FIND YOUR WAY to the best American benefits and programs for you!

2019 Benefits Guide

All team members represented by APA, APFA, CWA-IBT, PAFCA and TWU
All management and support staff team members
Welcome to the Team!

You’ve got benefits choices to make.

American offers a full suite of benefits so you can choose the options that are best for you. Find out everything you need to know with a little help from this guide and the resources available on my.aa.com.

Joshua McGee with wife Misty and daughters Anna and Jayci-Lynn
Crew Chief Overhaul mechanic

You must enroll within 31 days of your date of hire to get the benefits you need for 2019!
Life is full of twists and turns, and you never know what tomorrow might bring. Let us help you find your way to the best benefits for you.
American Airlines has partnered with Accolade to bring you personalized help for health care decision-making.

**Need help understanding your medical options? Connect with Accolade.**

As a new team member, you have to make decisions about your benefits. Accolade can help. Accolade’s dedicated health assistants are deeply knowledgeable about all the health and wellness programs at American and can support you in choosing the right plan for your needs.

Accolade is an independent health care concierge service. With Accolade, you and your covered family members will have a dedicated health assistant. Every time you use Accolade, you’ll talk with the same health assistant.

Your health assistant can help you manage your health, navigate the health care system and make the most of all the programs and resources American offers.

While BlueCross BlueShield or UMR will manage your provider network and administer claims, Accolade is the customer service number on the back of your medical ID card.

Accolade does not practice medicine or provide patient care. It is an independent resource to support and assist you as you use the health care system and receive medical care from your own doctors, nurses and health care professionals. If you have a medical emergency, please contact 911 immediately.

1 To be assigned a dedicated Accolade health assistant, you must be an active team member or covered dependent enrolled in the Core, Standard or Value medical option.
What Accolade Can Do For YOU

You and your family will have a dedicated, personal health assistant who will be your point of contact for health care and health benefits needs. Here’s what you can expect.

Dedicated: Navigating the health care system can be overwhelming. But with your Accolade health assistant, you’ll receive personalized help with:
- Finding a provider
- Understanding covered services
- Supporting a new diagnosis
- Managing chronic conditions
- Handling claim payment questions

Expert: Get expert advice quickly. Your Accolade health assistant is backed up by registered nurses, provider search specialists, claims specialists, pharmacists, behavioral health clinicians and a medical director. When you need help, their expertise will be there.

Proactive: Your health assistant may reach out to offer support with a new or chronic condition, or if you’ve had a recent inpatient stay.

Confidential: Accolade is an independent third party. Your health assistant doesn’t work for BlueCross BlueShield or UMR, and they’re separate from American. They are bound by state and federal privacy laws to safeguard your information and use it only for the purposes for which it was disclosed.

How it works

Call Accolade at 833-346-3929 (833-FIND-WAY) when you...
- Have questions related to your BlueCross BlueShield or UMR medical coverage
- Have claim payment questions
- Want to enroll in StayWell Rx
- Need assistance with managing your health
- Need help managing an acute or chronic condition
- Don’t know who to call

You’ll be able to connect to your dedicated health assistant by phone, online or on the Accolade mobile app.

- **Phone:** Call your personal health assistant at 833-346-3929 (833-FIND-WAY). If it’s urgent and you can’t reach your health assistant, you can talk to another.
- **Online:** Access the Accolade member portal from my.aa.com, using your American ID and password.
- **App:** Download the free app from the Apple App Store or Google Play.
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 considered a disabled dependent.¹
- For Core option coverage, as well as dental, vision, life and accidental death and dismemberment (AD&D) insurance, you may enroll your eligible domestic partner and domestic partner’s children up to age 26, or to any age if considered a disabled dependent.¹

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

Are You Married to Another American Team Member?

You can enroll in medical, dental and vision coverage separately or as a dependent. Be sure to compare costs — it will cost more to be enrolled as a spouse than if you enroll as a team member. If you’re already covered under your American spouse’s coverage, you need to waive dependent coverage before you can enroll for yourself.

¹ Imputed income may apply in accordance with state and federal laws. Refer to your Summary Plan Description for the details.
American offers three medical options allowing you to choose the best fit for you and your family.

<table>
<thead>
<tr>
<th>Core</th>
<th>Standard</th>
<th>Value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWER</td>
<td>MID-RANGE</td>
<td>HIGHER</td>
</tr>
<tr>
<td>paycheck deductions</td>
<td>deductible</td>
<td>paycheck deductions</td>
</tr>
<tr>
<td>HIGHER deductible</td>
<td>MID-RANGE deductible</td>
<td>LOWER deductible</td>
</tr>
<tr>
<td>HIGHER out-of-pocket maximum</td>
<td>LOWER out-of-pocket maximum</td>
<td>LOWER out-of-pocket maximum</td>
</tr>
</tbody>
</table>

¹ Value option is NOT intended to convey that the plan is more valuable than the other options. In fact, the Value option is one of the most costly options for team members.
Do the Math!

Take the time to do the math to see which plan is best for you. You can see in the chart below, there are several factors to consider including: the paycheck deductions, deductibles and out-of-pocket maximums (the most you will pay before the plan pays 100% of your medical costs). Keep in mind, only about 10% of team members ever need enough care to meet the out-of-pocket maximum. The example below shows the cost difference if you were to participate for the entire plan year. Even though you may not be enrolled for 12 months, the difference in your annual contributions for coverage in each option is significant.

For instance, the Standard option is the least expensive option offered when you factor in all potential costs including the out-of-pocket maximum (which is a worst-case scenario). It is also important to note that the Core option has the lowest paycheck deductions of all three options and total costs that are very similar to the Value option. In fact, as shown below, for You only coverage, there is only a $14 difference in the total annual cost between the Value and the Core options. Lastly, the Value option has the highest paycheck deductions and one of the highest total costs amongst the three options.

2019 (You only coverage)

- **Core**:
  - Annual Paycheck Deductions: $768
  - Deductible: $1,500
  - Out-of-Pocket Maximum: $2,500
  - Total: $4,768

- **Standard**:
  - Annual Paycheck Deductions: $1,234
  - Deductible: $850
  - Out-of-Pocket Maximum: $2,000
  - Total: $4,084

- **Value**:
  - Annual Paycheck Deductions: $2,354
  - Deductible: $400
  - Out-of-Pocket Maximum: $2,000
  - Total: $4,754

**Will you max out?**

The odds are your total costs will be less than shown here.
- 70% of team members DO NOT hit their deductible.
- 90% of team members DO NOT hit their out-of-pocket maximum.

**Be cautious of the real cost!**

It’s clear to see the Value option may not be the best choice for most team members.
# Medical Comparison

<table>
<thead>
<tr>
<th>Core</th>
<th>Standard</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>You Only</td>
<td>$1,500</td>
<td>$850</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$2,550</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>You Only</td>
<td>$4,000</td>
<td>$850</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
<td>$2,550</td>
</tr>
</tbody>
</table>

### What You Pay

<table>
<thead>
<tr>
<th>Service</th>
<th>Core</th>
<th>Standard</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>$0 no deductible</td>
<td>40% after deductible</td>
<td>$0 no deductible</td>
</tr>
<tr>
<td>Onsite Clinic</td>
<td>20% after deductible</td>
<td>N/A</td>
<td>$20 no deductible</td>
</tr>
<tr>
<td>Doctor On Demand</td>
<td>20% after deductible</td>
<td>N/A</td>
<td>$20 no deductible</td>
</tr>
<tr>
<td>PCP Visit</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>$30 no deductible</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>ER</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$100 + 20% after deductible</td>
</tr>
</tbody>
</table>

**Notes:**

1. If more than one person is covered, the family deductible must be met.
2. There is an individual out-of-pocket maximum of $6,850.
3. Before reaching the deductible, Core participants will pay $40.
4. Copays do not count toward the deductible.
5. Copay waived if admitted.

---

**Medical Administrators**

Your medical administrator is UMR or BlueCross BlueShield, depending on your alternate/benefits address with the company (if different from your home address). View the Medical Administrator Map.

---

**LOOKING FOR HMO INFORMATION?**

Go to my.aa.com for more information.
## Your Monthly Cost for Coverage

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Standard</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$64.00</td>
<td>$102.85</td>
<td>$196.13</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$166.40</td>
<td>$267.41</td>
<td>$543.13</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$115.20</td>
<td>$185.13</td>
<td>$353.03</td>
</tr>
<tr>
<td>You + Family</td>
<td>$224.00</td>
<td>$359.98</td>
<td>$731.20</td>
</tr>
</tbody>
</table>

1 You can enroll your spouse or your domestic partner and his or her eligible children for coverage in the Core option.

### WANT MORE DETAILS?
Go to the Plan Guides page of [my.aa.com](http://my.aa.com).

### Find Network Providers
All the medical options offer in-network services at negotiated (discounted) rates, which can mean significant savings for you.

Find network providers.
## Prescription Drug Comparison

### Core

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% no deductible ($10 min/$40 max)</td>
<td>20% no deductible ($10 min/$40 max)</td>
<td>20% no deductible ($10 min/$40 max)</td>
<td>20% no deductible ($10 min/$40 max)</td>
</tr>
<tr>
<td>Preferred³</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>30% no deductible ($30 min/$100 max)</td>
<td>30% no deductible ($30 min/$100 max)</td>
<td>30% no deductible ($20 min/$75 max)</td>
<td>30% no deductible ($20 min/$75 max)</td>
</tr>
<tr>
<td>Non-Preferred³</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>50% no deductible ($45 min/$150 max)</td>
<td>50% no deductible ($45 min/$150 max)</td>
<td>50% no deductible ($35 min/$90 max)</td>
<td>50% no deductible ($35 min/$90 max)</td>
</tr>
</tbody>
</table>

### Standard

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>20% no deductible ($5 min/$80 max)</td>
<td>Not covered</td>
<td>20% no deductible ($5 min/$80 max)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred³</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>30% no deductible ($60 min/$200 max)</td>
<td>Not covered</td>
<td>30% no deductible ($40 min/$150 max)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-Preferred³</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>50% no deductible ($90 min/$300 max)</td>
<td>Not covered</td>
<td>50% no deductible ($70 min/$180 max)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Value

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>20% no deductible ($10 min/$40 max)</td>
<td>Not covered</td>
<td>20% no deductible ($10 min/$40 max)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred³</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>30% no deductible ($30 min/$100 max)</td>
<td>Not covered</td>
<td>30% no deductible ($20 min/$75 max)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-Preferred³</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>50% no deductible ($45 min/$150 max)</td>
<td>Not covered</td>
<td>50% no deductible ($35 min/$90 max)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### What You Pay — Retail (up to 30 days)

1. In the Core option, you are responsible for the full cost of prescriptions until you reach your deductible.
2. 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.
3. If you select a brand-name drug when a generic is available, you pay the generic coinsurance plus the difference between the generic and the brand-name price.

### What You Pay — Mail or Retail Through Smart 90 (up to 90 days)

For lower costs on long-term medications, use Express Scripts mail order or a CVS (freestanding or located in Target) or Safeway pharmacy — including any Safeway-owned chains such as Tom Thumb, Randalls and Vons.

Free Prescriptions

Did you know some of your prescriptions could be free? Read more about StayWell Rx on the following page.

More prescription benefits on the next page.
Generic Drugs

Generic drugs are generally less expensive than brand-name drugs. Talk to your doctor about lower cost options for medications you are taking.

StayWell Rx

If you’re taking medications for high blood pressure, diabetes and/or asthma, you can save on these prescriptions with StayWell Rx, offered through Accolade. Your Accolade health assistant will help you manage your condition, including your prescription medications. Enroll in the Smart 90 Program, and use it to keep costs low for a 90-day supply of your prescriptions: $0 for generic medications, and $15 for brand medications.

Find Network Pharmacies

You can save money by using in-network pharmacies, which offer medications at negotiated (discounted) rates. Find one on the Express Scripts website through my.aa.com.
# Health Accounts

American offers several accounts you can use to pay for eligible health care expenses on a tax-free basis, all administered by Alight YSA.

<table>
<thead>
<tr>
<th></th>
<th>HSA</th>
<th>Limited Purpose FSA&lt;sup&gt;1&lt;/sup&gt;</th>
<th>HRA</th>
<th>Health Care FSA&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What medical option does it go with?</strong></td>
<td>Core</td>
<td>Core</td>
<td>Standard and Value</td>
<td>Standard, Value and waive medical</td>
</tr>
<tr>
<td><strong>What can it be used for?</strong></td>
<td>Medical, prescription, dental and vision expenses&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Dental and vision expenses&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Medical, prescription, dental and vision expenses&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Medical, prescription, dental and vision expenses&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>How is it funded?</strong></td>
<td>You can contribute on a pre-tax basis (&lt;strong&gt;Wellness Rewards&lt;/strong&gt; count toward total): $3,500 you only / $7,000 family + $1,000 if over 55</td>
<td>You can contribute on a pre-tax basis: $2,650</td>
<td>Wellness Rewards</td>
<td>You can contribute on a pre-tax basis: $2,650</td>
</tr>
<tr>
<td><strong>Which account pays first?</strong></td>
<td>Your HSA will automatically pay medical expenses first</td>
<td>Your Limited Purpose FSA will automatically pay dental and vision expenses first</td>
<td></td>
<td>Your Health Care FSA will pay first, if you have one</td>
</tr>
<tr>
<td><strong>Does it carry over?</strong></td>
<td>Yes, unused HSA funds are always yours to keep</td>
<td>Up to $500 carries over to the following year; the rest is lost</td>
<td>Yes, as long as you remain enrolled in &lt;strong&gt;Standard&lt;/strong&gt; or &lt;strong&gt;Value&lt;/strong&gt;</td>
<td>Up to $500 carries over to the following year; the rest is lost</td>
</tr>
<tr>
<td><strong>What if I leave American?</strong></td>
<td>You take your HSA with you</td>
<td></td>
<td></td>
<td>You may submit claims for eligible expenses incurred only through the last day of your employment, unless you continue coverage under COBRA</td>
</tr>
</tbody>
</table>

---

<sup>1</sup> If you are hired during November or December, you may not participate in the FSA during the current year, but may enroll for the following calendar year.

<sup>2</sup> See IRS Publications 502 and 969.
HSA Advance Feature

If you choose to enroll in the Core option and contribute to an HSA, we’ll make all or part of your goal amount available to pay eligible expenses before your HSA is built up.

The money is available starting on your coverage effective date.

YOU ONLY

up to $1,000

of what you choose to contribute

FAMILY

up to $2,000

of what you choose to contribute
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 YSA card.
To use the YSA card to have payments made directly from your account at the time of service... | Activate the YSA card and use it when you receive health care services.
To receive a check for expenses not paid by the YSA card or reimbursed automatically... | Manually submit claims as you incur them. Submit claims to the YSA website or through the YSA Reimburse Me mobile app on your iOS or Android device.

Itemized receipts are important!

If you use your YSA card to pay eligible expenses, be sure to ask for an itemized receipt and save it. You may be asked by YSA to provide it to substantiate your claim.
If you elect manual reimbursement, you will need to submit an itemized receipt showing a breakdown of the expense to be reimbursed.

Reimburse Me App

The YSA Reimburse Me mobile app makes it easy for participants with an iOS- or Android-powered device to take action or find up-to-date account information. Download the Reimburse Me app free from the Apple App Store or Google Play.
5 Reasons to Consider the Core with HSA

1. Lowest paycheck deductions
   The Core option has the lowest monthly deductions from your paycheck. For example, for You only coverage, the Core option deductions are 67% less than Value and 38% less than Standard.

2. The advance feature
   You can access up to $1,000 ($2,000 for a family) of your HSA goal amount to pay expenses starting on your coverage effective date. That means you can worry less about having a major expense before your account is built up.

3. Your HSA dollars are yours forever
   You never lose the money in your HSA. The funds roll over each year, and you can continue to use them for eligible expenses even if you leave American or retire.

4. In most cases, you won’t pay taxes on your HSA money, including earnings
   That makes the HSA a smart choice for saving for health care expenses now and in the future.

5. An HSA can help you save to pay health care expenses in retirement
   Your HSA money goes with you into retirement. When you pay eligible health care expenses — including dental and vision — with your HSA, you are not taxed. Any interest that accumulates in your account is tax-deferred, and funds used to pay qualified medical expenses are tax-free.

Don’t Forget
Added Benefits offered through ABC, described starting on page 25, can help you pay for unexpected expenses.
## Dental

### Management and Support Staff and Team Members Represented by APA, APFA and CWA-IBT

<table>
<thead>
<tr>
<th>Plan</th>
<th>Standard Dental</th>
<th>Option 1</th>
<th>Option 2</th>
<th>PAFCA/TWU Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>In-Network: $50 per person</td>
<td>In-Network: $50 per person</td>
<td>In-Network: $50 per person</td>
<td>In-Network: $50 per person</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit: Preventive, Basic and Major Care</strong></td>
<td>In-Network: $1,500 per person</td>
<td>In-Network: $1,000 per person</td>
<td>In-Network: $1,000 per person</td>
<td>In-Network: $1,500 per person</td>
</tr>
<tr>
<td></td>
<td>Out-of-Network: $1,500 per person</td>
<td>Out-of-Network: $1,000 per person</td>
<td>Out-of-Network: $1,000 per person</td>
<td>Out-of-Network: $1,500 per person</td>
</tr>
<tr>
<td><strong>Lifetime Maximum Benefit: Orthodontic Care</strong></td>
<td>In-Network: $1,500 per adult and child</td>
<td>In-Network: $1,000 per person (children only)</td>
<td>In-Network: $1,000 per person (children only)</td>
<td>In-Network: $1,500 per adult and child</td>
</tr>
<tr>
<td></td>
<td>Out-of-Network: $1,500 per adult and child</td>
<td>Out-of-Network: $1,000 per person (children only)</td>
<td>Out-of-Network: $1,000 per person (children only)</td>
<td>Out-of-Network: $1,500 per adult and child</td>
</tr>
</tbody>
</table>

### Additional Options for Team Members Represented by APA and APFA

<table>
<thead>
<tr>
<th>Plan</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100%  no deductible</td>
<td>80%  no deductible</td>
</tr>
<tr>
<td>Basic Care</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Major Care</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Orthodontic Care</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
</tr>
</tbody>
</table>

### Team Members Represented by PAFCA and TWU

<table>
<thead>
<tr>
<th>Plan</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100% no deductible</td>
<td>100% no deductible</td>
</tr>
<tr>
<td>Basic Care</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Major Care</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Orthodontic Care</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
</tr>
</tbody>
</table>
## Your Monthly Cost for Coverage

### Management and Support Staff and Team Members Represented by APA, APFA and CWA-IBT

<table>
<thead>
<tr>
<th></th>
<th>Standard Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$8.37</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$17.33</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$18.76</td>
</tr>
<tr>
<td>You + Family</td>
<td>$29.64</td>
</tr>
</tbody>
</table>

### Additional Options for Team Members Represented by APA

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$8.71</td>
<td>$0</td>
</tr>
<tr>
<td>You + 1 Dependent</td>
<td>$16.72</td>
<td>$0</td>
</tr>
<tr>
<td>You + 2 or More Dependents</td>
<td>$23.75</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Additional Options for Team Members Represented by APFA

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$4.17</td>
<td>$0</td>
</tr>
<tr>
<td>You + 1 Dependent</td>
<td>$8.00</td>
<td>$0</td>
</tr>
<tr>
<td>You + 2 or More Dependents</td>
<td>$11.36</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Team Members Represented by PAFCA and TWU

<table>
<thead>
<tr>
<th></th>
<th>PAFCA/TWU Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$6.52</td>
</tr>
<tr>
<td>You + 1 Dependent</td>
<td>$12.53</td>
</tr>
<tr>
<td>You + 2 or More Dependents</td>
<td>$17.79</td>
</tr>
</tbody>
</table>
# Vision

## Vision Plan

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th>In-Network (what you pay)</th>
<th>Out-of-Network (what the plan reimburses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam¹</td>
<td>$10</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>$0 copay, up to $140 allowance; 20% discount on amount more than $140</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Single Vision</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Bifocal</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Trifocal</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Standard Progressive</td>
<td>$25</td>
</tr>
<tr>
<td>Lens Options</td>
<td>UV Treatment or Tint</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Standard Plastic Anti-Scratch Coating</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Photocromatic/Transitions</td>
<td>$65</td>
</tr>
<tr>
<td></td>
<td>Standard Anti-Reflective Coating</td>
<td>$40</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Standard Fitting</td>
<td>Up to $55</td>
</tr>
<tr>
<td></td>
<td>Conventional</td>
<td>$0 copay, up to $150 allowance; 15% discount on amount more than $150</td>
</tr>
<tr>
<td></td>
<td>Disposable</td>
<td>$0 copay, up to $150 allowance</td>
</tr>
<tr>
<td></td>
<td>Laser Vision Correction</td>
<td>15% discount on retail amount or 5% off promotional price at U.S. Laser Network</td>
</tr>
</tbody>
</table>

### Find Network Providers

You save money if you use EyeMed network providers, including LensCrafters, Pearle Vision, Sears, Target Optical and JCPenney. Go to [my.aa.com](http://my.aa.com) to find a network provider near you.

### Note:

You may receive eyeglass frames and the lenses of your choice (either eyeglass lenses or contact lenses) once per calendar year.

¹ Covered once per calendar year.
## Your Monthly Cost for Coverage

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$5.28</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$10.24</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$10.05</td>
</tr>
<tr>
<td>You + Family</td>
<td>$14.37</td>
</tr>
</tbody>
</table>
Wellness

The WebMD Wellness Program Offers:

1. Free health assessments and biometric screenings
2. Personal health coaches who can help you build and stick with a plan for improving your health
3. The ability to earn Wellness Rewards to use toward eligible medical, prescription drug, dental and vision expenses

1 You and your covered spouse are eligible if enrolled in the Core, Standard or Value option. Your domestic partner is eligible if enrolled in the Core option.
It’s Your Choice!

It’s easy to earn up to $250 for yourself and $250 for your covered spouse\(^1\) ($500 total) by completing any of these activities no later than October 31:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Reward ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a health assessment</td>
<td>$50</td>
</tr>
<tr>
<td>Complete a biometric screening</td>
<td>$100</td>
</tr>
<tr>
<td>Engage online at WebMD Wellness (e.g., activity tracking or participating in a challenge)</td>
<td>$75</td>
</tr>
<tr>
<td>Participate in a community event or program (including Do Crew activities)</td>
<td>$25</td>
</tr>
</tbody>
</table>

\[1\] Your domestic partner is eligible, if enrolled in the Core option.

How Wellness Rewards Pay Off

Wellness Rewards go into a Health Savings Account (HSA) or Health Reimbursement Account (HRA), depending on your medical option:

- First, set up your WebMD Wellness account.
- If you’re in the Core option, you must open your HSA before your rewards can be added.
- If you’re in the Standard or Value option, your HRA will be opened when you earn your rewards.

You can use the money in your account for eligible medical, prescription drug, dental and vision expenses.
American offers more opportunities to reduce taxes on your earnings.

**Dependent Care FSA**

You can avoid taxes on money you set aside for eligible expenses, up to:

- $5,000 per calendar year on a pre-tax basis if you are single or married and filing your tax returns jointly, or
- $2,500 per calendar year if you are married and filing separately.

Money in your Dependent Care FSA can only be spent on 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 the time. 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 lose any amount you don’t use by March 15, 2020!

---

**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 “Let’s Get Started” to order your Transit Products. With YSA, you can manage or change orders on an ongoing basis — all online.

---

1 If you are hired during November or December, you may not participate in the FSA during the current year, but may enroll for the following calendar year.
Income Protection

Life and AD&D Insurance
American provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance coverage to eligible team members. Based on your workgroup, you can also purchase Voluntary Life, AD&D and/or Voluntary Personal Accident Insurance (VPAI) for yourself and your dependents. AD&D and VPAI coverage pay for a covered accident that results in a loss of life, speech, hearing or sight, paralysis and more. As a newly eligible team member, you can elect up to one time your annual pay in Voluntary Life coverage for you with no Statement of Health (SOH) required.

Name Your Beneficiary(ies)
• To name your Life, AD&D or VPAI beneficiary, go to the Benefits Service Center.
• To name your 401(k) beneficiary, access your account online at netbenefits.com/aa.

Disability Insurance
American’s disability insurance coverage replaces a portion of your income if you are unable to work. You may be covered under Short-Term Disability (STD), Long-Term Disability (LTD) and/or Voluntary LTD, depending on your workgroup eligibility. Check your options when you enroll and make any changes to ensure you have the disability coverage you need.

When you enroll as a new hire, you do not need to provide an SOH. If you elect this coverage after your initial enrollment opportunity, you might be required to provide an SOH.

Note:
Coverages and contributions for salary-based benefits, such as disability and life insurance, are subject to change throughout the year based on changes to your benefits salary, seniority and/or age. If you wish to decrease or cancel your coverage due to an increase in contributions, please contact the Benefits Service Center.
Added Benefits

**Hospital Indemnity Plan**
A hospital stay can be expensive. Be ready for costs not covered by your medical plan with hospitalization insurance from The Hartford. You’ll be paid a fixed amount each day a covered person is hospitalized for a covered event (minimum $1,000 for the first day and $200 each following day). You and your family members are guaranteed to be accepted for coverage, with no SOH required.

The payment is in addition to any other insurance you may have and is yours to spend as you wish. You pay contributions through payroll deduction.

**Critical Illness Insurance**
Be prepared in case critical illness affects you or a dependent. This coverage from The Hartford 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 contributions through payroll deduction.

---

**What’s this?**
This icon indicates you can enroll only within 31 days of your date of hire and during Annual Enrollment. No icon means you can enroll or drop coverage anytime.

You can choose from a wide variety of voluntary benefits at great group rates available to large employers like American.

Choose the options you need to fill in any gaps you may worry about. Visit [AAaddedbenefits.com](http://AAaddedbenefits.com) for complete plan information and to enroll for coverage.
Hyatt Legal Plan

You can 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
- Sale or purchase of your second or vacation home, including refinancing and home equity loans
- Family law
- Contested adoption and contested guardianship or conservatorship
- Document review/preparation, including wills
- Negotiation with creditors

Visit AAaddedbenefits.com for details about all the services. You pay contributions through payroll deduction.

Careington Dental Discount Program

This 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 18. If you think you will have expenses over the maximum annual amount or expenses not covered by your dental plan, you may want to consider both. Check the list of Careington 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 and drop the Dental Discount Program as needed throughout the year.

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

= Enroll within 31 days of your date of hire and during Annual Enrollment.
Accident Insurance
Accidents can happen anytime, and while you can’t plan for them, you can be better prepared financially to handle them. The Hartford Accident Insurance provides a lump-sum payment to use as you wish if you experience a covered accident, such as a:

- Fracture
- Dislocation
- Concussion
- Eye injury
- Ruptured disk
- Burn

The payment is in addition to any other insurance you may have and is yours to spend as you wish. You pay contributions through payroll deduction.

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

You pay contributions through payroll deduction, electronic funds transfer (EFT) or direct bill.1 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. You are free to visit any veterinarian worldwide — even specialists and emergency providers. You pay 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 by credit card. You can receive up to a 40% discount by using promotion code AAEMP1 when you enroll.

1 You may pay contributions through evenly distributed deductions from your paycheck, if you are eligible. A separate down payment is required in certain instances. Some carriers require a down payment and service fee associated with EFT or direct bill.
Advance Medical
Access to some of the best medical minds in the world to help you explore all your medical options regarding a procedure or determine the best course of treatment for your health situation. This expert opinion program can help you make your next serious decision regarding your health.

Tax Savings
Get the most bang for your buck when you save with a health spending account, dependent care account and/or the 401(k) savings plan, or participate in a Transit Product.

Doctor On Demand
Connect with a doctor 24/7 using your camera-enabled smartphone, tablet or computer.

Onsite Clinics
Convenient and affordable access to clinics staffed with doctors, nurse practitioners and nurses — available in 11 major locations.

American’s benefits go far beyond medical coverage. Take a look at my.aa.com to see what we have to offer.

More great benefits on the next page

1  Available for participants in an American medical option.
Family Benefits
American supports your family with programs such as post-pregnancy maternity disability and adoption assistance.

Knock Out Nicotine1
Get help quitting with free over-the-counter gum, lozenges, patches or prescription medication. Receive support and resources from a WebMD Wellness personal coach to see you through to a nicotine-free life.

Naturally Slim
Naturally Slim is an online program that helps you change how and when you eat instead of what you eat. Learn the skills to lose weight and keep it off forever while still eating your favorite foods.

Optum Employee Assistance Program (EAP)
Find confidential help managing stress, life changes, financial issues and more. Work with a counselor over the phone or in person. You and your household can receive up to four free in-person counseling visits per issue per year. Your EAP also includes concierge service, which can help you find a plumber, child care or even moving services.

1 Available for participants in an American medical option.
If You Don’t Enroll Within 31 days of Your Date of Hire

You will be enrolled automatically in:

- Core option medical coverage for you only
- Company-paid Basic Life insurance coverage

Enroll

(Enroll within 31 days of your date of hire)

Go to the **New Hires tab on my.aa.com** and click on **Enroll Now** to make your benefit choices.

While enrolling, you can use a cost estimator tool to help you select the right medical option for you and your family.

Go to **AAaddedbenefits.com** or call **855-550-0706** to elect your Added Benefits offered through ABC.

Go to **my.aa.com** and type your question or a keyword(s) in the search bar to get the information you need fast!

Call

the Benefits Service Center at **888-860-6178**. Help is available Monday–Friday, 9 a.m.–6 p.m. (CT).

If you need support understanding American’s medical options, call Accolade at **833-346-3929** (833-FIND-WAY), Monday–Friday, 7 a.m.–10 p.m. (CT).
If You Enroll Dependents
You will need to provide proof of dependent eligibility — such as marriage or birth certificates — for your spouse and children. You will receive a request for documentation from the Benefits Service Center and have 31 days to submit the required documentation. Coverage for dependents won’t be approved until your proof has been accepted. If you have questions about your dependents’ proof of eligibility, call the Benefits Service Center at 888-860-6178.

If You Are Rehired
If you leave and are then rehired within the same calendar year, you will be enrolled automatically in the benefits you had when you left. To change your elections, call 888-860-6178 within 31 days of your rehire date.

Changes to Your Elections During the Year
Choose carefully, as you may make changes to most benefits during the year only 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.
Accolade
Call when you...

- Have questions related to your BlueCross BlueShield or UMR medical coverage
- Have claim payment questions
- Want to enroll in StayWell Rx
- Need assistance with managing your health
- Need help managing an acute or chronic condition
- Don’t know who to call

If your need is urgent and after hours, call the same number to connect with the 24/7 nurseline. Of course, you should always call 911 in an emergency.

833-346-3929 (833-FIND-WAY)
Monday–Friday, 7 a.m.–10 p.m. (CT)

Benefits Service Center
Call when you...

- Have health spending account questions
- Have direct billing or benefits deduction questions
- Need dependent verification
- Need to enroll, confirm or change who’s covered

888-860-6178
Monday–Friday, 9 a.m.–6 p.m. (CT)

my.aa.com
Visit for any other information you need.
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 were effective on January 1, 2019, 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.

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 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.

Welcome aboard!