

USING YOUR MEDICAL BENEFITS

2018 STANDARD OPTION

About this guide

This guide is designed for online viewing, allowing you to click between sections and link to a variety of resources.

Want to read offline? You can do that, too. Simply print a single page or the whole guide.

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

MAKE INFORMED DECISIONS

And enjoy everyday savings

You take the time to learn the ins and outs when you buy a car or make other significant investments. You want to make sure you know how to use what you have in the right way – to get your money's worth. The same is true when it comes to your medical benefits.

The Standard option:

- Gives you **good value** for the dollars you spend on health care
- Has an **HRA** (Health Reimbursement Account) where any earned Wellness Rewards will be deposited
- Provides you with **choices** about how you pay for care
- Helps you **manage** your health care costs

To learn more about how to use the Standard option, review this guide. It's one of the resources American Airlines provides to help you get smart about your medical option. Come back to it throughout the year to make sure you get the right medical care, save money and make a healthy difference in your life every day.

You'll find references throughout this guide to tools and resources from **BlueCross BlueShield of Texas** and **UnitedHealthcare**. If you're not sure which medical administrator you have, see your ID card or visit my.aa.com.

KNOW YOUR FIRST STOP



KNOW YOUR FIRST STOP

American Airlines provides a one-stop shop for all you need to know about your benefits. You and your family can see this information on my.aa.com. Visit often to keep up with the latest updates.

Under the **Benefits Information tab**, you'll find information about:

- ▶ Eligibility & Enrollment
- ▶ View/Change Coverage
- ▶ Plan Guides
- ▶ Medical Options and Prescription Drug Coverage
- ▶ Health Accounts
- ▶ Flexible Spending Accounts
- ▶ Dental
- ▶ Vision
- ▶ Life Insurance
- ▶ Accident Insurance
- ▶ Disability
- ▶ Voluntary Benefits

The **Wellness tab** shows you how WebMD Wellness can help you live a healthier lifestyle – and earn rewards while doing it. Learn about:

- ▶ Wellness Rewards
- ▶ Health Assessments
- ▶ Biometric Screenings
- ▶ Lifestyle Coaching
- ▶ Naturally Slim
- ▶ StayWell Rx
- ▶ Knock Out Nicotine

The **401(k) page** will get you on track for retirement with information about:

- ▶ Contributing to the Plan
- ▶ Investing Your Account
- ▶ Accessing Your Savings



HOW TO USE THIS GUIDE

HOW TO USE THIS GUIDE

Come back to this page at any time by clicking “TOC” from the navigation bar at the top right.

The color-coded headers and arrows below help you navigate to each section.

➔ ARROW ICONS ARE CLICKABLE

KNOW BEFORE YOU GO	HOW YOU PAY FOR CARE	LIVING WELL	LEARN MORE
<ul style="list-style-type: none"> ➔ Find the right doctor ➔ Prepare for your doctor visit ➔ Know what to ask your doctor ➔ Know what to do after your visit ➔ Be a smart health care shopper ➔ Know where to get the right care 	<ul style="list-style-type: none"> ➔ Meet your deductible ➔ Know when your deductible applies ➔ Understand your out-of-pocket maximum ➔ Pay for prescription drugs ➔ Get 100%-paid preventive care ➔ Use your HRA 	<ul style="list-style-type: none"> ➔ Get wellness support • Know your numbers • Find a health coach • Lose weight with Naturally Slim • Save money with StayWell Rx • Get help to stop using tobacco • Get smartphone apps ➔ Earn Wellness Rewards 	<ul style="list-style-type: none"> ➔ Make benefit changes ➔ Understand key terms ➔ Use helpful tools ➔ Access contact information

EXPLORE!
GET SMART ABOUT YOUR MEDICAL OPTION





FIND THE RIGHT DOCTOR

The best time to find a doctor is before you get sick. You have time to make an informed choice, get your paperwork in order and schedule a 100%-paid preventive exam. A primary care physician (PCP) is good for you and your family because you get:

- Efficient care – your doctor knows you, your family and your medical history
- Help navigating the health care system, including finding a specialist if you need one
- Good advice because you've built a relationship and feel comfortable speaking openly

To find a PCP in your network, visit your medical administrator at:

- [BlueCross BlueShield of Texas](#)
- [UnitedHealthcare](#)

You and your family can also link to your medical administrator's website from the **Find Care** tab of [my.aa.com](#).

Did you know...

People who have an ongoing relationship with a PCP have better overall health, live longer and have lower health care costs.

SOURCE: Centers for Disease Control and Prevention.

What's a PCP?

An internist, general practitioner, family practitioner, pediatrician or gynecologist who helps coordinate all of your medical care.

PREPARE FOR YOUR DOCTOR VISIT

Going to the doctor for the first time after enrolling in a new medical option can be a little intimidating. What do you need to bring with you? What questions do you ask? Are you going to have to pay something up front? Take a little time to prepare for your visit by using these tips.

- **Confirm whether the doctor is in- or out-of-network.** Whether you are in the market for a PCP or have been going to the same doctor for many years, make sure you're being a smart shopper by using doctors within your network to save money.
- **Ask the cost of care.** Let the office assistant know the purpose of your visit (preventive, sick, etc.) and ask the estimated cost. Then, decide how to pay — you have the option to use your Flexible Spending Account (FSA) funds or any Wellness Rewards in your Health Reimbursement Account (HRA) to pay for your office visit.
- **Bring your medical ID card.** The doctor's office will need your medical option information to know how much to charge. Showing your medical ID card proves you're covered and makes the office assistant's job a little easier.
- **Bring a list of all medications, allergies and other doctors you see.** The more your doctor knows about your current health regimen, the better he or she can get a grasp on your health care needs. Include over-the-counter products (vitamins, herbal remedies, aspirin, etc.) to avoid interactions or side effects due to mixing medications.

Did you know...

You can access your medical ID card from your smartphone. All you have to do is download your administrator's app:

- **BlueCross BlueShield of Texas**
- **UnitedHealthcare Health4Me**

Think prevention

In-network preventive care is covered at 100%. Take care of yourself and take advantage of your **covered screenings**.



KNOW WHAT TO ASK YOUR DOCTOR

Did you know that most doctor visits only last 20 minutes? So, make the most of your time together by taking an active role in the conversation. After all, it really is all about you.

SOURCE: Kaiser Health News.

- **Tell your doctor your medical history.** Be honest with the doctor. If you have allergies or have experienced a reaction to a specific drug in the past, be sure your doctor is aware of it. If the doctor is your primary care physician (PCP), he or she may already have this information from prior visits. If not, consider selecting a trusted PCP so you'll be treated by someone familiar with your medical history each time you go to the doctor.
- **Make sure you understand the reason for any medical tests and treatment options that the doctor orders.** Ask your doctor to review any medical terms or test results you are unfamiliar with.
- **Ask about any prescriptions being ordered.** Find out if they're necessary for your recovery or just nice to have. Ask if a generic drug or over-the-counter equivalent is available. Finally, be sure to ask about dosage and any potential drug/food interactions.
- **Ask your doctor about his or her experience or about seeing another doctor for a second opinion.** You are the customer, so there's nothing wrong with making sure you are comfortable.

Free second opinion service

If you need a second opinion after being diagnosed with a chronic condition, contact Advance Medical. You'll be matched with a Physician Case Manager who will help you feel more comfortable with your treatment plan and more confident in your decisions. There's no cost for this service. Call **855-212-1074** or visit the **Advance Medical website**.

Questions to ask...

Unsure of what else to ask your doctor? Here's a list of questions.

- What screening tests am I receiving at this visit? Is there anything I should be aware of with these tests?
- Do I need any vaccinations or booster shots?
- Am I at risk for any particular medical condition?
- What should I do to prevent or monitor the risk?
- What are my biometric measurements, like blood pressure, cholesterol and blood sugar levels?
- Are there any other preventive exams I should look into?
- What should I know about my medications?
- What should I do if I have any questions or concerns after this appointment?
- What are the most important things I need to remember when I leave the office today?
- Is precertification or preauthorization required for any recommended procedures?

Before you schedule a recommended procedure, check with your administrator for any precertification/preauthorization requirements.

KNOW WHAT TO DO AFTER YOUR VISIT

You have a printout and a prescription in hand. Now what? Knowing what to do next can save you time and money. Use this checklist:

- ❑ **Check out.** Visiting your PCP? You'll pay a \$30 copay. Seeing a specialist? You'll pay the network negotiated office visit rate until you meet your deductible. Once you meet your deductible, you'll pay 20% of the negotiated office visit rate until you reach your out-of-pocket maximum. Be prepared to pay at the time of service. Your in-network provider will file the claim for you. **See how to use any Wellness Rewards in your HRA to pay.**
- ❑ **Get any prescriptions filled.** Make sure that you use an in-network pharmacy (any CVS or Safeway-owned retail pharmacy) or the Express Scripts by Mail program to **save time and money.** **See how to use any Wellness Rewards in your HRA to pay.** There are no claims to file as long as you use a network pharmacy or mail order. Also, you can save on most asthma (NEW in 2018!), diabetes and high blood pressure medications by using **StayWell Rx.**
- ❑ **Follow your doctor's treatment plan carefully.** Many people do not stick to their treatment and end up getting sicker or being hospitalized — don't let that happen to you. Need help with your treatment plan? Contact your medical administrator to learn about health condition management programs available through your health plan.
- ❑ **Call your doctor with questions.** Don't be hesitant to contact your doctor or his or her staff. Give your health the attention it deserves.
- ❑ **Review your Explanation of Benefits (EOB) from your administrator.** The EOB shows what American pays and what you owe the doctor. Check to ensure that all listed services were received and coded correctly. If not, contact your medical administrator.

Important contacts

BLUECROSS BLUESHIELD OF TEXAS

877-235-9258

bcbstx.com

UNITEDHEALTHCARE

800-955-8095

myuhc.com

EXPRESS SCRIPTS (PRESCRIPTIONS)

800-988-4125

express-scripts.com

METLIFE (DENTAL)

866-838-1072

metlife.com/mybenefits

EYEMED (VISION)

844-714-5678

eyemed.com

BE A SMART HEALTH CARE SHOPPER

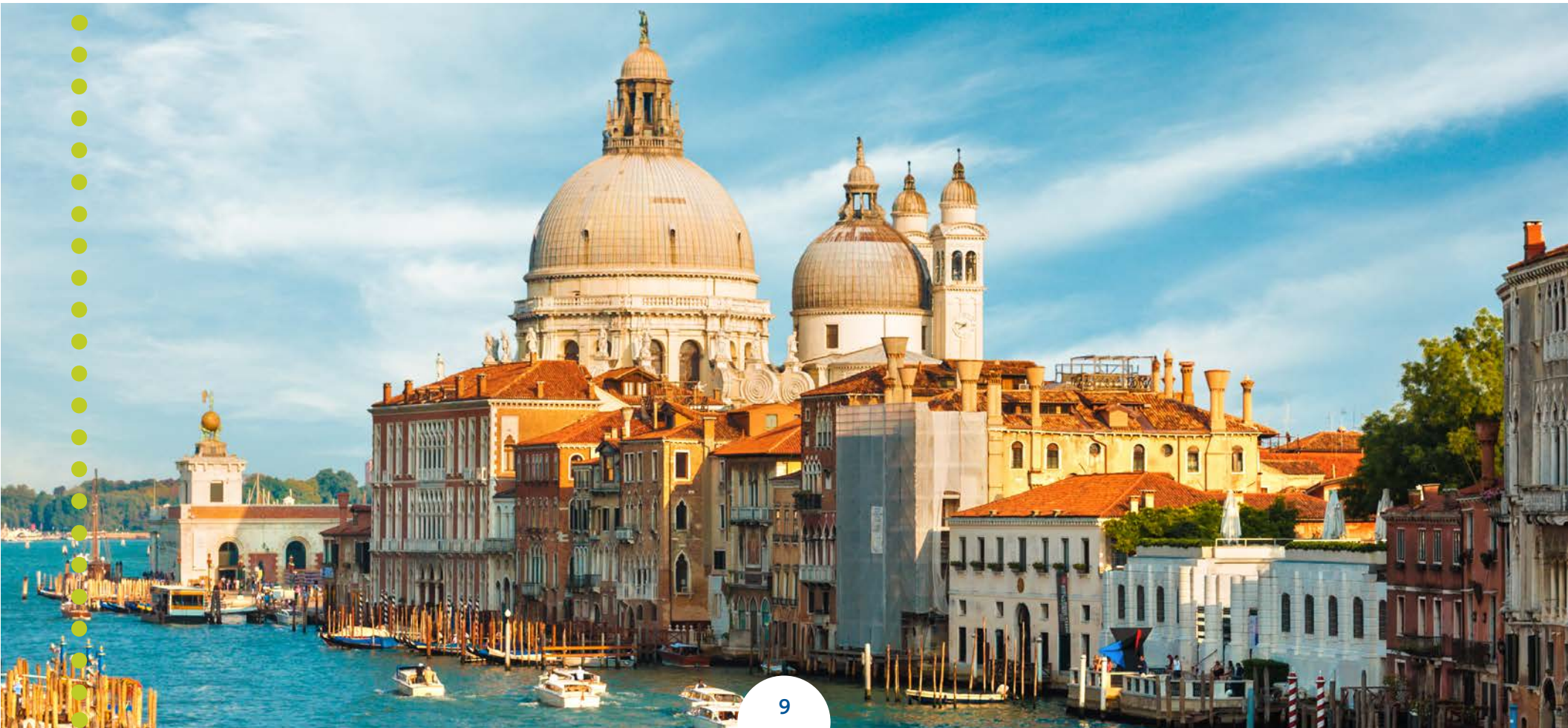
Here are a few money-saving tips to keep you and your wallet healthy:

- **Know before you go with cost estimators.** Don't be surprised by the cost of your medical care. Cost estimators provide personalized cost estimates based on your location, your medical option and whether or not you've met your deductible. You can even compare nearby doctors, medical facilities and hospitals based on the price you will pay and quality of care.

Click below to log in and access your medical administrator's tool:

- [BlueCross BlueShield of Texas](#)
- [UnitedHealthcare](#)

- **Stay in-network.** You have the option of using in-network or out-of-network doctors and facilities each time you receive care. You'll pay less when you visit doctors, medical facilities and hospitals that participate in the network. BlueCross BlueShield of Texas and UnitedHealthcare have pre-negotiated rates with them.
- **Participate in the WebMD Wellness program.** You and your covered spouse can earn up to \$250 each in Wellness Rewards for completing healthy activities, such as a preventive screening and a health assessment. You'll receive the money in your HRA and can use it to pay for eligible medical, prescription, dental and vision expenses.



KNOW WHERE TO GET THE RIGHT CARE

The Standard option offers comprehensive coverage as well as tools for getting the right care at an affordable cost. Of course, if you have an emergency, seek immediate treatment. Here's a quick overview of how to decide where to seek care in many other situations:

You're not sure whether you need care

Call the **Nurse line** at the number on your medical ID card 24/7/365 and speak to a registered nurse about your situation. There's no cost for this service.

You need nonemergency care, but you're not sure where to go

Go to your medical administrator's website (BlueCross BlueShield or UnitedHealthcare) and search for **network providers**. You can also use the cost estimator to find high-quality, cost-effective and convenient care.

You need care but can't get to your doctor right away

Visit a **Premise or Banner Health Onsite Clinic** if available at your work location (check on my.aa.com).

Or connect 24/7/365 to a board-certified physician using your camera-enabled smartphone, tablet or computer through **Doctor On Demand**. You'll pay \$20 per visit. Text **American** to **68398** for a link to download the app (standard text message rates apply) or visit DoctorOnDemand.com/American.

You or your covered spouse is pregnant

Through your administrator's **maternity support program**, you'll have a personal nurse to work with you throughout your pregnancy and provide support after your baby is born. Call your medical administrator at the number on your medical ID card to enroll.

You want a second opinion

If you need a second opinion after being diagnosed with a condition, contact **Advance Medical**. You'll be matched with a Physician Case Manager who will help you feel more comfortable with your treatment plan and more confident in your decisions. There's no cost for this service and no additional office visits are needed. Call **855-212-1074** or visit the **Advance Medical website**.

You need support managing a chronic condition

Consider joining your medical administrator's **condition management** program. There's no cost for this service. Call the number on your medical ID card for more information.

Urgent need vs. emergency

Urgencies may not be emergencies. The Premise Health Onsite Clinic, Doctor On Demand, urgent care centers and walk-in clinics — such as a CVS MinuteClinic or Walgreens Healthcare Clinic — are good alternatives when you can't see your regular doctor and want care right away. These options offer lower cost care than emergency rooms (ERs) and help you avoid long wait times in the ER. Find one on your administrator's website.

Remember, there is a \$100 copay (plus deductible and coinsurance) for ER visits if you're not admitted.





HOW YOU PAY FOR CARE

MEET YOUR DEDUCTIBLE

Your deductible applies to care other than PCP visits, preventive care, prescriptions and some in-network lab/imaging charges. So, if you go to a specialist before you meet the deductible, you pay the full cost of the office visit.

In-network deductible

INDIVIDUAL	FAMILY*
\$850	\$2,550

***Not every covered family member has to meet this amount.** Once a family member meets his or her \$850 individual deductible, that family member will begin paying coinsurance. When three covered people have each met the deductible, the entire covered family begins paying coinsurance.

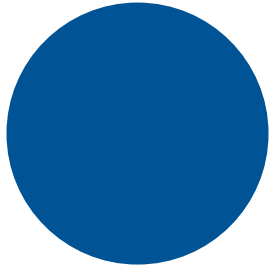
For example: You have family coverage, including you, your spouse and your three children.

You would begin paying coinsurance after you meet your \$850 deductible. Let's assume your spouse and one covered child also each meet their \$850 deductible. At that point, the other two covered children would also begin paying coinsurance because the family deductible has been met.

How you and American pay for in-network care

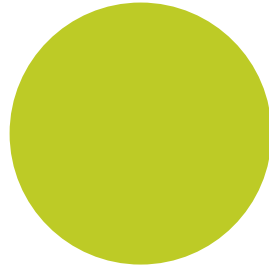
You'll pay a \$30 PCP copay and \$100 ER copay (ER copay waived if admitted) for each visit. Copays do not count toward your deductible but do count toward your out-of-pocket maximum.

PREVENTIVE CARE

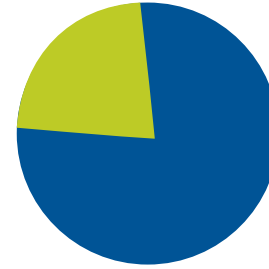


American pays 100%

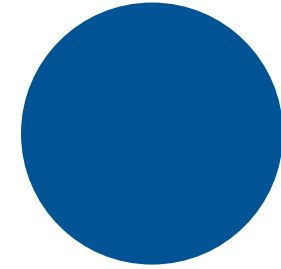
CARE FOR TREATMENT OF AN ILLNESS OR INJURY



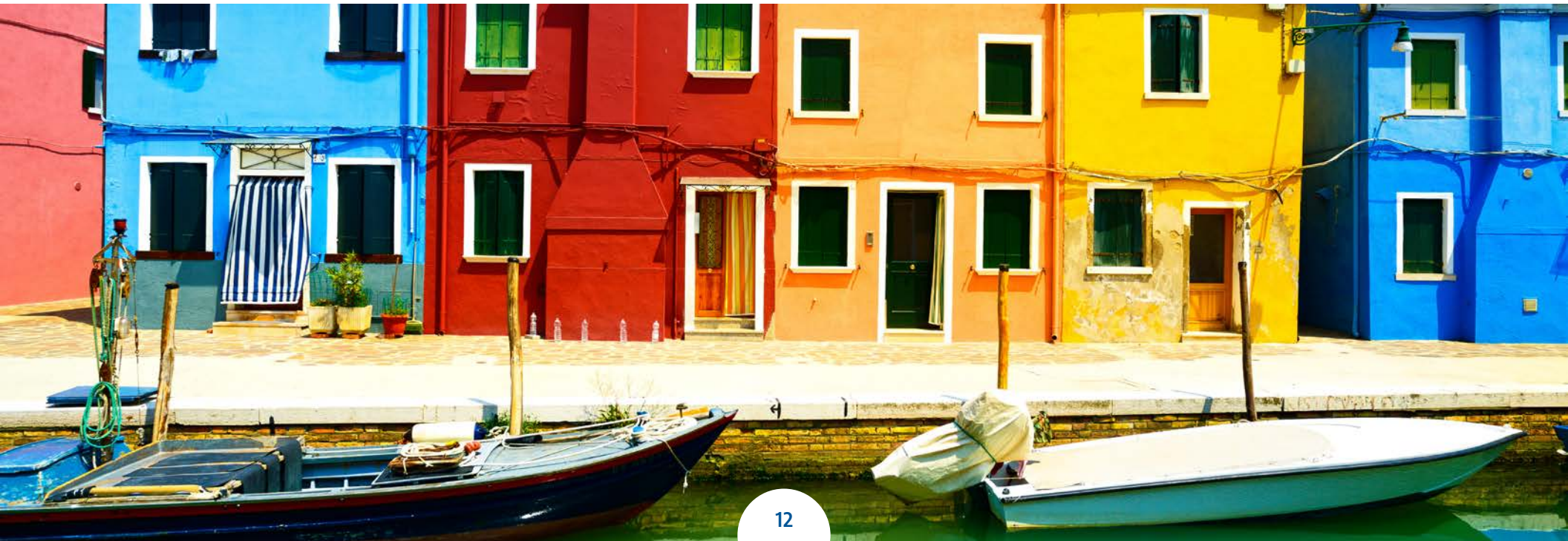
First you pay 100% up to the deductible (\$850/individual, \$2,550/family)



Then you pay 20% and American pays 80% after you meet the deductible



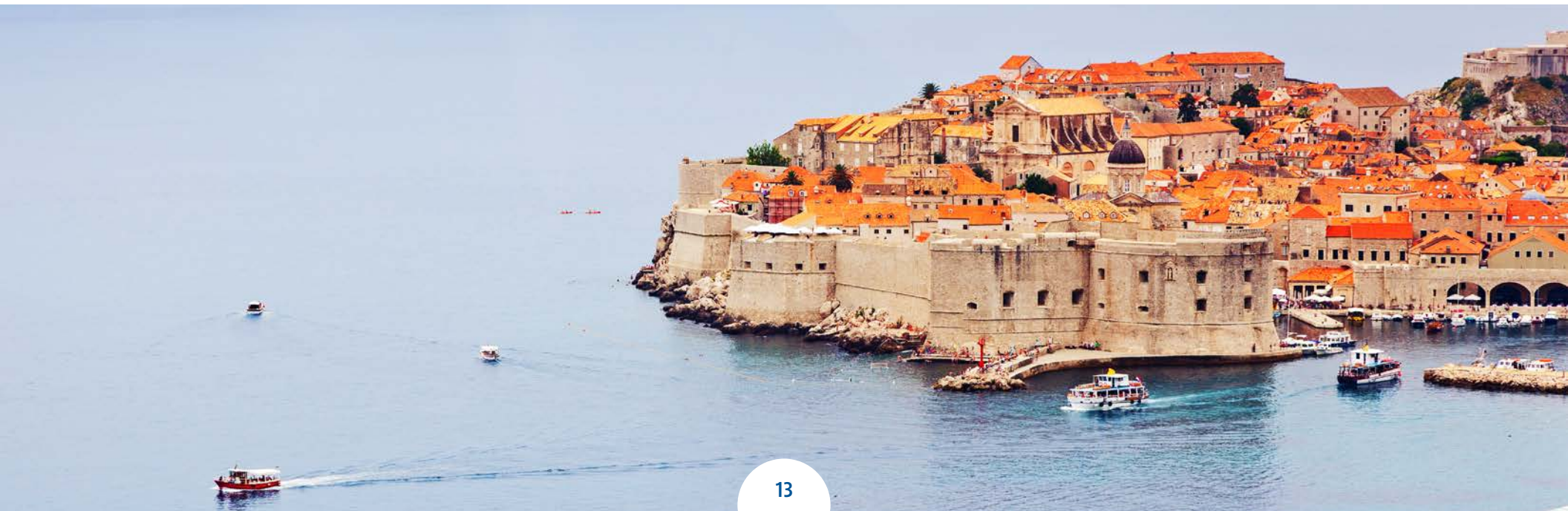
American pays 100% after you meet the out-of-pocket maximum (\$2,000/ individual, \$5,000/family)



KNOW WHEN YOUR DEDUCTIBLE APPLIES

The deductible is the amount you pay for medical services before American will begin to share the cost of care. Use this chart as a guide to understand when your deductible applies.

SERVICE TYPE	DEDUCTIBLE APPLIES	DEDUCTIBLE DOES NOT APPLY
Preventive care (in-network only)		✓ Covered at 100%
PCP visit for illness or injury		✓ \$30 copay does not apply toward deductible
Prescriptions		✓
Lab charges for test associated with in-network visit		✓ Covered 100% if part of office visit or at an independent facility
Urgent care	✓	
Outpatient surgery in hospital or surgical center	✓	
Emergency room visits	✓ \$100 copay does not apply toward deductible (copay waived if admitted)	
Inpatient hospital stays	✓	



UNDERSTAND YOUR OUT-OF-POCKET MAXIMUM

Your out-of-pocket maximum is the most you pay in coinsurance and copays each year for certain medical and prescription drug services. Here's how it works:

PREVENTIVE CARE	ANNUAL DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET MAXIMUM
The plan pays 100% of preventive care expenses received from in-network providers.	You pay 100% of the deductible.* Once you meet the deductible (in-network: \$850/individual and \$2,550/family), the plan begins to pay a portion of the cost of services.	You and the plan share the cost of services.** American pays 80% and you pay the remaining 20% for in-network care.	Once you reach the out-of-pocket maximum, the plan begins to pay 100% of in-network costs.

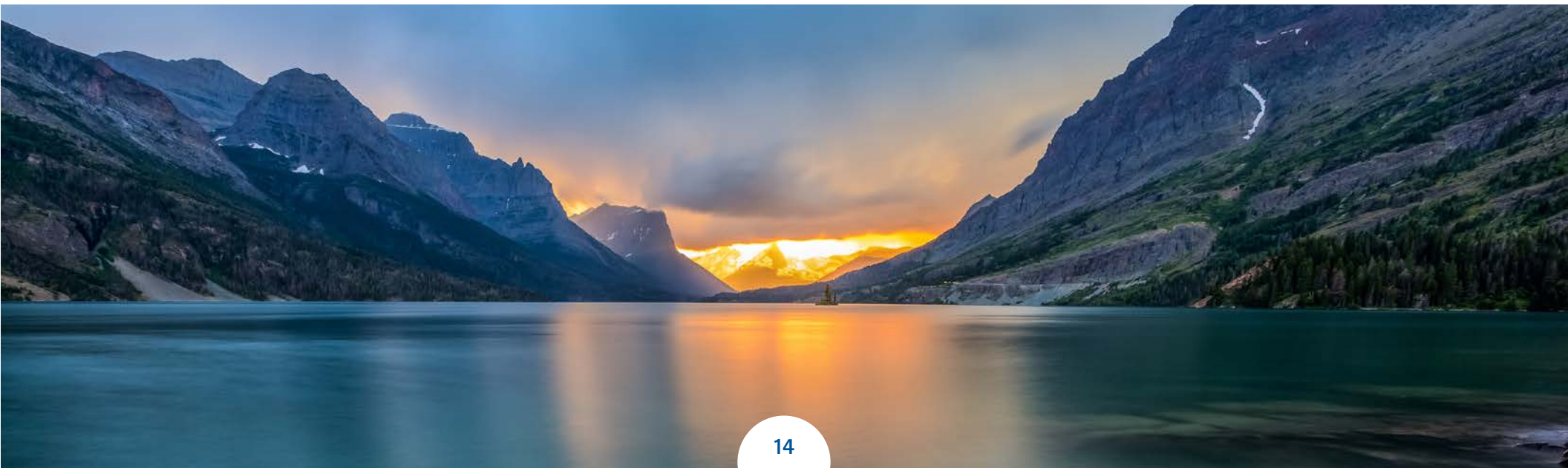
* Copays do not count toward your deductible.

** Remember, you must meet your deductible for certain medical expenses before your coinsurance applies.

Out-of-pocket maximum amounts

	IN-NETWORK	OUT-OF-NETWORK
Individual	\$2,000	\$6,000
Family	\$5,000	\$15,000

Your out-of-pocket maximum includes your medical and prescription drug copays and coinsurance. It does not include your deductible.



PAY FOR PRESCRIPTION DRUGS

You've visited your doctor and a medication has been prescribed for you. You have two options for filling your prescription:

1. **Retail:** When you need it right away, get your prescription filled at an in-network Express Scripts pharmacy. In-network retail pharmacies include, but are not limited to, CVS or any Safeway-owned pharmacies, including Tom Thumb, Randalls and Vons.

- Present your Express Scripts prescription card when dropping off your prescription. Remember, your prescription card is separate from your medical ID card.
- In-network retail (up to a 30-day supply), you will pay:
 - Generic – 20% (\$10 min/\$40 max)
 - Preferred Brand* – 30% (\$30 min/\$100 max)
 - Non-Preferred Brand* – 50% (\$45 min/\$150 max)

The coinsurance rate for prescriptions is available to you immediately – you do not have to meet your deductible and there are no claims to file.

- Remember, you can use the **Health Care Flexible Spending Account (HCFSA) or the Wellness Rewards in your HRA**, if any. Pay with your Alight YSA health care card or reimburse yourself later. If you have a HCFSA and HRA, expenses will be reimbursed from your HCFSA first.

2. **Mail order:** For prescriptions you take regularly (maintenance medications), sign up to get your 90-day prescription sent right to your mailbox or pick it up at a CVS or Safeway-owned retail pharmacy. You will pay:

- Generic – 20% (\$5 min/\$80 max)
- Preferred Brand* – 30% (\$60 min/\$200 max)
- Non-Preferred Brand* – 50% (\$90 min/\$300 max)

Smart 90 program

Fill 90-day maintenance medications at your local CVS or Safeway retail pharmacy – including any Safeway-owned chains such as Tom Thumb, Randalls and Vons – and get the same savings as mail order!

After your initial purchase plus two refills at a CVS or Safeway-owned retail pharmacy, you will pay 50% of the drug cost for maintenance medications if you don't move your prescription to mail order or the Smart 90 program. Save time and money – call **800-988-4125** or go online to **Express Scripts**.

Spend less

Keep more green in your wallet. Use these tips to save money on prescription drugs:

- Generic drugs are less expensive than brand-name drugs.
- Talk to your doctor about lower-cost options for medications you're already taking.
- Compare medication costs, manage your individual prescriptions, activate reminders and alerts, and much more. Go to [express-scripts.com/mobile](https://www.express-scripts.com/mobile) or download the app from the Apple Store, Google Play Store, Windows Phone Store or Amazon for BlackBerry.

Did you know...

With the Worry Free Fill program, your prescriptions will automatically ship to you before you run out if you fill them through Express Scripts mail order. Call Express Scripts at **800-988-4125** to find out more.

Save on many generic asthma (NEW!), diabetes and high blood pressure prescriptions with StayWell Rx

- To receive the discount, you **MUST** call WebMD Wellness at **888-383-8740** to confirm eligibility of your medication and to enroll in the program before filling your prescription.
- You can receive a 90-day supply of eligible generic medications for free and brand-name medications for \$15.
- Chat with your Health Advocate Team member and learn about ways to better control your condition.
- Fill your 90-day supply of eligible asthma, high blood pressure or diabetes prescription medications through Express Scripts by mail or through the Smart 90 program.

* If you select a brand when a generic is available, you pay the generic coinsurance plus the price difference between the generic and the brand price.

GET 100%-PAID PREVENTIVE CARE

It's easy to put off getting an annual check-up. But when it's covered at 100%, why wait? Your medical option covers in-network preventive care and screenings at 100%, so take advantage of the benefit and get your preventive care – for you and your covered family members – without sacrificing your wallet. **Find network providers.**

What is preventive care?

Preventive care helps identify potential health problems early when they may be easier and less costly to treat. Guidelines are based on your age and gender. The table below lists common preventive services. For a complete list, visit your administrator's website.

CHILDREN	ADULT FEMALE	ADULT MALE
✓ Well-baby care	✓ Pap tests	✓ Prostate cancer screenings
✓ Annual physicals	✓ Mammograms	✓ Osteoporosis tests
✓ Immunizations	✓ Osteoporosis tests	✓ Annual physicals
✓ Blood pressure checks	✓ Annual physicals	✓ Immunizations
✓ Cholesterol checks	✓ Immunizations	✓ Blood pressure checks
	✓ Blood pressure checks	✓ Cholesterol checks
	✓ Cholesterol checks	✓ Diabetes mellitus: baseline for high-risk individuals
	✓ Diabetes mellitus: baseline for high-risk individuals	✓ Diabetes mellitus: baseline for high-risk individuals
	✓ Colonoscopies	✓ Colonoscopies

Earn \$100 in Wellness Rewards

Don't forget when you (and your spouse, if covered) complete a biometric screening, age-appropriate preventive screening or annual exam, you can earn Wellness Rewards too.

Simply print off the form from the Rewards page on the **WebMD Wellness portal** and have your provider sign and fax or upload it.

Did you know...

Preventive screenings could save as many as 30,000 lives each year.

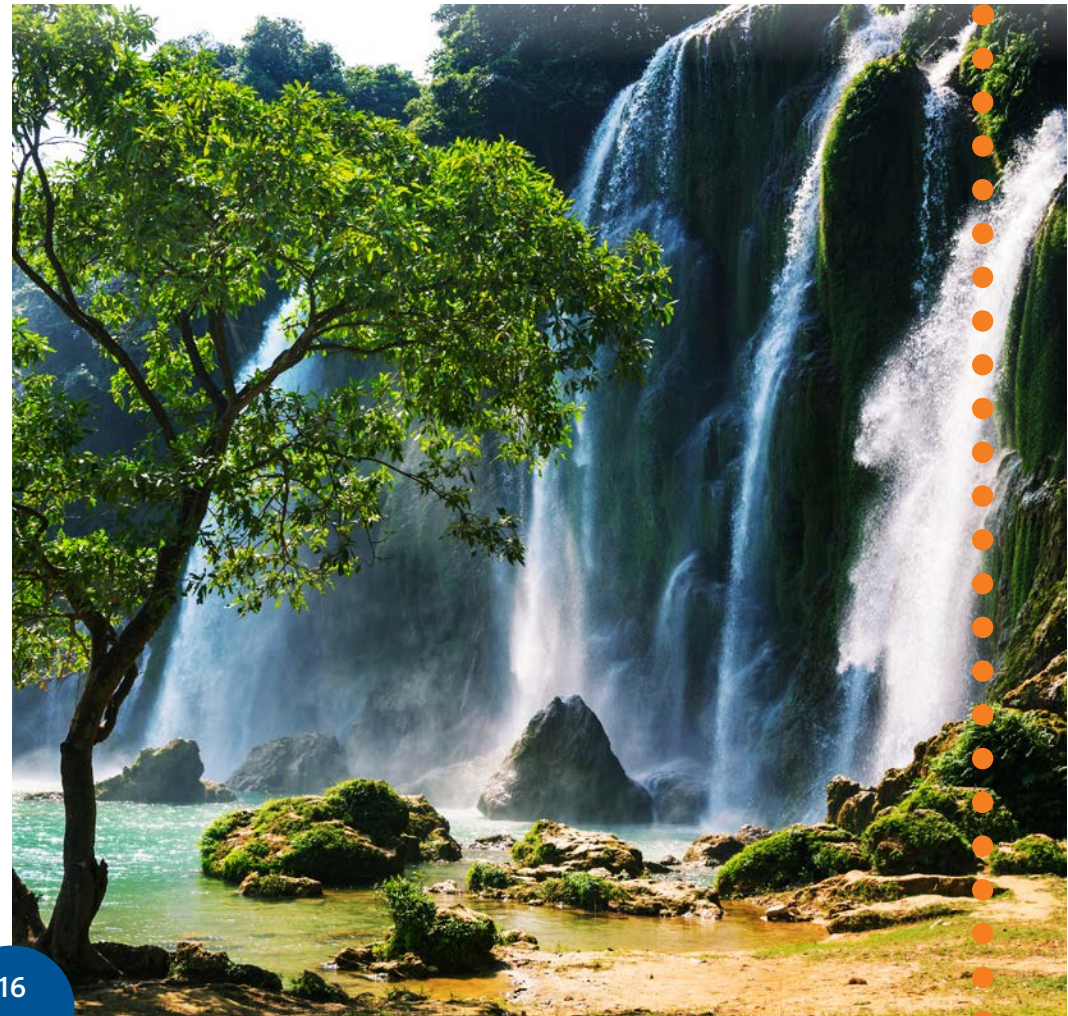
SOURCE: cdc.gov.

DON'T FORGET ABOUT PREVENTIVE DENTAL

American offers the coverage you need to keep your pearly whites healthy. Visit the **MetLife** website or call **866-838-1072** to learn more about your dental benefits.


SEE CLEARLY WITH EYEMED

If you enroll in the vision plan, you can get an annual vision exam for a \$10 copay when you visit an in-network provider. Log on to eyemed.com or call EyeMed at **844-714-5678** for details.



Your healthy checklist

Don't just think about your health when you're sick. Print this page and use it to keep track of your health status all year long.



Schedule yourself and your enrolled family members for annual exams and preventive screenings

Get your flu shot Date: _____

Visit your dentist (two cleanings per year) Date: _____

Get your annual eye exam Dates: _____

Know your numbers (get a biometric screening)

Blood Pressure: _____

A1C: _____

LDL Cholesterol: _____

HDL Cholesterol: _____

Total Cholesterol: _____

Height: _____

Weight: _____

Waist Measurement: _____

Body Mass Index (BMI): _____

Know your blood type _____

List current medications (name and dosage) _____

Healthy quick tips

- Drink fresh **water** and as much of it as you can. Water flushes unwanted toxins from your body and keeps your brain sharp.
- The best way to stay healthy is through **prevention**. Your medical option covers in-network preventive care services at 100% with no deductible.
- Like nutrition and diet, **sleep** plays an important role in well-being. Ideal adult snooze time = 7–9 hours/night.
- Keep moving to keep a strong, healthy body and weight. Thirty minutes of **exercise** a day, four to five times a week, does a body good.
- **What you eat** affects both your physical and mental health. So, skip the fast food and fill up on fresh fruit, vegetables, grains, fish and lean proteins.



USE YOUR HEALTH REIMBURSEMENT ACCOUNT (HRA)

Wondering how to use your HRA to pay for that doctor visit or trip to the pharmacy? Here's how it works.

First, your HRA is funded

Money goes into your HRA when you earn **Wellness Rewards**. You are not allowed to contribute. Funds must be in the account before you can use them.

WELLNESS REWARDS	MAXIMUM AVAILABLE FUNDS
Available as they're earned:	
Up to \$250 for you	\$500
Up to \$250 for your covered spouse	

Then, you can use it to pay for care

You can use your HRA funds to pay for eligible medical, prescription, dental and vision out-of-pocket expenses for you and covered family members. Find a detailed list by logging in to your account at **Align Your Spending Account (YSA)**.

You will receive a debit card from YSA. If you want to use the card to pay for eligible expenses, activate it right away.

Remember, you can only use HRA money after it has been deposited into your account. Once that happens, it's your choice how and when you use your funds. Any unused HRA funds roll over from year to year as long as you remain enrolled in the Standard or Value option.

If you have an HRA and a Health Care Flexible Spending Account (HCFSA)

- You'll have just one YSA debit card for both accounts.
- Health care claims are paid from the HCFSA first, since it has a "use it or lose it" rule.
- When your HCFSA funds run out, your expenses are paid from your HRA.

How do you access your money to pay for eligible out-of-pocket expenses?

Pay by card

- Use your YSA debit card. (Be sure to activate it first!)
- Your expenses are processed automatically from your account.

Pay me back (automatically)*

- Elect auto-reimbursement on the YSA portal.
- Pay the expense.
- Your administrator will let YSA know how much to reimburse you.
- Any eligible expenses not covered by your plan are reimbursed to you automatically.

Pay me back (manually)

- Pay the expense.
- File a claim.
- Get reimbursed.

*If you go online and choose the auto-reimbursement feature, this election inactivates your YSA debit card.

Align Your Spending Account (YSA) is your account administrator. **Go online** to check your account balance and view expenses.

You can also use the **YSA Reimburse Me** mobile app to file claims and take care of your account paperwork on the go. Download the app free from the Apple or Google Play Store.

How do you get reimbursed for eligible expenses?

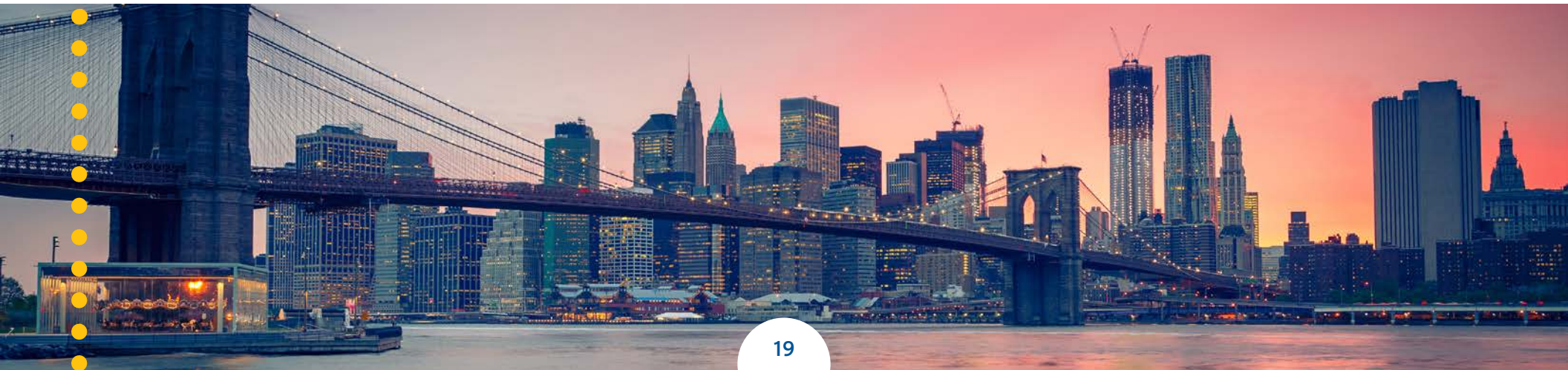
PAY BY CARD	PAY ME BACK (AUTOMATICALLY)	PAY ME BACK (MANUALLY)
<p>Use your YSA debit card.</p> <ul style="list-style-type: none"> ➤ At checkout, just swipe the card. ➤ Choose “credit,” even though it’s not a credit card. ➤ Save receipts or digital copies to submit to YSA if requested. 	<p>Go online to the YSA website and sign up for auto-reimbursement.*</p> <ul style="list-style-type: none"> ➤ You will choose whether to receive reimbursement by check or direct deposit. ➤ You will pay the expenses up front. When the claim is paid, your administrator will send the info to YSA. You will receive a check or direct deposit for the amount you paid. 	<p>File a claim online or using the Reimburse Me mobile app.</p> <ul style="list-style-type: none"> ➤ Log in to your account. ➤ Click “Submit claim.” ➤ Fill in all information requested and submit the claim. ➤ Scan or take a photo of your receipts, EOBs and other supporting documentation.** ➤ Attach supporting documentation to your claim by using the upload utility.
		<p>File a claim by mail or fax.</p> <ul style="list-style-type: none"> ➤ Obtain a form online or by calling YSA. ➤ Fill in all information on the form. ➤ Provide a copy of your receipts, EOBs and other supporting documentation.** ➤ Mail or fax all materials to YSA as instructed on the form.

*If you go online and choose the auto-reimbursement feature, this election inactivates your YSA debit card.

**Documentation should include date of service or purchase, a detailed description, provider or merchant name, patient name and patient portion or amount owed.

WANT TO CHANGE YOUR REIMBURSEMENT METHOD?

Go to the [YSA website](#) or call **888-860-6178** (Monday through Friday, from 9 a.m. to 6 p.m. CT).





Your HRA in action: How it works

EXAMPLE

Coverage: You only

Spending accounts: HRA only

Contributions: Wellness Rewards earned (\$250) = **Total HRA is \$250**

Reimbursement option: Auto-reimbursement

SCENARIO	HRA
Beginning balance	\$250
<p>First doctor visit. Let's say you visit a specialist. While you are at the doctor's office, you pay \$200 for the medical services you received. This amount will be paid back to you from your HRA.</p> <ul style="list-style-type: none"> > Your claim goes to your YSA account and the amount is deducted from your HRA. > You will receive \$200 by check or direct deposit into your bank account. > After the payment, you have \$50 left in the HRA. 	-\$200
New balance	\$50
<p>Second doctor visit. Then, you have a follow-up visit with the specialist. At the doctor's office, you pay \$125.</p> <ul style="list-style-type: none"> > Your claim goes to your YSA account and the amount is deducted from your HRA. > You will receive \$50 by check or direct deposit into your bank account. > The remaining \$75 will not be reimbursed. > Your HRA balance is \$0. 	-\$125
Ending balance	\$0
Out-of-pocket cost	\$75

How the HRA and HCFSA work together

EXAMPLE

Coverage: You only

Spending accounts: HRA and HCFSA

Contributions:

- Wellness Rewards earned (\$250) = **Total HRA is \$250**
- Your HCFSA annual contribution (\$250) = **Total HCFSA is \$250**

Reimbursement option: Auto-reimbursement

SCENARIO	HCFSA	HRA
Beginning balances	\$250	\$250
First doctor visit. Let's say you visit a specialist. While you are at the doctor's office, you pay \$175. This amount will be paid back to you from your HCFSA.	-\$175	
<ul style="list-style-type: none"> ➤ Your claim goes to your YSA account and the amount is deducted from your HCFSA. ➤ You will receive \$175 by check or direct deposit into your bank account. ➤ After the payment, you have \$75 left in the HCFSA. 		
New balances	\$75	\$250
Second doctor visit. Then, you have a follow-up visit with the specialist. At the doctor's office, you pay \$125.	-\$75	-\$50
<ul style="list-style-type: none"> ➤ Your claim goes to your YSA account and \$75 is deducted from your HCFSA. ➤ The remaining \$50 is deducted from your HRA. ➤ You will receive \$125 by check or direct deposit into your bank account. ➤ After the payment, your HCFSA balance is \$0 and your HRA balance is \$200. 		
Ending balances	\$0	\$200





LIVING WELL

GET WELLNESS SUPPORT

American's wellness program can help you get active, eat healthier and live well all year long. Here's a look at some of the resources, programs and support available to you and your family. Call WebMD Wellness at **888-383-8740** to find out more.

Know your numbers

The WebMD Health Assessment is the first step toward becoming your best self. It combines leading clinical expertise with innovative design to give you a personalized report about what's really going on with your health. And you can complete it on your mobile device.

Coaching

Get the help you need to take charge of whatever is keeping you from being your best. WebMD health coaches can help you feel better, take charge of your lifestyle and lead a happier life – even if you're already fit.

- WebMD health coaches are available – online or by phone – whenever you need extra support to achieve your health goals.
- Online programs are available to help you lose weight, quit smoking, reduce stress, lower your blood pressure or manage diabetes.

Naturally Slim

Learn the skills you need to lose weight and keep it off by changing how you eat instead of what you eat.

Plus, you'll improve your health and reduce your chances of developing a serious or chronic disease. And it's all free! [Learn more.](#)

StayWell Rx

Save money on asthma (NEW in 2018!), diabetes and high blood pressure medications. Enroll in the StayWell Rx program and get a 90-day supply of eligible generic medications at no cost to you and brand-name medications for \$15.

THREE EASY STEPS TO START SAVING

1. Call WebMD Wellness at **888-383-8740** to confirm that your medication is eligible and enroll in the StayWell Rx program.
2. Talk with your wellness coach and learn about ways to keep your condition under control.
3. Fill your eligible asthma, high blood pressure or diabetes prescription medications through Express Scripts by Mail or at a CVS or Safeway-owned retail pharmacy.

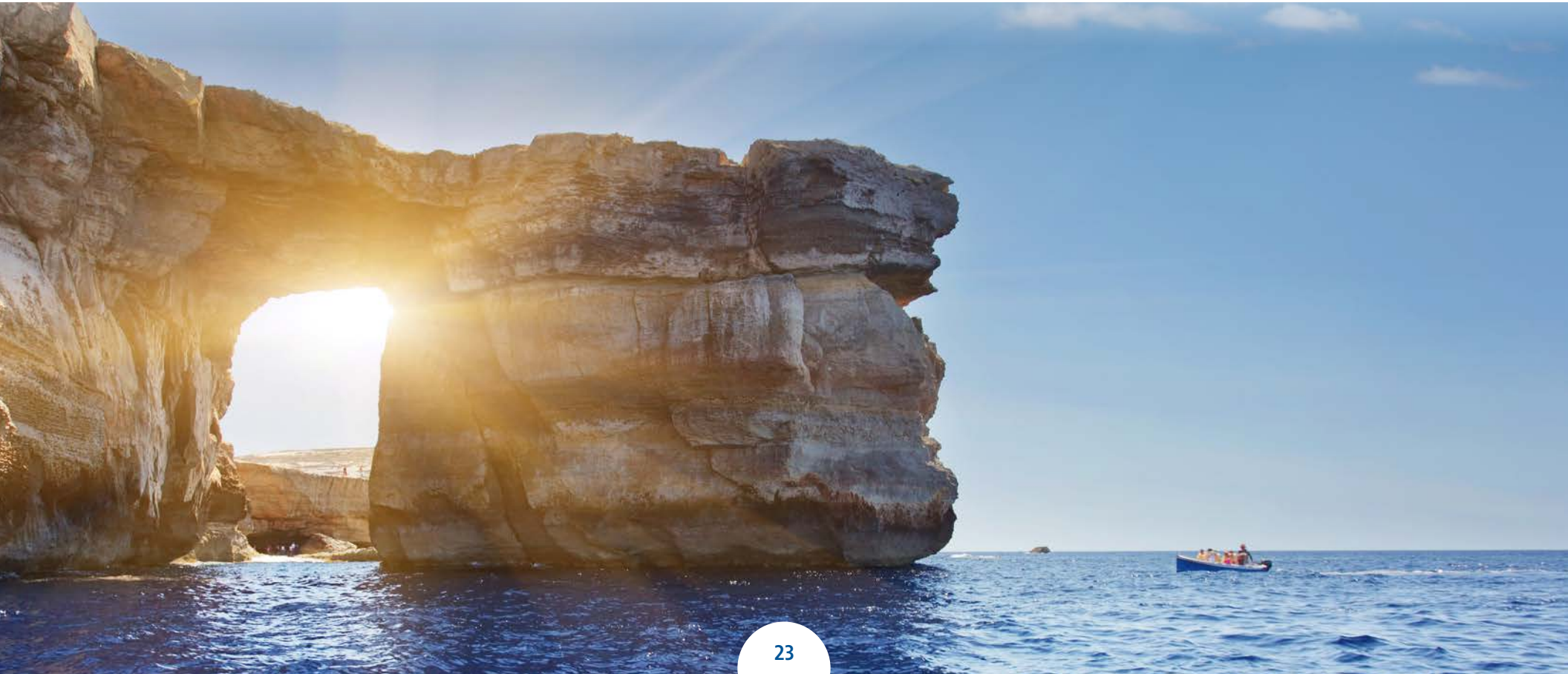
Knock Out Nicotine

Join the Knock Out Nicotine program and pay \$0 for eligible tobacco cessation medications. You'll also get a personal health coach to help you quit.

Call WebMD Wellness at **888-383-8740** and ask for a personal health coach to help you knock out nicotine.

Smart tools for smartphones

WebMD offers web and mobile apps to help you make smart decisions about your health and health care dollars. **Weigh Today** and **Daily Victory** are just two of WebMD's apps that help you track your progress toward your best self. Go to **WebMD Wellness** to learn more, or download these apps from the Apple or Google Play Stores.



EARN WELLNESS REWARDS

Good health is its own reward. But at American, you can earn real dollars in your HRA.

You choose the activities you want to complete. You and your covered spouse can each earn up to \$250 – that's up to \$500 – for completing these activities between January 1, 2018, and October 31, 2018. The sooner you complete the activities, the quicker the money will be in your HRA and available to spend on eligible medical, prescription, dental and vision expenses.

Here's how to get started.

\$50

Complete a 15-minute online health assessment

\$100

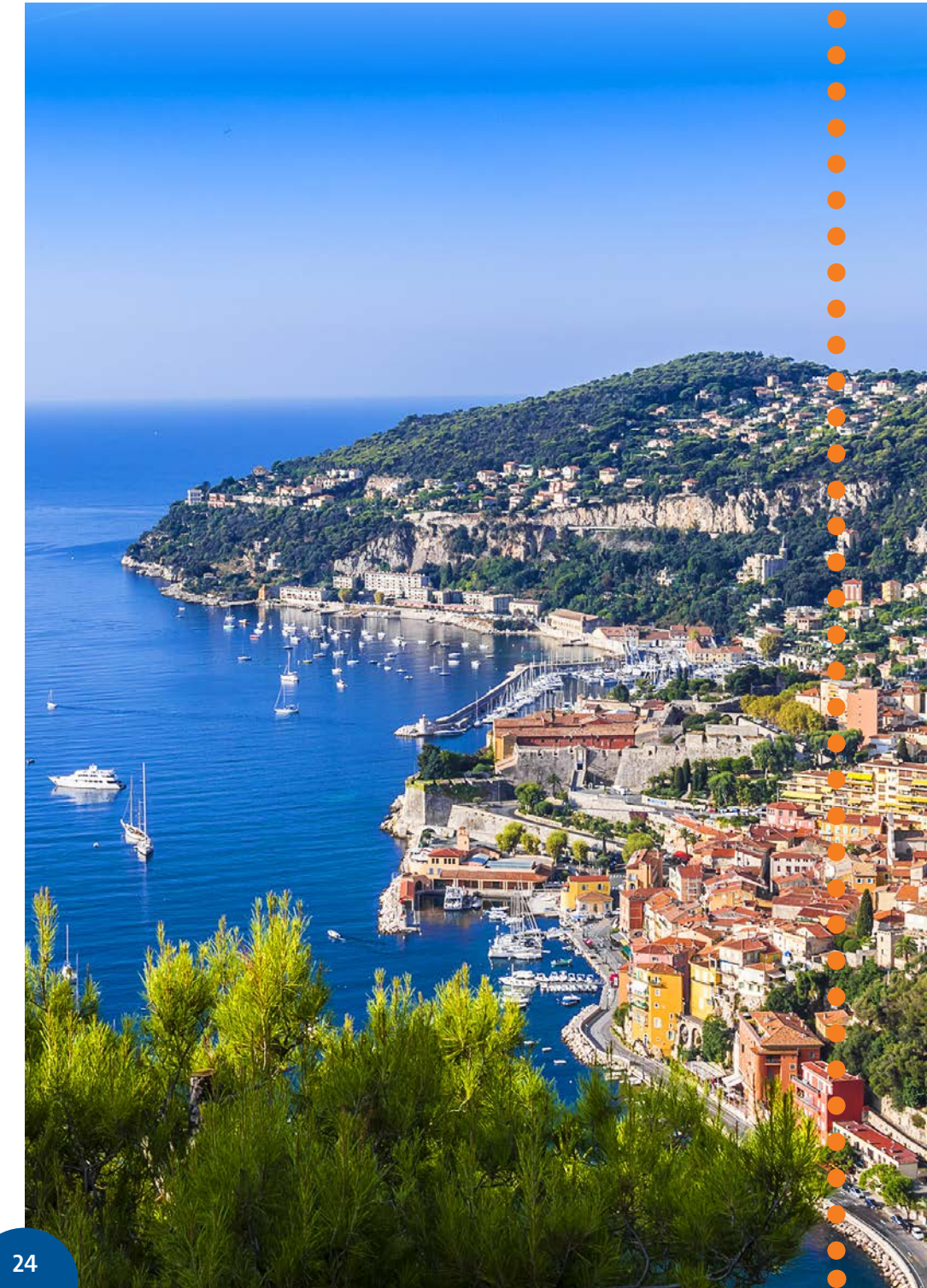
Complete a preventive screening or annual physical
OR
Complete a biometric screening

\$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)





LEARN MORE

MAKE BENEFIT CHANGES

Life events

Annual Enrollment is generally the only time you can enroll in or change your benefit elections for the upcoming year. However, you can make certain changes during the year if you experience a life event. Your change in coverage must be consistent with your life event change and must be made within 31 days of the life event. You will have an additional 31 days after a request for documentation from the Benefits Service Center to provide supporting documentation for the event.

Life events may include:

- Birth or adoption of a child
- Common law marriage
- Divorce
- Becoming eligible for a state premium assistance program
- Going on leave of absence
- Legal separation
- Loss of Medicaid or CHIP coverage
- Loss of dependent eligibility
- Marriage
- Returning to work
- Spouse gains or loses access to benefits coverage

Go to the **Benefits Service Center** to process a life event change. Or, visit the **Life Events page** on Jetnet for additional information.

UNDERSTAND KEY TERMS

Coinsurance – The percentage you and American each pay for most covered services and supplies.

Copay – The flat dollar amount you pay when you receive certain covered services or supplies. You pay copays even after you meet your deductible, and copays do not count toward your deductible.

Deductible – Amount you pay out of your pocket for covered medical expenses during the plan year before you and American share the costs. In-network and out-of-network deductibles must be met separately. Copays do not count toward deductibles.

Generic drug – A prescription drug with the same active ingredient(s) that is just as safe and effective as its brand-name counterpart, but costs less.

In-network – Refers to doctors or health care facilities that are part of your administrator's network and charge pre-negotiated rates for care. Your deductible, coinsurance and out-of-pocket maximum are lower for in-network care compared to out-of-network care.

Non-preferred brand-name drugs – If you are taking a prescription drug that is non-preferred, you may wish to ask your doctor about an alternative that is on the preferred list. Typically, a drug is considered non-preferred when it has a generic equivalent or a less expensive, equally effective brand-name drug alternative.

Out-of-network – Refers to doctors or health care facilities that are not part of your administrator's network. Your deductible, coinsurance and out-of-pocket maximum are higher for out-of-network care compared to in-network care.

Out-of-pocket maximum – The most you pay in a plan year in medical copays and medical and prescription drug coinsurance. Once you meet it, American pays 100% for covered services for the rest of the year. In-network and out-of-network maximums must be met separately.

Preferred brand-name drugs – Preferred brand-name drugs generally save you money over non-preferred brand-name drugs because you pay less of the cost. Find the most effective prescription drug alternative based on the formulary list available online ([express-scripts.com](https://www.express-scripts.com)) or via the Express Scripts mobile app ([express-scripts.com/mobile](https://www.express-scripts.com/mobile)).

Preventive care – Routine physical exams and health screenings (like routine blood tests, immunizations, Pap tests, prostate screenings and other age-appropriate health screenings), as defined by health care reform, that are usually performed by your in-network PCP. Services coded by your doctor as preventive care are generally covered at 100% in-network. If the same tests are done to diagnose an illness or treat a known condition, they are not considered preventive care and your PCP copay or deductible and coinsurance apply.

Primary care physician (PCP) – An internist, general practitioner, family practitioner, pediatrician or gynecologist who helps coordinate all of your medical care.

USE HELPFUL TOOLS

BCBS and UHC websites

Your medical administrator's site lets you:

- Search for doctors by location or specialty and compare quality first, then cost
- Locate health care facilities such as hospitals, urgent care facilities, labs/imaging centers, etc.
- Get real-time cost estimates
- Keep your medical history at your fingertips
- Check the status of your deductible
- Print ID cards
- Review your Explanation of Benefits (EOB)

Before you make an appointment for care, log in to bcbstx.com or myuhc.com to use the tools to help make cost-saving decisions.

Align Your Spending Account (YSA)

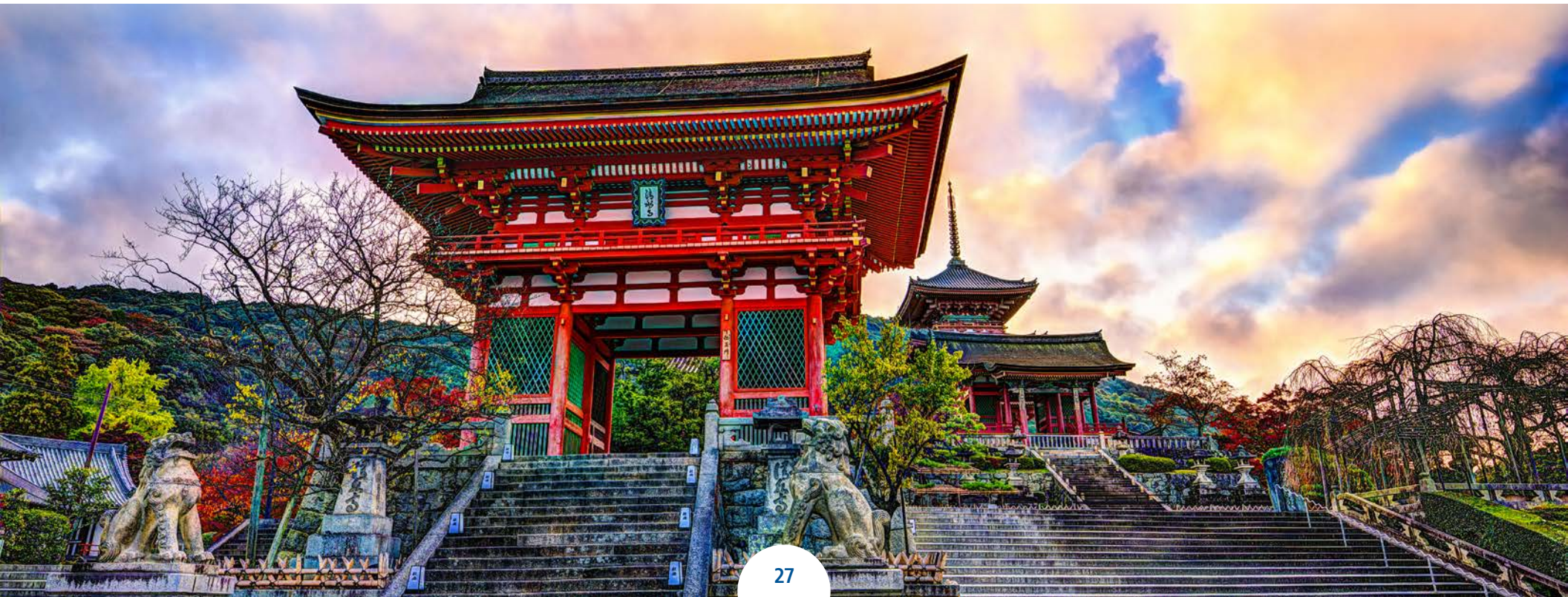
Visit the **Benefits Service Center** to:

- Manage your accounts
- View your transaction and account history
- File claims
- Track your claims and account activity – including checking your account balance
- Download the YSA Reimburse Me mobile app to file claims and paperwork

Your wellness headquarters

Visit **WebMD Wellness** to:

- Earn and track your Wellness Rewards
- Learn about health conditions, symptoms and treatment options
- Sign up for WebMD health coaching



CONTACTS

IF YOU WANT TO...	CONTACT...
<ul style="list-style-type: none"> ➤ Find benefits information, forms, contact lists and links to plan administrators' websites ➤ Get information on life events ➤ Enroll online ➤ See current benefit election summary ➤ Find information about your health accounts and Flexible Spending Accounts ➤ View Summary Plan Descriptions 	<p>my.aa.com Benefits Service Center 888-860-6178 (9 a.m.–6 p.m. CT, Monday–Friday)</p>
<ul style="list-style-type: none"> ➤ Check online medical claim status and details ➤ Compare hospitals and medical costs ➤ Find a medical provider ➤ Order and print ID cards 	<p>UnitedHealthcare 800-955-8095 BlueCross BlueShield of Texas 877-235-9258</p>
<ul style="list-style-type: none"> ➤ Contact Doctor On Demand for a consultation 	<p>Doctor On Demand 800-997-6196</p>
<ul style="list-style-type: none"> ➤ Contact Advance Medical for a second opinion 	<p>Advance Medical 855-212-1074</p>
<ul style="list-style-type: none"> ➤ Find pharmacy information and a list of preventive drugs ➤ Review formulary and drug costs 	<p>Express Scripts 800-988-4125</p>
<ul style="list-style-type: none"> ➤ Find a dental provider ➤ Ask dental coverage questions ➤ Check dental claims 	<p>MetLife 866-838-1072</p>
<ul style="list-style-type: none"> ➤ Find a vision provider ➤ Ask vision coverage questions and find additional information ➤ Print ID cards 	<p>EyeMed 844-714-5678</p>
<ul style="list-style-type: none"> ➤ Find out more about your WebMD Wellness program 	<p>WebMD Wellness 888-383-8740</p>
<ul style="list-style-type: none"> ➤ Review and enroll in voluntary benefits 	<p>AA Added Benefits 855-550-0706</p>
<ul style="list-style-type: none"> ➤ Ask for assistance from the OptumHealth Employee Assistance Program 	<p>OptumHealth access code: American 800-363-7190</p>

Get all the details [Click here](#) to review a Summary Of Benefits & Coverage or a full Summary Plan Description.