



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

POLICY NUMBER: VC-19
POLICYHOLDER: American Airlines, Inc. dba American Airlines
POLICY EFFECTIVE DATE: January 1, 2016
POLICY ANNIVERSARY DATE: January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group number and the Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP VISION INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

Workers' Compensation. THE INSURANCE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available from the Company.

SCHEDULE OF BENEFITS

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

<u>Benefit</u>	<u>In-Network Costs</u>	<u>Out-of-Network Reimbursements</u>	<u>Benefit Frequency</u>
VISION EXAMINATION			
Comprehensive Eye Examination	\$10 Co-payment	up to \$40	12 months
VISION MATERIALS			
Standard Plastic Lenses			12 months
Single Vision	\$25 Co-payment	up to \$40	
Bifocal	\$25 Co-payment	up to \$60	
Trifocal	\$25 Co-payment	up to \$80	
Lenticular	\$25 Co-payment	up to \$80	
Frames	\$0 Co-payment, up to \$140 retail allowance	up to \$45	12 months
Contact Lenses (only one option available per Benefit Frequency)			12 months
Conventional	\$0 Co-payment, up to \$150 allowance	up to \$150	
Disposable	\$0 Co-payment, up to \$150 allowance	up to \$150	
Medically Necessary	\$0 Co-payment, Paid in full	up to \$210	
Lens Options			12 months
Standard Polycarbonate	\$0 Co-payment	up to \$20	
UV Treatment	\$0 Co-payment	up to \$8	
Tint Solid or Gradient	\$0 Co-payment	up to \$8	
Standard Plastic Scratch Coating	\$0 Co-payment	up to \$8	
Standard Progressive Lenses (add on to Bifocal)	\$25 Co-payment	up to \$60	
Premium Progressive Lenses (add on to Bifocal)	Tier 1 \$45 Co-payment Tier 2 \$55 Co-payment Tier 3 \$70 Co-payment Tier 4 \$25 Co-payment, less \$120 allowance	up to \$60	
Standard Anti-Reflective Coating	\$40 Co-payment	up to \$3	
Premium Anti-Reflective Coating	Tier 1 \$52 Co-payment Tier 2 \$63 Co-payment	up to \$3	
Photochromic Lenses	\$65 Co-payment	up to \$5	