

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC.
HEALTH & WELFARE PLAN FOR ACTIVE EMPLOYEES
EIN/PN: 13-1502798/501**

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. Health & Welfare Plan for Active Employees (the “Plan”). This SMM modifies the Summary Plan Description (the “SPD”), effective January 1, 2020 (updated 3/24/2020). 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:

ELIGIBILITY AND ENROLLMENT (SPD, Pages 2-40)

INELIGIBLE EMPLOYEES (SPD, Pages 3-4)

The following bullet is removed:

- Except as noted below in “**CORE Medical Benefit Option**” in the “Employee Eligibility for Medical Benefit Options,” employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”).

The following provisions are added at the end of this section:

The following individuals are not eligible to participate in the Short-Term Disability benefits under the Plan:

- Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”).
- Employees of American Airlines, Inc. who are represented by the TWU (except for FSE and FCTIs).

CORE MEDICAL BENEFIT OPTION (SPD, Page 5)

The following section is removed in its entirety:

CORE Medical Benefit Option

Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”) are only eligible for the CORE Medical Benefit Option. They are not eligible for any other Medical Benefit Option under the Plan.

MARRIED EMPLOYEES AND DEPENDENT CHILDREN WHOSE PARENTS ARE EMPLOYEES (SPD, Pages 12-15)

FLEXIBLE SPENDING ACCOUNTS (SPD, Page 14)

In the first paragraph, \$2,700 is replaced with \$2,750.

WHEN COVERAGE BEGINS (SPD, Pages 15-19)

NEW EMPLOYEES (SPD, Pages 15-17)

DEFAULT COVERAGE FOR NEW EMPLOYEES (SPD, Page 16)

The “Optional STD” row is replaced in its entirety with the following:

DEFAULT TABLE FOR NEW EMPLOYEES		
Benefit Option	Default	Comments
Optional STD	No coverage	This benefit only applies to FSE and FCTIs represented by the TWU and employees represented by the Communications Workers of America, AFL- CIO, CLC, IBT, PAFCA and Flight Attendants.

CURRENT EMPLOYEES (SPD, Pages 17-19)

DEFAULT MEDICAL COVERAGE FOR CURRENT EMPLOYEES (SPD, Page 18)

In the bullets under the heading “Health Care FSA and Limited Purpose FSA,” the references to \$500 are replaced with \$550, and the references to 2020 and replaced with 2021.

MAKING CHANGES DURING THE YEAR (SPD, Pages 21-38)

LIFE EVENTS (SPD, Pages 23-38)

In the Life Events chart, all references to “Optional Short-Term Disability (Flight Attendants, TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT, and PAFCA)” are replaced with “Optional Short-Term Disability (Flight Attendants, FSEs

and FCTIs represented by the TWU, Employees represented by the Communications Workers of America, AFL-CIO, CLC, IBT, and PAFCA).”

MEDICAL BENEFITS (SPD, Pages 41-102)

COST-SHARING BY MEDICAL BENEFIT OPTIONS (SPD, Pages 50-66)

In the cost-sharing chart, for the High Cost Coverage Medical Benefit Option, the In-Network Co-Pays for the following services are changed to the following:

- **Medical Care**
 - **Specialist’s office visit:** \$60 per visit (deductible does not apply)
 - **Urgent Care Clinic:** \$100 per visit (deductible does not apply)
 - **Second surgical opinions in a Physician’s office:** \$60 per visit if elected by participant (deductible does not apply)
 - **Chiropractic Care:** \$60 per visit (deductible does not apply)
 - **Speech, physical, occupational, restorative and rehabilitative therapy, if Medically Necessary:** \$60 per visit (deductible does not apply)
- **Allergy Care**
 - **Physician’s office visit for allergy care:** Specialist: \$60 per visit (deductible does not apply)
- **Outpatient Services**
 - **Outpatient surgery in a Physician’s office:** Specialist: \$60 per visit (deductible does not apply)
- **Out-of-Hospital Care**
 - **Infertility Treatment:** Specialist: \$60 per visit (deductible does not apply)
- **Gender Reassignment Benefit**
 - **Non-Surgical Treatments:** Specialist: \$60 per visit (deductible does not apply)
- **Mental Health Benefits**
 - **Outpatient mental health care:** Specialist: \$60 per visit (deductible does not apply)

- **Marriage/Couple/Family Therapy:** Specialist: \$60 per visit (deductible does not apply)

- **Chemical Dependency Benefits**

- **Outpatient chemical dependency rehabilitation:** Specialist: \$60 per visit (deductible does not apply)

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

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
COVID-19 Preventive Services* See “Covered Expense” section for details and limitations. *This information is current during the public health emergency declared by the Secretary of Health and Human Services as a result of COVID-19.	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you

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

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
COVID-19 Tests and Related Services* See “Covered Expense” section for details and limitations. *This information is current during the public health emergency declared by the Secretary of Health and Human Services as a result of	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you	No cost to you

COVID-19.							
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COVERED EXPENSES (SPD, Pages 67-93)

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 of COVID-19, because you 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.

WELL-BEING PROGRAM (SPD, Pages 99-100)

Under the StayWell Rx bullet, the Co-Pay for brand name drugs is changed to \$30.

PRESCRIPTION DRUG PROGRAM (SPD, Pages 105-116)

RETAIL DRUG COVERAGE (SPD, Pages 107-112)

SMART 90 PROGRAM (SPD, Page 112)

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 112-113)

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

DENTAL BENEFITS (SPD, Pages 117-127)

COVERAGE LEVELS (SPD, Page 119)

The following provision is removed:

These coverage levels apply to employees represented by the APA, APFA, CWA-IBT, PAFCA, FSE and FCTIs represented by the TWU and Management/Support Staff:

The following provision is also removed:

These coverage levels apply to TWU-represented employees (excluding FSE and FCTIs):

- Employee Only
- Employee + 1 Dependent
- Employee + 2 or more Dependents

COST-SHARING BY DENTAL BENEFIT OPTION (SPD, Pages 119-120)

The “TWU Dental Option” columns are removed.

The following heading over the “Plus” and “Basic” column is removed: “Management and Support Staff and team members represented by APA, APFA, CWA-IBT, PAFCA and TWU (only FSEs and FCTIs).”

COVERED EXPENSES (SPD, Pages 121-122)

PREVENTIVE SERVICES (SPD, Pages 121-122)

Under the “Routine X-rays” bullet, the following bullets are removed:

- TWU
 - Bitewing – Twice per calendar year
 - Full mouth – Once every three years

Under the “Flouride treatments” bullet, the following bullet is removed:

- TWU – Once per calendar year to age 18

Under the “Sealants” bullet, the following bullet is removed:

- TWU – Under age 15

BASIC AND MAJOR SERVICES (SPD, Pages 122-124)

Under the “Night guards” bullet, the following sentence is removed:

(Plus and Basic option only, excluded under the TWU plan)

EXCLUDED EXPENSES (SPD, Pages 124-126)

The following bullet is removed:

- **Night guards:** Also referred to as occlusal guards and bruxism appliances. (TWU option only)

SPENDING ACCOUNTS (SPD, Page 126)

This section is replaced in its entirety with the following:

Certain Out-of-Pocket Dental expenses may be eligible for reimbursement from your Health Care Flexible Spending Account, Health Savings Account (CORE Medical Benefit Option), Limited Purpose Health Care Flexible Spending Account (CORE Medical Benefit Option), or Health Reimbursement Arrangement (STANDARD, HIGH COST COVERAGE, and OUT-OF-AREA Medical Benefit Options under the Plan, or the PPO and OUT-OF-AREA Medical Benefit Options under the PPO Plan). (See “[Covered](#) Expenses” in the *Health Care Flexible Spending Account* section.)

SPENDING ACCOUNTS (SPD, Pages 137-154)

OVERVIEW (SPD, Page 138)

In the Spending Accounts chart, the following Applicable Medical Benefit Option columns are replaced in their entirety with the following:

- Health Care Flexible Spending Account (HCFSA): STANDARD, HIGH COST COVERAGE, OUT-OF-AREA, DFW ConnectedCare Plan in certain zip codes, and PPO and OUT-OF-AREA options under the PPO Plan.
- Dependent Care Flexible Spending Account (DCFSA): STANDARD, HIGH COST COVERAGE, OUT-OF-AREA, DFW ConnectedCare Plan in certain zip codes, and PPO and OUT-OF-AREA options under the PPO Plan.

In the Spending Accounts chart, the following row is replaced in its entirety with the following:

Account	Applicable Medical Benefit Option	Notes
Health Reimbursement Arrangement (HRA)	STANDARD, HIGH COST COVERAGE, OUT-OF-AREA, DFW ConnectedCare Plan in certain zip codes, and PPO and OUT-OF-AREA options under the PPO Plan	You must be enrolled in either the STANDARD, HIGH COST COVERAGE, OUT-OF-AREA Medical Benefit Options, DFW ConnectedCare Plan in certain zip codes, and PPO and OUT-OF-AREA options under the PPO Plan, and participate in the Well-Being Program.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA) (SPD, Pages 139-143)

All references to \$2,700 are replaced with \$2,750.

All references to \$500 are replaced with \$550.

All references to 2020 are replaced with 2021.

\$500 CARRYOVER OF REMAINING AMOUNT BALANCE (SPD, Page 140)

The first paragraph is replaced in its entirety:

If you have an HCFSA in 2020 and/or 2021, the Plan allows you to carryover the entire amount remaining unused in your 2020 and/or 2021 HCFSA as of the end of the 2020 or 2021 Plan Years, respectively. Such carryover amount may be used to pay or reimburse medical expenses during all of 2021 or 2022, as applicable.

SPECIAL PROVISIONS (SPD, Page 141)

The following bullet is added:

- For the 2021 Plan Year only, you may stop or change your election mid-year without experiencing a Life Event. You may also start contributing to HCFSA. You may not stop or decrease your contributions below an amount that has already been contributed or reimbursed.

COVERED EXPENSES (SPD, Page 142)

The bullets are replaced in their entirety with the following:

- Out-of-Pocket expenses, Deductibles, Co-Insurance, Co-Pays, Prescription Drugs and supplies not paid by your Medical, Dental or Vision Benefit Options, whether your coverage is under a Company-sponsored Plan or any other health plan.
- Prescription drugs.
- Over-the-Counter medicine/drugs used to alleviate or treat personal injuries or sickness of the employee and/or the Eligible Dependents may be eligible for reimbursement through your HCFSAs. For instance, pain reliever, antacid, allergy medicine, cold medicine or insulin.
- Menstrual care products (e.g., a tampon, pad, liner, cup, sponge, or similar product).
- Medical devices or items you may purchase such as bandages, crutches and contact lens solution.

EXCLUDED EXPENSES (SPD, Page 143)

The following bullet is removed:

- Over-the-Counter drugs/medications without a Prescription

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA) (SPD, Pages 144-146)

All references to \$2,700 are replaced with \$2,750.

All references to \$500 are replaced with \$550.

All references to 2020 are replaced with 2021.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) (SPD, Pages 146-149)

CONTRIBUTIONS (SPD, Page 147)

Bullets one through four are replaced in its entirety with the following:

- A single employee may contribute up to \$5,000. For the 2021 Plan Year only, a single employee may contribute up to \$10,500.
- A couple filing a joint income tax return, where both Spouses participate in DCFSAs, may contribute a combined amount of up to \$5,000. For the 2021 Plan Year only, a couple filing a joint income tax return, where both Spouses participate in DCFSAs, may contribute up to \$10,500.
- A couple filing separate income tax return may each contribute up to \$2,500. For the 2021 Plan Year only, a couple filing a separate income tax return may each contribute up to \$5,250.
- A couple (if both individuals are employed) may contribute up to \$5,000 or the income amount of the lower-paid Spouse (if it is less than \$5,000). For the 2021 Plan Year only, a couple (if both individuals are employed) may contribute up to \$10,500 or the income amount of the lower-paid Spouse.

The fifth bullet is replaced in its entirety with the following:

- If you are a Highly Compensated Employee, as defined by the Internal Revenue Code, your allowable annual pre-tax contribution may be less than \$5,000 per calendar year. For example, as defined by the Internal Revenue Code, for the 2021 Plan year a Highly Compensated Employee is an individual who has an annual income of \$130,000 or more in 2020. This amount may be subject to change, and you will be notified if your maximum contribution changes. For more information about Highly Compensated Employee limits, go to the [IRS website](#).

SPECIAL PROVISIONS (SPD, Page 148)

The first bullet after the sentence ending in “special rules apply to mid-year election changes to your DCFSA” is replaced in its entirety with the following:

- You can only stop or change your election mid-year if you experience certain Life Events. However, for the 2021 Plan Year only, you may stop or change you elections mid-year without experiencing a Life Event. You may also start contributing to a DCFSA mid-year without experiencing a Life Event. You may not stop or decrease your contributions below amounts already contributed or reimbursed.

WHO IS COVERED (SPD, Page 148)

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

- Children who attained age 13 during the 2020 or 2021 Plan Year. For any subsequent Plan Years, children under age 13

COVERED EXPENSES (SPD, Page 148-149)

The first bullet after the sentence ending “may only be reimbursed through your DCFSA if the Eligible Dependent” is replaced in its entirety:

- Children who attained age 13 during the 2020 or 2021 Plan Year (from unused 2020 DCFSA amounts only). For any subsequent Plan Years (or for expenses that exceed unused 2020 DCFSA amounts), a Child under 13; or

CARRYOVER OVER REMAINING ACCOUNT BALANCE

If you have DCFSA in 2020 and/or 2021, the Plan allows you to carryover the entire amount remaining unused in your 2020 and/or 2021 DCFSA as of the end of the 2020 and 2021 Plan Years, respectively. Such carryover amount may be used to reimburse eligible day care expenses for your eligible adult and Child dependents.

HEALTH SAVINGS ACCOUNTS (SPD, Pages 149-154)

CONTRIBUTIONS (SPD, Page 151)

The chart is replaced in its entirety with the following:

Coverage Options	Maximum HSA Contributions
Employee Only	\$3,600
Employee + Spouse/Company-Recognized Domestic Partner	\$7,200
Employee + Family	\$7,200
Employee + Child(ren)	\$7,200

HEALTH REIMBURSEMENT ACCOUNT (HRA) (SPD, Page 154)

After all references to “the STANDARD, HIGH COST COVERAGE, or OUT-OF-AREA Medical Benefit Options, the DFW ConnectedCare Plan in certain zip codes,” add the following: “or the PPO or OUT-OF-AREA Options in the PPO Plan.”

LIFE INSURANCE BENEFITS (SPD, Pages 155-173)

The life insurance benefits of Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”), were converted from life insurance benefits under the American Airlines, Inc. Group Life and Disability Plan for Certain Legacy Employees, to life insurance benefits under this Plan.

Therefore, all references to “Ground Employees” shall be deemed to include Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”) (“IAM Employees”).

GROUND EMPLOYEES – ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE BENEFITS (SPD, Pages 174-202)

The Accidental Death & Dismemberment Insurance (“AD&D”) benefits of Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the IAM, were converted from AD&D benefits under the American Airlines, Inc. Group Life and Disability Plan for Certain Legacy Employees, to AD&D benefits under this Plan.

Therefore, all references to “Ground Employees” shall be deemed to include IAM Employees.

GROUND EMPLOYEES – SHORT-TERM DISABILITY BENEFITS (SPD, Pages 203-218)

All references to “TWU-represented employees” are replaced with “FSE and FCTIs represented by the TWU.”

OVERVIEW (SPD, Page 204)

The following paragraph is added at the end of this section:

The following Ground Employees are not eligible to participate in the Short-Term Disability benefits under the Plan:

- Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the IAM.
- Employees of American Airlines, Inc. who are represented by the TWU (except for FSE and FCTIs).

A new chapter is added, as follows, immediately following the chapter titled “Flight Employees – Short Term Disability Benefits”

LONG-TERM DISABILITY BENEFITS (TWU AND IAM) (SPD, Page 231)

The Plan includes long-term disability benefits for the following Employees:

- Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the IAM.
- Employees of American Airlines, Inc. who are represented by the TWU

The details of this coverage are contained in the insurance certificate on my.aa.com for long-term disability benefits for IAM and TWU-represented employees. This insurance certificate is incorporated into and is a part of this SPD.

ADDITIONAL RULES THAT APPLY TO THE PLAN (SPD, Pages 231-252)

NOTICE OF PRIVACY RIGHTS (SPD, Pages 244-247)

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 247-252)

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+)

<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>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</p>
ALASKA – Medicaid	FLORIDA – Medicaid
<p>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</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov</p>	<p>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</p>
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

Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
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.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	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
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/

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 253-259)

The following paragraph is added on page 255 after the bullet ending in “layoff or termination of your employment for any reasons (except in the event of termination for gross misconduct):”

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 the 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.

OVERVIEW (SPD, Page 254)

In the fourth bullet, the references to \$500 are replaced with \$550.

CLAIMS PROCEDURES (SPD, Pages 260-277)

APPEALING AN ADVERSE BENEFIT DETERMINATION (SPD, Pages 268-269)

Second Level Appeals are also conducted by the Network/Claim Administrator, except for Health Care Flexible Spending Account, Dependent Care Flexible Spending Account, and Limited Purpose Flexible Spending Account. Second level appeals for those benefits are conducted by the EBC or its delegate at American Airlines, Inc.

SECOND LEVEL APPEAL (SPD, Pages 270-272)

Notwithstanding anything to the contrary in this section, for Pilot STD, Second Level Appeals are conducted by the Network/Claim Administrator, and not the EBC.

PLAN ADMINISTRATION (SPD, Pages 278-283)

The Plan Administrator for Second Level Claim Appeals for Pilot STD, Administrative/Eligibility/Enrollment, HCFSA, DCFSA, and LPFSA (SPD, Page 280)

The heading “The Plan Administrator for Second Level Claim Appeals for Pilot STD, Administrative/Eligibility/Enrollment, HCFSA, DCFSA, and LPFSA” is replaced with the following: “The Plan Administrator for Second Level Claim Appeals for Administrative/Eligibility/Enrollment, HCFSA, DCFSA, and LPFSA”

BENEFITS UNDER THE PLAN AND CONTACT INFORMATION (SPD, Pages 288-299)

DISABILITY COVERAGE FOR GROUND EMPLOYEES: PAFCA AND TWU-REPRESENTED EMPLOYEES (SPD, Page 294)

The heading “Disability Coverage for Ground Employees: PAFCA and TWU-Represented Employees” is replaced with the following: “Disability Coverage for Ground Employees: PAFCA and FSE and FCTIs represented by the TWU.”

After the section “Disability for Pilots,” a new section is inserted as follows:

Long-Term Disability Coverage for TWU and IAM Employees	
Long-Term Disability Insurance	MetLife 888-533-6287 Fully insured and paid entirely by employee contributions.

FLEXIBLE SPENDING ACCOUNTS (FSAs), HEALTH SAVINGS ACCOUNTS (HSA), HEALTH REIMBURSEMENT ARRANGEMENT (HRA) (SPD, Page 295)

The parenthetical after “Health Care FSA” is replaced in its entirety with the following: (for STANDARD, HIGH COST COVERAGE, and OUT-OF-AREA Medical Benefit Options, and PPO and OUT-OF-AREA Options under the PPO Plan Only)

MORE INFORMATION ABOUT (SPD, Pages 296-298)

On page 297, the third row, lefthand column is replaced in its entirety with the following: “Appeals (for Medical, Prescription Drug, Dental, Vision, Life, Accident, Enrollment/Eligibility Status Decisions, and Disability (except for Second Levels Appeals for HCFSA, DCFSA, and LPFSA).”

On page 299, the first full row, lefthand column is replaced in its entirety with the following: “Second Level Appeals (HCFSA, DCFSA, and LPFSA).”

GLOSSARY OF TERMS (SPD, Pages 300-317)

Collective Bargaining Agreements: The following collective bargaining agreement is added:

Agreement between American Airlines, Inc. and the TWU/IAM Fleet Employee Association covering Fleet Service Employees of American Airlines, Inc.

Ground Employees: The following group is added:

- Employees of American Airlines, Inc. who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”).

The following definition is added:

PPO Plan: The American Airlines, Inc. PPO Plan.

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC.
HEALTH & WELFARE PLAN FOR ACTIVE EMPLOYEES
EIN/PN: 13-1502798/501**