARIES OF MATERIAL MODIFICATIONS FOR THE
US AIRWAYS, INC. GROUP LIFE AND DISABILITY 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. GROUP LIFE AND DISABILITY PLAN
EIN/PN: 53-0218143/516**

EFFECTIVE JANUARY 1, 2015

IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN. IF YOU ARE NOT ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN, THIS LIFE AND DISABILITY 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. Group Life and Disability Plan (the “Plan”) that were effective January 1, 2015. This SMM modifies the following Summary Plan Descriptions (the “SPDs”):

- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014)
- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014)
- US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance)

You should keep this SMM with the SPDs and other SMMs you previously received for future reference.

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

Immediately following the section entitled “Evidence of Insurability”, a new section is added, outlining what changes to coverage are permissible in the event of Changes in Status (also known as “Life Events.”

MAKING CHANGES DURING THE YEAR (Immediately following page 52 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance); page 29 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits); and page 45 of the SPD for US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance))

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

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.

AN OVERVIEW OF CHANGE IN STATUS EVENTS

- 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.

AN OVERVIEW OF CHANGE IN STATUS EVENTS

If You Experience the Following Life Event...	Then, You May be Able to...
You become eligible for Company-provided benefits for the first time	Enroll online through the American Airlines Benefits Service Center .
Your Spouse or Eligible Dependent Child dies	Medical, Dental, and Vision: <ul style="list-style-type: none"> • 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 • 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 your Eligible Dependent Child if you gain coverage under new Spouse’s plan. • 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
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"> • 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. • 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. 	

If You Experience the Following Life Event...	Then, You May be Able to...
<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</p> <p>OR</p> <p>Change in Spouse's/ Eligible Dependent Child's employment or other health coverage</p> <p>OR</p> <p>Your Spouse's Eligible Dependent Child's employer no longer contributes toward health coverage</p> <p>OR</p> <p>Your Spouse's Eligible Dependent Child's employer no longer covers employees in your Spouse's/Eligible Dependent Child's position</p>	<p>under the other employer's plan, you can add yourself, your Spouse, and/or your Eligible Dependent Child.</p> <ul style="list-style-type: none"> • If you change Medical Benefit Options, your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option. • Contact your HMO for eligibility – eligibility is determined by the HMO. • Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT): • Start/Stop coverage for yourself only. If you enroll for the first time, coverage is for a duration of 2 years <p>Company-provided Short-Term Disability (for OMSSS):</p> <ul style="list-style-type: none"> • No changes allowed <p>Voluntary Term Life Insurance:</p> <ul style="list-style-type: none"> • Increase/Decrease your coverage (for increase, you must provide Proof of Good Health) <p>Spouse Term Life Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage <p>Child Term Life Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage <p>AD&D/VPAI Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage for yourself • Increase/Decrease coverage for yourself <p>Spouse AD&D Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage for eligible Spouse/ • Increase/Decrease for eligible Spouse <p>Child AD&D Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage • Increase/Decrease coverage <p>Health Flexible Spending Accounts:</p> <ul style="list-style-type: none"> • If you lose a Spouse/Eligible Dependent Child: Stop/Decrease contributions • If you gain a Spouse/Eligible Dependent

If You Experience the Following Life Event...	Then, You May be Able to...
	<p>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)</p> <ul style="list-style-type: none"> • If you, your Spouse or your Eligible Dependent Child gain eligibility under another employer's Health FSA plan: Stop/Decrease contributions • If you, your Spouse or your Eligible Dependent Child lose eligibility under another employer's Health FSA plan: Start/Increase contributions. • Cannot reduce to an amount less than what has already been deducted or paid <p>Dependent Care Flexible Spending Account:</p> <ul style="list-style-type: none"> • Increase/Decrease contributions
<p>Your covered Eligible Dependent Child no longer meets the Plan's eligibility requirement, i.e.:</p> <ul style="list-style-type: none"> • If the dependent attains the age at which he/she is no longer eligible to be covered as your Eligible Dependent • If the dependent marries and is no longer eligible for Dental and Vision benefits • If the dependent marries and enrolls in his/her Spouse's employer group health plan 	<p>Medical, Dental, and Vision:</p> <ul style="list-style-type: none"> • Stop coverage for your Eligible Dependent Child (dependent coverage may be subject to QMCSO). • You may change Medical Benefit Options; your Deductible and Out-of-Pocket Maximum will carry over to your new Medical Benefit Option. • Contact your HMO for eligibility – eligibility is determined by the HMO. <p>Optional Short-Term Disability (for FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</p> <ul style="list-style-type: none"> • No changes allowed <p>Company-provided Short-Term Disability (for OMSSS):</p> <ul style="list-style-type: none"> • No changes allowed <p>Voluntary Term Life Insurance:</p> <ul style="list-style-type: none"> • Increase/Decrease your existing coverage (for increase, you must provide Proof of Good Health)

If You Experience the Following Life Event...	Then, You May be Able to...
	<p>Spouse Term Life Insurance:</p> <ul style="list-style-type: none"> • Start or stop coverage. <p>Child Term Life Insurance:</p> <ul style="list-style-type: none"> • Start or stop coverage. <p>AD&D/VPAI Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage for yourself • Increase/Decrease coverage for yourself <p>Spouse AD&D Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage for eligible Spouse <p>Child AD&D Insurance:</p> <ul style="list-style-type: none"> • Start/Stop coverage <p>Health Flexible Spending Accounts:</p> <ul style="list-style-type: none"> • Stop/Decrease contributions • Cannot reduce to an amount less than what has already been deducted or paid <p>Additionally:</p> <ul style="list-style-type: none"> • Contact American Airlines Benefits Service Center to advise that a COBRA packet should be sent to the now-ineligible Dependent's address.
<p>Your dependent Child attains age 13 or he or she or no longer requires Dependent Day Care</p> <p>OR</p> <p>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>Dependent Care Flexible Spending Account:</p> <ul style="list-style-type: none"> • Reduce/Stop Dependent Care Flexible Spending Account contributions. • No other changes to benefits are allowed
<p>Your benefit coverages are significantly improved, lowered or lessened by the Company</p> <p>(Plan Administrator/Sponsor will determine whether or not a change is “significant”)</p> <p>OR</p> <p>Your contribution amount is significantly increased or decreased by the Company</p> <p>(Plan Administrator/Sponsor will determine</p>	<p>Make changes to the applicable Benefit Options:</p> <ul style="list-style-type: none"> • 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.

If You Experience the Following Life Event...	Then, You May be Able to...
whether or not a change is “significant”)	
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>Medical, Dental, and Vision:</p> <ul style="list-style-type: none"> • Start coverage for yourself • Start coverage for your Eligible Dependent Child named in the QMCSO • 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. • Contact your HMO for eligibility – eligibility is determined by the HMO • You can start Dental/vision coverage for yourself and/or your Eligible Dependent Child ONLY if the QMCSO specifically orders it. <p>Health Flexible Spending Accounts: Start/Increase as long as it is not within 60 days of the end of the Plan Year</p>
You, your Spouse, or your Eligible Dependent Child enroll in Medicare or Medicaid or CHIP coverage	<p>Medical, Dental, and Vision: Stop coverage for the affected Spouse or Eligible Dependent Child.</p>
You, your Spouse, or your Eligible Dependent Child lose Medicare, Medicaid or CHIP coverage	<p>Medical, Dental, and Vision:</p> <ul style="list-style-type: none"> • Start coverage for yourself and the affected Spouse or Eligible Dependent Child
You, your Spouse, or your Eligible Dependent Child become eligible for a state premium assistance program	<p>Medical, Dental, and Vision:</p> <ul style="list-style-type: none"> • Start coverage for yourself and the affected Spouse or Eligible Dependent Child. <p>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.</p>
You, your Spouse or your Eligible Dependent Child become eligible for/lose eligibility for and become enrolled/disenrolled in government-	<p>Medical:</p> <ul style="list-style-type: none"> • Start coverage for yourself if you lose eligibility

If You Experience the Following Life Event...	Then, You May be Able to...
<p>sponsored Tricare coverage</p>	<ul style="list-style-type: none"> • Stop coverage for yourself if you gain eligibility • Start coverage for your Spouse if he/she loses eligibility • Stop coverage for your Spouse if he/she gains eligibility • Start coverage for your Eligible Dependent Child if he/she loses eligibility <p>Start coverage for your Eligible Dependent Child if he/she gains eligibility</p>
<p>You move to a new home address:</p> <ul style="list-style-type: none"> • 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: http://wings.usairways.com/uswings/human_resources/myhr • 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 • Contact other organizations such as the American Credit Union and C.R. Smith Museum directly to update your contact information. • Provide your new address and current emergency contact numbers to your manager/supervisor, as well. • 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 	<p>Medical, Dental, and Vision:</p> <ul style="list-style-type: none"> • 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. • No changes allowed for Dental and/or Vision Benefit Options. <p>Optional Short-Term Disability (FA, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT):</p> <ul style="list-style-type: none"> • Start coverage for yourself only if you had no access to this coverage in your prior state • Stop coverage for yourself if your new state prohibits OSTD coverage <p>Company-provided Short-Term Disability (for OMSSS):</p> <ul style="list-style-type: none"> • No changes allowed <p>Voluntary Term Life Insurance:</p> <ul style="list-style-type: none"> • No changes allowed <p>Spouse Term Life:</p> <ul style="list-style-type: none"> • No changes allowed <p>Child Term Life:</p> <ul style="list-style-type: none"> • No changes allowed <p>AD&D/VPAI Insurance:</p> <ul style="list-style-type: none"> • No changes allowed

If You Experience the Following Life Event...	Then, You May be Able to...
<p>an HMO if it exists in your new location.</p> <ul style="list-style-type: none"> • 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). • 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. <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>Spouse AD&D/VPAI:</p> <ul style="list-style-type: none"> • No changes allowed <p>Child AD&D/VPAI:</p> <ul style="list-style-type: none"> • No changes allowed <p>Flexible Spending Accounts:</p> <ul style="list-style-type: none"> • no changes allowed
<p>You become disabled</p>	<p>Notify: Your manager/supervisor can download a Disability Claim Form.</p> <p>Complete and submit: Your claim for disability benefits.</p>

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

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE
US AIRWAYS, INC. GROUP LIFE AND DISABILITY PLAN
EIN/PN: 53-0218143/516**

EFFECTIVE JANUARY 1, 2016

IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN. IF YOU ARE NOT ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN, THIS LIFE AND DISABILITY 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. Group Life and Disability Plan that were effective January 1, 2016 (the “Plan”). This SMM, along with the 2015 SMM provided to you, modifies the following Summary Plan Descriptions (the “SPDs”):

- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014)
- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014)
- US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance)

You should keep this SMM with the SPDs and other SMMs you received for future reference.

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

Effective January 1, 2016, replace the Plan name throughout the document with “American Airlines, Inc. Group Life and Disability Plan for Certain Legacy Employees.”

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (Page 38 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014))

ELIGIBLE CLASS(ES)

Effective January 1, 2016, replace the eligibility criteria for employees with the following:

The “eligible classes” are these Employees of the Employer who were employees of US Airways, Inc. as of December 31, 2014:

1. Full-Time and Part-Time CWA/IBT Employees;
2. Full-Time and Part-Time Fleet Employees;
3. Full-Time TWU Employees;
4. Full-Time Mechanics; and
5. Full-Time MTC Employees.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (Page 22 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014))

ELIGIBLE CLASS(ES)

Effective January 1, 2016, replace the eligibility criteria for employees with the following:

All of the following Actively at Work employees of American Airlines, Inc. who were employees of US Airways, Inc. as of December 31, 2014, but not temporary or seasonal employees:

1. IAM Mechanic employees
2. IAM Fleet employees
3. IAM MTC employees
4. CWA/IBT employees
5. TWU employees

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (Page 34 of the SPD for US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance))

ELIGIBLE CLASS(ES)

Effective January 1, 2016, replace the eligibility criteria for employees with the following:

All Actively at Work CLT/DCA/PHL-Based Pilots who are employees of American Airlines, Inc. who were employees of US Airways, Inc. as of December 31, 2014.

ERISA INFORMATION

NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR

Effective January 1, 2016, replace this section with the following:

EMPLOYER

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

EMPLOYER IDENTIFICATION NUMBER

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. GROUP LIFE AND DISABILITY PLAN
EFFECTIVE JANUARY 1, 2016
EIN/PN: 53-0218143/501**

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC. GROUP LIFE AND DISABILITY PLAN
FOR CERTAIN LEGACY EMPLOYEES
EIN/PN: 53-0218143/516**

EFFECTIVE JANUARY 1, 2017

IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN. IF YOU ARE NOT ENROLLED IN THIS GROUP LIFE AND DISABILITY PLAN, THIS LIFE AND DISABILITY 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. Group Life and Disability 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 following Summary Plan Descriptions (the “SPDs”):

- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014)
- US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014)
- US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance)

You should keep this SMM with the SPDs and other SMMs you received for future reference.

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

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (Page 38 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014))

ELIGIBLE CLASS(ES)

Effective January 1, 2017, replace the eligibility criteria for employees with the following:

The “eligible classes” are these Employees of the Employer who were employees of US Airways, Inc. as of December 31, 2014:

1. Full-Time and Part-Time CWA/IBT Employees;
2. Full-Time and Part-Time Fleet Employees;
3. Full-Time TWU Employees;
4. Full-Time Mechanics; and
5. Full-Time MTC Employees.

Notwithstanding the preceding, TWU-represented Dispatchers are not eligible for this Plan.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (Page 22 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014))

ELIGIBLE CLASS(ES)

Effective January 1, 2017, replace the eligibility criteria for employees with the following:

All of the following Actively at Work employees of American Airlines, Inc. who were employees of US Airways, Inc. as of December 31, 2014, but not temporary or seasonal employees:

1. IAM Mechanic employees
2. IAM Fleet employees
3. IAM MTC employees
4. CWA/IBT employees
5. TWU employees

Notwithstanding the preceding, TWU-represented Dispatchers are not eligible for this Plan.

DOMESTIC PARTNERS (Page 34 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Life Insurance and Accidental Death and Dismemberment Insurance) (January 1, 2014); page 16 of the SPD for US Airways, Inc. CWA/IBT, TWU, IAM Mechanics, IAM Fleet, and IAM MTC Employees (Disability Income Insurance: Long Term Benefits) (January 1, 2014); page 30 of the SPD for US Airways, Inc. All CLT/DCA/PHL-Based Pilots (Life Insurance and Accidental Death and Dismemberment Insurance))

Effective January 1, 2017, Company-recognized Domestic Partners and their children are no longer eligible Dependents under the Plan, and all references to Domestic Partners and their children are hereby removed from this SPD.

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