



Life is full of twists and turns, and you never know what tomorrow might bring.

It's time to explore your American benefits and the support that is available for you, no matter the circumstances.

Let's discover benefit together.

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Annual Enrollment October 16-27



## **Medical Options**

#### Core

We're enhancing this option by:

- ➤ Reducing your monthly costs for coverage significantly! See page 7 for details.
- ➤ Adding an "advance" feature if you contribute to a Health Savings Account (HSA). This feature gives you access to a portion of your annual HSA goal contribution amount starting January 1, 2018. See page 10 for details.
- Expanding behavioral health coverage to include family and couples therapy in addition to individual therapy.

#### **Health Accounts**

The IRS has slightly increased the amount you can contribute tax-free to an HSA (Health Savings Account) and Health Care Flexible Spending Account (FSA). See **page 8** for details.



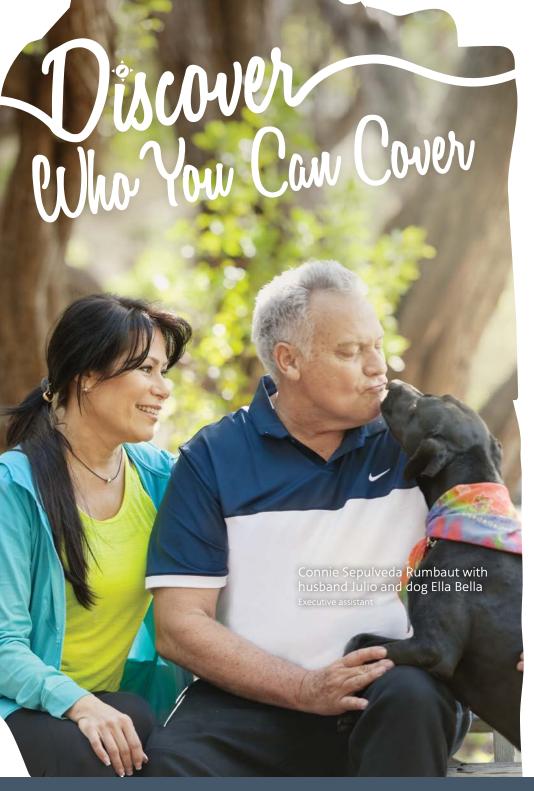
We're expanding our voluntary benefit options to include:



A hospitalization insurance plan that pays a cash benefit if you are hospitalized (see **page 16** for details).



A discount dental program you can choose in addition to or in place of the other dental option (see **page 17** for details).



## Who Is Eligible

As a U.S.-based team member, you are eligible for a wide array of benefits. You may also enroll your eligible dependents, including your:

- ➤ Spouse
- ➤ Dependent children up to age 26, or to any age if disabled¹ and enrolled in the plan before age 26

You will be asked to provide documentation for any newly enrolled dependents before their coverage can begin.

## Are You an American Employee Married to Another American Employee?

You can enroll in medical, dental and vision coverage separately or as a dependent. Be sure to compare costs — you may save more if you enroll separately. If you're already covered under your American spouse's coverage, your spouse will need to remove you from coverage before you can enroll yourself.

<sup>1</sup> Refer to your **Summary Plan Description** for the details.



## Medical

American offers four medical options, allowing you to choose the best fit for you and your family.

| PPO 80  | <ul> <li>Moderate deductible</li> <li>Low monthly contributions</li> <li>Copays for many services</li> <li>80% coinsurance after<br/>deductible for other services</li> <li>Higher out-of-pocket maximum</li> </ul>             | FSA<br>eligible |
|---------|---|-----------------|
| PPO 90  | <ul> <li>Low deductible</li> <li>Moderate monthly contributions</li> <li>Copays for many services</li> <li>90% coinsurance after<br/>deductible for other services</li> <li>Moderate out-of-pocket<br/>maximum</li> </ul>       | FSA<br>eligible |
| PPO 100 | <ul> <li>Low deductible</li> <li>High monthly contributions</li> <li>Copays for many services</li> <li>Pays 100% after deductible for other services</li> <li>Low out-of-pocket maximum</li> </ul>                              | FSA<br>eligible |
| Core    | <ul> <li>High deductible</li> <li>Low monthly contributions</li> <li>No copays except for the<br/>Onsite Clinics</li> <li>80% coinsurance after<br/>deductible for most services</li> <li>High out-of-pocket maximum</li> </ul> | HSA<br>eligible |

### Medical Comparison (UHC/BCBS)

|                               | PPC                                   | 0 80                                  | PPC                                   | 90                                    | PPO                                   | 100                                   | Co   | ore                                |
|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------------------------|
|                               | In-Network                            | Out-of-Network                        | In-Network                            | Out-of-Network                        | In-Network                            | Out-of-Network                        | In-Network                                     | Out-of-Network                     |
| Deductible                    |                                       |                                       |                                       |                                       |                                       |                                       |  |                                    |
| Individual                    | \$450                                 | \$900                                 | \$225                                 | \$450                                 | \$225                                 | \$450                                 | \$2,000  | \$2,000                            |
| Family                        | \$900                                 | \$1,800                               | \$450                                 | \$900                                 | \$450                                 | \$900                                 | \$4,000 <sup>1</sup>                           | \$4,0001                           |
| Out-of-Pocket <i>N</i>        | Maximum                               |                                       |                                       |                                       |                                       |                                       |  |                                    |
| Individual                    | \$3,000<br>includes<br>deductible     | \$6,000<br>includes<br>deductible     | \$1,500<br>includes<br>deductible     | \$3,000<br>includes<br>deductible     | \$225<br>includes<br>deductible       | \$3,000<br>includes<br>deductible     | \$4,000<br>includes<br>deductible              | \$12,000<br>includes<br>deductible |
| Family                        | \$6,000<br>includes<br>deductible     | \$12,000<br>includes<br>deductible    | \$3,000<br>includes<br>deductible     | \$6,000<br>includes<br>deductible     | \$450<br>includes<br>deductible       | \$6,000<br>includes<br>deductible     | \$8,000 <sup>2</sup><br>includes<br>deductible | \$24,000<br>includes<br>deductible |
| What You Pay                  |                                       |                                       |                                       |                                       |                                       |                                       |  |                                    |
| Preventive<br>Care            | \$25 <sup>3</sup><br>no deductible    | Not<br>covered                        | \$25 <sup>3</sup><br>no deductible    | Not<br>covered                        | \$25 <sup>3</sup><br>no deductible    | Not<br>covered                        | \$0<br>no deductible                           | 40%<br>after<br>deductible         |
| PCP Visit                     | \$25 <sup>3</sup><br>no deductible    | 40%<br>after<br>deductible            | \$25³<br>no deductible                | 30%<br>after<br>deductible            | \$25³<br>no deductible                | 20%<br>after<br>deductible            | 20%<br>after<br>deductible                     | 40%<br>after<br>deductible         |
| Doctor On<br>Demand           | \$20 <sup>3</sup><br>no deductible    | NA                                    | \$20 <sup>3</sup><br>no deductible    | NA                                    | \$20 <sup>3</sup><br>no deductible    | NA                                    | 20%<br>after<br>deductible                     | NA                                 |
| General<br>Hospitalization    | 20%<br>after<br>deductible            | 40%<br>after<br>deductible            | 10%<br>after<br>deductible            | 30%<br>after<br>deductible            | \$0<br>after<br>deductible            | 20%<br>after<br>deductible            | 20%<br>after<br>deductible                     | 40%<br>after<br>deductible         |
| Specialist and<br>Urgent Care | \$40³<br>no deductible                | 40%<br>after<br>deductible            | \$40³<br>no deductible                | 30%<br>after<br>deductible            | \$40³<br>no deductible                | 20%<br>after<br>deductible            | 20%<br>after<br>deductible                     | 40%<br>after<br>deductible         |
| Emergency<br>Room             | \$100 <sup>3,4</sup><br>no deductible | 20%<br>after<br>deductible                     | 40%<br>after<br>deductible         |

<sup>&</sup>lt;sup>1</sup> If more than one person is covered, the family deductible must be met.

# ≥ Looking for HMO ≤ Information?

Team members in some locations may have access to HMO coverage.

**Find HMO Information.** 

# Medical € Administrators

Your medical administrator is either UnitedHealthcare or BlueCross BlueShield of Texas, depending on your alternate/benefits address with the company.

# Find Network € Providers

All the medical options offer in-network services at negotiated rates, which can mean significant savings for you.

Find network providers.

<sup>&</sup>lt;sup>2</sup> There is an individual out-of-pocket maximum of \$6,850.

<sup>&</sup>lt;sup>3</sup> Copays do not count toward the deductible.

<sup>&</sup>lt;sup>4</sup> Copay waived if admitted.

#### Prescription Drug Comparison (Express Scripts)

|                        | PPC                                   | 0 80           | PPC                                   | 90             | PPC                                   | 100            | Co                                | ore                     |
|------------------------|---------------------------------------|----------------|---------------------------------------|----------------|---------------------------------------|----------------|-----------------------------------|-------------------------|
|                        | In-Network                            | Out-of-Network | In-Network                            | Out-of-Network | In-Network                            | Out-of-Network | In-Network                        | Out-of-Network          |
| Prescriptions, Yo      | ou Pay                                |                |                                       |                |                                       |                |                                   |                         |
| Retail <sup>1</sup>    |                                       |                |                                       |                |                                       |                |                                   |                         |
| Generic                | \$15 <sup>2</sup><br>no deductible    | Not<br>covered | \$15 <sup>2</sup><br>no deductible    | Not<br>covered | \$15 <sup>2</sup><br>no deductible    | Not<br>covered | 20%<br>after deductible           | 40%<br>after deductible |
| Brand                  | \$30 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$30 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$30 <sup>2,3</sup><br>no deductible  | Not<br>covered | 20% <sup>4</sup> after deductible | 40%<br>after deductible |
| Non-Preferred<br>Brand | \$50 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$50 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$50 <sup>2,3</sup><br>no deductible  | Not<br>covered | 20% <sup>4</sup> after deductible | 40%<br>after deductible |
| Mail Order             |                                       |                |                                       |                |                                       |                |                                   |                         |
| Generic                | \$30 <sup>2</sup><br>no deductible    | Not<br>covered | \$30 <sup>2</sup><br>no deductible    | Not<br>covered | \$30 <sup>2</sup><br>no deductible    | Not<br>covered | 20%<br>after deductible           | Not<br>covered          |
| Brand                  | \$60 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$60 <sup>2,3</sup><br>no deductible  | Not<br>covered | \$60 <sup>2,3</sup><br>no deductible  | Not<br>covered | 20% <sup>4</sup> after deductible | Not<br>covered          |
| Non-Preferred<br>Brand | \$100 <sup>2,3</sup><br>no deductible | Not<br>covered | \$100 <sup>2,3</sup><br>no deductible | Not<br>covered | \$100 <sup>2,3</sup><br>no deductible | Not<br>covered | 20% <sup>4</sup> after deductible | Not<br>covered          |

#### 1 To avoid a penalty, you must use mail order or a CVS or Safeway-owned retail pharmacy for maintenance and long-term prescriptions after the first three fills.

#### Your Monthly Cost for Medical Coverage

|                        | PPO 80   | PPO 90   | PPO 100  | Core     |  |
|------------------------|----------|----------|----------|----------|--|
| Full-Time Team Members |          |          |          |          |  |
| You Only               | \$31.49  | \$91.86  | \$213.13 | \$58.51  |  |
| You + Spouse           | \$62.98  | \$183.71 | \$425.32 | \$152.13 |  |
| You + Child(ren)       | \$61.30  | \$178.76 | \$418.79 | \$105.32 |  |
| You + Family           | \$106.49 | \$310.93 | \$728.20 | \$204.80 |  |

|                        | PPO 80   | PPO 90   | PPO 100    | Core     |  |  |
|------------------------|----------|----------|------------|----------|--|--|
| Part-Time Team Members |          |          |            |          |  |  |
| You Only               | \$62.98  | \$183.72 | \$426.26   | \$58.51  |  |  |
| You + Spouse           | \$125.96 | \$367.42 | \$850.64   | \$152.13 |  |  |
| You + Child(ren)       | \$122.60 | \$357.52 | \$837.58   | \$105.32 |  |  |
| You + Family           | \$212.98 | \$621.86 | \$1,456.40 | \$204.80 |  |  |

## StayWell Rv =

Enroll in the StayWell Rx program and get a 90-day supply of eligible generic medications for free and brand name medications for \$15! Call WebMD Wellness at 888-383-8740 to confirm eligibility of your medication and to enroll in the program.

## ≥ Smart 90 €

You can refill 90-day maintenance prescriptions at a CVS (freestanding or located in Target) or Safeway pharmacy — including any Safewayowned chains such as Tom Thumb, Randalls and Vons — and get the same savings as mail order!

<sup>&</sup>lt;sup>2</sup> Copays do not count toward the deductible or out-of-pocket maximum.

<sup>&</sup>lt;sup>3</sup> If you select a brand when a generic is available, you pay the price difference between the brand and the generic, plus the generic copay.

<sup>&</sup>lt;sup>4</sup> If you select a brand when a generic is available, you pay the generic coinsurance plus the difference between the generic and the brand price.

## **Health Accounts**

Depending on your medical option, you can participate in the following tax-saving health accounts, administered by Alight YSA:

|  | HSA<br>(Health Savings Account)   | Limited Purpose FSA<br>(Flexible Spending Account)                    | HRA<br>(Health Reimbursement Account)                | Health Care FSA<br>(Flexible Spending Account)                        |
|--|---|---|--|---|
| What medical option does it go with?             | Core  | Core  | PPO 80/90/100  | PPO 80/90/100 and waive<br>medical                                    |
| What can it be used for?                         | Medical, Rx, dental and vision expenses <sup>1</sup>  | Dental and vision expenses <sup>1</sup>                               | Medical, Rx, dental and vision expenses <sup>1</sup> | Medical, Rx, dental and vision expenses <sup>1</sup>                  |
| How is it funded?                                | Wellness Rewards You can contribute on a pre-tax basis (includes Wellness Rewards) up to: \$3,450 INDIVIDUAL \$6,900 FAMILY +\$1,000 if 55 or older | You can contribute on a pre-tax basis up to: \$2,600                  | Wellness Rewards                                     | You can contribute on a pre-tax basis up to: \$2,600                  |
| Which account pays first?                        | Your HSA will automatically pay r<br>Your Limited Purpose FSA will au<br>expenses first   | medical expenses first<br>tomatically pay dental and vision           | Your Health Care FSA will pay firs                   | st, if you have one   |
| Does it carry over if there are remaining funds? | Yes, HSA funds are always<br>yours to keep until you use<br>them  | Up to \$500 carries over to the following year; the rest is forfeited | Yes, as long as you remain enrolled in PPO 80/90/100 | Up to \$500 carries over to the following year; the rest is forfeited |
| What if I leave<br>American?                     | You take your HSA with you  | You may submit claims for eligibl unless you continue coverage un     | e expenses incurred only through t<br>der COBRA      | he last day of your employment,                                       |

<sup>&</sup>lt;sup>1</sup> See IRS Publications **502** and **969** for details.

#### How Expenses Are Reimbursed

If You Want...

Here's What You Need to Do...

To have claims reimbursed automatically from your account when they are approved...



Go online to the YSA website and enroll for auto-reimbursement.

No claim is needed and you will not have to substantiate your expenses.

**Please note:** If you go online and choose the auto-reimbursement feature, this election inactivates the health care card.

To use the YSA health care card to have payments made directly from your account at the time of service...



**Activate the YSA health care card and use it** when you receive health care services.

**Save your receipts!** You may need to substantiate some of your claims. Alight YSA will notify you via email if you need to send in documentation.

To receive a check for expenses not paid by the health care card or reimbursed automatically...



**Manually submit claims** as you incur them. Do not activate your card, but keep your reimbursement method as Pay with Card. Then submit claims on the **YSA website** or through the YSA Reimburse Me mobile app on your iOS or Android device.

# Jowanda Jennings with family Material Logistics specialist

## ≥ Reimburse Me App €

The YSA Reimburse Me mobile app makes it easy for participants with an iOS or Android device to take action and find up-to-date account information — from the doctor's office, coffee shop and everywhere in between. Download the Reimburse Me app free from the Apple or Google Play Store.

### Advance Feature for HSA

One of our goals for 2018 is to make the Core option more affordable and easier to use.

We're adding a new "advance" feature to the HSA in 2018. If you contribute to your HSA, we'll make all or part of your goal contribution amount available to pay medical expenses at the start of the year before your HSA is built up:

- ➤ Up to \$1,000 if you have employee-only coverage
- ➤ Up to \$2,000 if you have dependent coverage
- ➤ The money is available starting January 1

The Core option is significantly less expensive per paycheck than the PPO 90/100 options. If you're enrolled in the PPO 90/100 option, consider enrolling in the Core option, and taking the difference in monthly contributions between the Core option and your current option, and adding that to your HSA. You could also consider supplemental insurance, such as Hospitalization, Critical Illness and/or Accident Insurance, described on page 16.



## Fast Facts

## Core Option + New HSA Advance

#### **CORE OPTION**

CONTRIBUTIONS FOR YOU ONLY COVERAGE

73% 36% **LESS THAN** PPO 100<sup>1</sup>

**LESS THAN PPO** 90<sup>1</sup>

#### **HEALTH SAVINGS ACCOUNT**

**Available January 1** 

\$1,000/\$2,000

Tax Advantages<sup>2</sup>

- √ Reduces taxable income
- ✓ Tax-free earnings
- ✓ Tax-free withdrawals for eligible expenses

Maximum Allowable Contribution

\$3,450 INDIVIDUAL \$6,900 FAMILY + \$1.000 if 55 or older

(includes any Wellness Rewards)

- <sup>1</sup> Based on contributions for full-time team members.
- <sup>2</sup> Tax advantages apply to federal income taxes. Certain states, including CA, NJ, AL, NH and TN, do not treat HSA contributions and/or earnings as tax advantaged for state income tax purposes.

## WebMD Wellness

Discover how the WebMD Wellness program supports you by offering:

- > Free health assessments and biometric screenings
- Personal coaches who can help you build and stick with a plan for improving your health¹
- ➤ The ability to earn Wellness Rewards¹

#### Choose the Activities You Want to Complete

You (and your covered spouse) can each earn up to \$250 by completing any of these activities from January 1 through October 31:

\$50

Complete a 15-minute online health assessment \$100

Complete a preventive screening or annual physical OR

Complete a biometric screening

\$75

Engage in telephonic coaching OR

Engage online at WebMD Wellness OR

Complete Naturally Slim \$25

Participate in a community event or program (including Do Crew activities)



Wellness Rewards go into an HSA or HRA, depending on your medical option:

- ➤ If you're in the **Core** option, you must open your HSA (if it's not already open) before your rewards can be added to the account.
- ➤ If you're in the **PPO 80/90/100** options, your HRA will be opened (or funded if it's already open) when you earn your rewards.

You can use the money in your HSA or HRA for eligible medical, prescription, dental and vision expenses, such as copays, deductibles, braces and glasses.



You are eligible if enrolled in an American medical option (excluding Health Maintenance Organization (HMO) options).

## Dental (MetLife)

|  | Dental PPO                     |                                     |
|--|--------------------------------|-------------------------------------|
|  | In-Network <sup>1</sup>        | Out-of-Network                      |
| Deductible   | None                           | \$50 \$100<br>per person per family |
| Annual Maximum Benefit: Preventive, Basic and Major Care | \$1,500<br>per person          | \$1,000<br>per person               |
| Lifetime Maximum Benefit: Orthodontic Care               | \$2,000<br>per adult and child | \$2,000<br>per adult and child      |
| What the Plan Pays                                       |                                |                                     |
| Preventive Care  | 100%<br>no deductible          | 80%<br>no deductible                |
| Basic Care   | 80%<br>no deductible           | 50%<br>after deductible             |
| Major Care   | 50%<br>no deductible           | 50%<br>after deductible             |
| Orthodontic Care   | 50%<br>no deductible           | 50%<br>after deductible             |

<sup>1</sup> In-network providers offer services at negotiated rates, which can mean significant savings for you.

### Your Monthly Cost for Dental Coverage

| Full-Time Team Members |        |
|------------------------|--------|
| You Only               | \$3.07 |
| You + Spouse           | \$5.87 |
| You + Child(ren)       | \$5.70 |
| You + Family           | \$9.99 |

| Part-Time Team Members |         |
|------------------------|---------|
| You Only               | \$6.13  |
| You + Spouse           | \$11.75 |
| You + Child(ren)       | \$11.40 |
| You + Family           | \$19.99 |

# 

You may enroll yourself and your eligible dependents for dental and/or vision coverage whether or not you or they are enrolled in a medical option. However, you must be enrolled in dental or vision coverage for your dependents to be enrolled.

# Find Network = Providers

The dental option offers in-network services at negotiated rates, which can mean significant savings for you. Go to the **MetLife website** to find a network provider.

## Vision (EyeMed)

|   | In-Network<br>(what you pay)  | Out-of-Network<br>(what the plan reimburses) |
|---|---|--|
| Eye Exam <sup>1</sup>                                       | \$10  | Up to \$40                                   |
| Eyeglass Frames <sup>1</sup>                                | \$0, up to \$140 allowance;<br>20% discount on amount over \$140                      | Up to \$45                                   |
| Eyeglass Lenses <sup>2</sup>                                |   |  |
| ➤ Single Vision   | \$25  | Up to \$40                                   |
| ➤ Bifocal   | \$25  | Up to \$60                                   |
| ➤ Trifocal  | \$25  | Up to \$80                                   |
| ➤ Standard Progressive                                      | \$25  | Up to \$60                                   |
| Lens Options  |   |  |
| > UV Treatment or Tint                                      | \$0   | Up to \$8                                    |
| <ul><li>Standard Plastic<br/>Anti-Scratch Coating</li></ul> | \$0   | Up to \$8                                    |
| <ul><li>Standard Anti-Reflective<br/>Coating</li></ul>      | \$40  | Up to \$3                                    |
| ➤ Photocromatic/Transitions                                 | \$65  | Up to \$5                                    |
| Contact Lenses <sup>2</sup>                                 |   |  |
| ➤ Standard Fitting  | Up to \$55  | Not covered                                  |
| ➤ Conventional  | \$0, up to \$150 allowance;<br>15% discount on amount over \$150                      | Up to \$150                                  |
| ➤ Disposable  | \$0, up to \$150 allowance  | Up to \$150                                  |
| Laser Vision Correction                                     | 15% discount on retail amount or<br>5% off promotional price at<br>U.S. Laser Network | Not covered                                  |

<sup>1</sup> Covered once each calendar year.

## Your Monthly Cost for Vision Coverage

| Full-Time and Part-Time Team Members |         |  |  |
|--------------------------------------|---------|--|--|
| You Only                             | \$5.28  |  |  |
| You + Spouse                         | \$10.24 |  |  |
| You + Child(ren)                     | \$10.05 |  |  |
| You + Family                         | \$14.37 |  |  |

## Q Find Network Providers

You receive significant savings if you use EyeMed network providers, including LensCrafters, Pearle Vision, Sears, Target Optical and JCPenney. Go to **eyemed.com** to find a network provider near you.



<sup>&</sup>lt;sup>2</sup> You may receive either **eyeglass lenses or contact lenses** (not both) once each calendar year. Copays are for standard lenses.



# Dependent Care Flexible Spending Account (FSA)

You can avoid taxes on money you set aside on a pre-tax basis for eligible dependent care expenses, up to:

- \$5,000 per calendar year if you are single or married and filing your tax returns jointly, or
- > \$2,500 per calendar year if you are married and filing separate tax returns.

Money in your Dependent Care FSA can only be used for dependent care expenses necessary for you and your spouse to work or go to school full time. You can use your Dependent Care FSA for dependents under age 13 who you claim on your federal tax return (or for whom you are the custodial parent, if divorced) and/or a spouse or dependent who is physically or mentally incapable of self-care and lives in your home for more than half the year. For complete details, see IRS Publication 503.

You may only be reimbursed up to the amount currently in your account at any time based on your payroll deductions. If you leave American, you can submit claims for eligible expenses incurred through the last day of your employment. This account is administered by Alight YSA.

Budget carefully! You forfeit any amount you don't use by March 15, 2019!



Submit Dependent Care FSA claims to the **YSA website** or through the YSA Reimburse Me mobile app on your iOS or Android device. Download the Reimburse Me app free from the Apple or Google Play Store.

## Transit Program

You can buy monthly commuter passes for bus and rail travel to and from work on a pre-tax basis. Participating in the transit program not only saves you money by lowering your taxable income, it helps the environment and buys you some 'me' time for a little nap, or to listen to music or catch up on your reading.

The Transit Program is administered by Alight YSA. Go to the **Benefits Service Center** and click on the "Transit Program" tile from the main page. Once there, click on "Sign Up Now" to order transit services. With YSA, you can manage or change orders on an ongoing basis — all online.



## Life and AD&D Insurance

American offers Basic Life coverage to eligible team members. You can also purchase Voluntary Life and Accidental Death & Dismemberment (AD&D) insurance for yourself and your dependents. AD&D coverage pays for a covered accident that results in a loss of life, speech, hearing or sight, paralysis and more.

## > Limited Time Opportunity! <</pre>

During this enrollment period, you may be able to increase your Voluntary Life insurance by answering just five easy questions.

## 🔍 Be Sure to Review Your Beneficiary(ies) Each Year! 🔞

- ➤ To make changes to your Life and AD&D beneficiary, go to the **Benefits**Service Center.
- ➤ To make changes to your 401(k) beneficiary, go to **netbenefits.com/aa**.

## Disability Insurance

American's disability coverage replaces a portion of your income if you are unable to work for an extended period of time. You are eligible to elect Long-Term Disability (LTD) coverage with American. Check your coverage options in the online enrollment system on the **Benefits Service Center** and make any changes to ensure you have the disability coverage you need.

If you increase your coverage by more than one level, you will be required to provide a statement of health (SOH). If a SOH is required, new or increased coverage will be effective when your SOH is approved by MetLife.



## **Voluntary Benefits**

## ≥ New! ≤ Hospitalization Plan Through The Hartford

A hospital stay can be expensive. Be ready for costs not covered by your medical plan — including deductibles and out-of-pocket medical expenses — with hospitalization insurance.

This insurance pays a fixed benefit amount directly to you for each day a covered person is hospitalized for a covered event (minimum \$1,000 for the first day and \$200 for each following day). You and your family members are guaranteed to be accepted for coverage — no statement of health is required.

You pay premiums through payroll deduction. Visit **AAaddedbenefits.com** for complete plan information and to enroll for coverage.

#### Critical Illness Insurance — Now Through The Hartford

Be prepared in case a critical illness strikes you or a dependent. This coverage can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. Examples of covered medical conditions include:

➤ Cancer

➤ Coronary artery bypass

➤ Heart attack

➤ Kidney failure

> Stroke

Major organ transplant

The payment is in addition to any other insurance you may have and is yours to spend as you wish.

You pay premiums through payroll deduction. If you are currently enrolled in MetLife Critical Illness Insurance, your coverage will continue in 2018 under The Hartford at a lower premium, unless you cancel it through AAaddedbenefits.com during Annual Enrollment.

#### Accident Insurance – Now Through The Hartford

Accidents can happen anytime, and while you can't plan for them, you can be better prepared financially to handle them. Accident Insurance provides you with a lump-sum payment to use as you wish if you experience a covered accident, such as:

> Fracture

> Eye injury

➤ Dislocation

> Ruptured disk

➤ Concussion

You pay premiums through payroll deduction. If you are currently enrolled in MetLife Accident Insurance, your coverage will continue in 2018 under The Hartford at a lower premium, unless you cancel it through AAaddedbenefits.com during Annual Enrollment.

## > New! ≤ Careington Dental Discount Program

This new program is not insurance; it provides access to discounted fees at contracted dental offices across the country. You can enroll in the Dental Discount Program whether or not you enroll in the MetLife dental coverage described on **page 12**. If you think you will have expenses over the maximum annual amount covered by the dental plan or expenses that aren't covered by the plan, you may want to consider both. Just be sure you check the list of Discount Program participating providers before enrolling.

- ➤ The program offers 20% to 60% discounts on the reasonable and customary cost of most dental procedures, ranging from routine oral exams to major work such as dentures, root canals and crowns, including cosmetic dentistry.
- ➤ You may use any of the **66,000+** participating dentists nationwide (about **30%** of MetLife network dentists currently participate).
- > You can enroll in or drop this coverage as needed throughout the year.

You pay premiums through payroll deduction. The list of participating providers and pre-set fees for services, as well as monthly costs, are available at **AAaddedbenefits.com**.

#### Hyatt Legal Plan

Receive representation, unlimited phone advice and office consultations on a wide variety of personal legal matters, including:

- ➤ Estate planning
- ➤ Sale or purchase of your home, including refinancing
- ➤ Family law
- ➤ Document review/preparation, including wills

You pay premiums through payroll deduction. **If you are currently enrolled in the Hyatt Legal Plan**, you will automatically continue to participate in 2018 unless you cancel your coverage through **AAaddedbenefits.com** during Annual Enrollment.

#### Auto and Home Insurance

Save on your auto (including recreational vehicles) and home (including condo and renter) insurance from three national carriers — Liberty Mutual, MetLife Auto & Home and Travelers.

You pay premiums through payroll deduction, electronic funds transfer or direct bill. All three carriers offer multi-policy discounts.

#### Pet Insurance

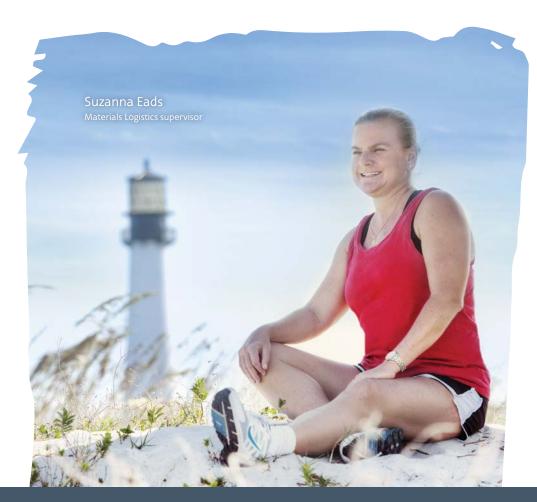
Nationwide Pet Insurance covers a range of pet care services from wellness care to treatment of significant medical problems. Nationwide is the smart way to protect your pet's health and your wallet.

You are free to visit any veterinarian worldwide, even specialists and emergency providers. You pay premiums through payroll deduction, credit card or check.

#### Lifelock Identity Theft Protection

Identity theft is one of the fastest-growing crimes in the nation, affecting millions of Americans every year. The experts at LifeLock protect you from identity theft before the damage is done. Monitoring services 24 hours a day, seven days a week help safeguard your information both online and off.

You pay premiums by credit card. You can receive up to a 40% discount by using promotion code **AAEMP1** when you enroll.





## Get the Benefits You Need

#### American Benefits

#### **Voluntary Benefits**

Go to the **2018 Annual Enrollment page on my.aa.com** and click on **Enroll Now**.

Go to **AAaddedbenefits.com** or call **855-550-0706**.

## Questions?



#### VIEW

the videos on the 2018 Annual Enrollment page on my.aa.com.



#### CALL

the Benefits Service Center at **888-860-6178** Monday– Friday, 9 a.m.–6 p.m. CT (7 a.m.–7 p.m. CT October 16–27).



#### **ATTEND**

a roadshow. Look on **my.aa.com** or watch for posters to see the schedule.

#### On a Leave of Absence?

If you're currently enrolled in medical, dental or vision coverage, you may change your medical, dental and vision coverage during Annual Enrollment if you are current on your direct-bill payments.

# Changes to Your Elections During the Year

Choose carefully, as you may only make changes to most benefits during the year if you experience a qualified life event, such as marriage or the birth of a child. You must make your changes online within 31 days of the event. You will have another 31 days after you receive a request for documentation from the Benefits Service Center to submit any required documentation.

## You Dow't Euroll

Your 2017 benefit elections will carry over, including voluntary benefits, with the following exceptions:

- ➤ **HSA** You must make a new HSA contribution election each year, but you can change your contribution amount anytime during the year.
- ➤ FSA You must re-enroll in the Health Care and/or Dependent Care FSA each year.



## Contacts

| If You Want to   | Contact   |
|--|---|
| <ul> <li>Find benefits information, forms, contact lists and links to plan administrators' websites</li> <li>Get information on life events</li> <li>Enroll online</li> <li>See current benefit election summary</li> <li>Find information about your health accounts and Flexible Spending Accounts</li> <li>View Summary Plan Descriptions (SPDs)</li> </ul> | my.aa.com Benefits Service Center 888-860-6178 (9 a.m6 p.m. CT, Monday-Friday)    |
| <ul> <li>Check online claim status and details</li> <li>Compare hospitals and medical costs</li> <li>Find a doctor</li> <li>Order and print ID cards</li> </ul>  | UnitedHealthcare<br>800-955-8095<br>BlueCross BlueShield of Texas<br>877-235-9258 |
| > Contact Doctor On Demand for a consultation  | Doctor On Demand<br>800-997-6196  |
| ➤ Contact Advance Medical for a second opinion   | Advance Medical<br>855-212-1074   |
| <ul> <li>Find pharmacy information and a list of preventive drugs</li> <li>Review formulary and drug costs</li> </ul>  | Express Scripts<br>800-988-4125   |
| <ul><li>Ask dental coverage questions</li><li>Check dental claims</li></ul>  | MetLife<br>866-838-1072   |
| <ul> <li>Ask vision coverage questions and find additional information</li> <li>Print ID cards</li> </ul>  | <b>EyeMed</b><br>844-714-5678   |
| > Find out more about your WebMD Wellness program  | WebMD Wellness<br>888-383-8740  |
| > Review and enroll in voluntary benefits  | AA Added Benefits<br>855-550-0706   |
| ➤ Ask for assistance from the OptumHealth Employee Assistance Program (EAP)  | OptumHealth access code: American 800-363-7190                                    |

## **Important Notices**

#### Summary of Benefits and Coverage

American Airlines is required to provide you the Summary of Benefits and Coverage ("SBC") and the Uniform Glossary ("UG"). We've created a separate SBC for each of the self-funded medical benefit options that will become effective on January 1, 2018, and the UG applies to all of these options. You can use the SBCs and the UG as quick references for what benefits are available in each option and an explanation of terms used in benefit plans.

**Access the SBCs and UG**. You can also obtain paper copies of the SBCs and UG free of charge by calling the Benefits Service Center at **888-860-6178**.

#### Grandfathered Plan Status

The US Airways, Inc. Health Benefit Plan is comprised of the following medical plans: PPO 80/60, PPO 90/70, PPO 100/80, OOA 80, OOA 90, OOA 100 and Kaiser Permanente HMO. For purposes of this notice, the term "Plan" refers to all medical plan options listed above, except the Kaiser Permanente HMO.

The Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to **888-860-6178**.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **866-444-3272** or **dol.gov/ebsa/healthreform**. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

#### **About This Overview**

**DISCLAIMER:** This is an overview of your benefit options. The complete provisions of the plans are set forth in the plan documents, available for review on the **Plan Guides page of my.aa.com.** If the information in this overview is inconsistent with the plan documents, the plan documents will govern. This overview is not intended as a contract of employment or a guarantee of current, past or future employment. The plan sponsor(s) reserves the right to amend or terminate each plan at any time.

