

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC. DFW CONNECTEDCARE PLAN
EIN/PN: 13-1502798/523**

IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS PLAN. IF YOU ARE NOT ENROLLED IN THIS PLAN, THIS SUMMARY OF MATERIAL MODIFICATIONS DOES NOT APPLY TO YOU, AND SHOULD NOT BE CONSTRUED TO MEAN YOU HAVE COVERAGE UNDER THIS PLAN.

Section 104 of the Employee Retirement Income Security Act of 1974 (“ERISA”) directs the administrator of an ERISA-covered plan to furnish to participants (and beneficiaries receiving benefits under the plan) a summary of any material modifications to the plan (the “SMM”) within 210 days following the plan year in which the change was adopted. This summary describes certain changes to the American Airlines, Inc. DFW ConnectedCare Plan (the “Plan”). This SMM modifies the Summary Plan Description (the “SPD”), effective January 1, 2020 (revised 12/31/2019). You should keep this SMM with the SPD you previously received for future reference.

The following changes to the SPD are **effective January 1, 2021**, unless otherwise indicated:

MEDICAL BENEFITS (SPD, Pages 22-48)

SCHEDULE OF MEDICAL BENEFITS (SPD, Pages 25-28)

In the cost sharing chart, under “Preventive Care,” the following row is added:

Schedule of Medical Benefits	
<p>COVID-19 Preventive Services* See “Additional Covered Expenses” section for details and limitations. <i>*This information is current during the public health emergency declared by the Secretary of Health and Human Services as a result of COVID-19.</i></p>	<p>No cost to you</p>

In the cost sharing chart, under “Medical Care,” the following row is added:

Schedule of Medical Benefits	
<p>COVID-19 Tests and Related Services* See “Additional Covered Expenses” section for details and limitations. <i>*This information is current during the public health emergency declared by the Secretary of Health and</i></p>	<p>No cost to you</p>

ADDITIONAL COVERED EXPENSES (SPD, Pages 29-41)

The following services are added:

- **COVID-19 Preventive Services:*** Any “qualifying coronavirus preventive service” (within the meaning of 29 CFR § 2590.715–2713) with no cost-sharing. A qualifying coronavirus preventive services means an item, service, or immunization that is intended to prevent or mitigate coronavirus disease 2019 and has a rating of A or B in the recommendation of the USPSTF or is recommended by the Advisory Committee on Immunization Practices of the CDC. The Plan will cover any qualifying coronavirus preventive service within 15 business days after the date of the recommendation.

- **COVID-19 Tests and Related Items and Services:***
 - (1) COVID-19 Test(s): If your primary care provider or other medical professional orders or performs a COVID-19 test(s) because you have symptoms or were (or suspect you were) exposed to someone with COVID-19, or to confirm that you have an asymptomatic COVID-19 infection, such test(s) will be covered, as long as the test(s) has been approved by the Food & Drug Administration (FDA) or satisfies alternative standards under applicable law. However, COVID-19 Tests conducted to screen for general workplace health and safety, for public health surveillance for SARS-CoV-2, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition, including periodic work or school testing, or for purposes of travel, are not covered.
 - (2) Related Items and Services: The part of any office visit (including telehealth visits), urgent care or emergency room visit related to testing and/or diagnosis of COVID-19, but only if the visit results in an order for, or administration of, COVID-19 diagnostic testing.
 - (3) Payment will be made for 100% of the negotiated rate (or if there is no negotiated rate, the cash price for such service that is listed by the provider on a public website) for COVID-19 Tests and Related Items and Services.

*This information is current during the public health emergency declared by the Secretary of Health and Human Services as a result of COVID-19.

PRESCRIPTION DRUG PROGRAM (SPD, Pages 49-61)

RETAIL DRUG COVERAGE (SPD, Pages 51-56)

SMART 90 PROGRAM (SPD, Page 56)

In the last paragraph, the Co-Pay for brand name drugs through StayWell Rx is changed to \$30.

**EXPRESS SCRIPTS MAIL ORDER PRESCRIPTION DRUG BENEFIT – OVERVIEW
(SPD, Pages 57-58)**

In the fourth paragraph, the Co-Pay for brand name drugs through StayWell Rx is changed to \$30.

ADDITIONAL RULES THAT APPLY TO THE PLAN (SPD, Pages 62-83)

NOTICE OF PRIVACY RIGHTS (SPD, Pages 74-77)

The first paragraph is replaced in its entirety with the following:

This notice describes how your protected health information or PHI may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). It applies to the health care components of the following plans: American Airlines, Inc. Health & Welfare Plan for Active Employees, the Supplemental Medical Plan for Employees of Participating American Airlines Group Subsidiaries, the American Airlines, Inc. Health and Life Plan for Retirees, the TWA Retiree Health and Life Benefit Plan, the American Airlines, Inc. PPO Plan, the American Airlines, Inc. DFW ConnectedCare Plan, and any other group health plan for which American Airlines, Inc. (“American”) or its delegate serves as Plan Administrator (collectively, the “Plan”).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) (SPD, Pages 79-83)

Effective July 31, 2021, this section is replaced in its entirety with the following:

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer

plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid

<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>

Phone: -800-977-6740. TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid

Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Services

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)
61565

U.S. Department of Health and Human

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext.

COBRA (SPD, Pages 83-88)

The following paragraph is added after the first bullet point ending with “layoff or termination of your employment for any reason (except in the event of termination for gross misconduct)” in the subsection entitled “Continuation of Coverage for You and Your Dependents (Qualifying Events)” on page 83:

Notwithstanding the above, the 18-month period may be extended to a maximum of 36 months if the following conditions are satisfied:

- The extended COBRA period is specified in the terms of a written agreement between the Company and an Eligible Employee.
- The Eligible Employee is charged the full COBRA premium.

If the Company offers this extended continuation coverage, all rules governing COBRA continuation coverage described in this Section apply to such coverage.

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC. DFW CONNECTEDCARE PLAN
EIN/PN: 13-1502798/523**