

**SUMMARY OF MATERIAL MODIFICATIONS FOR THE
AMERICAN AIRLINES, INC. PPO PLAN
EIN/PN: 13-1502798/517**

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. PPO Plan (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:

All references to the “American Airlines, Inc. Health Benefit Plan for Certain Legacy Employees” are replaced with the following: “American Airlines, Inc. PPO Plan.”

All references to and sections that relate to “Domestic Partners,” “surviving Domestic Partners,” and/or “Domestic Partners and their child(ren)” are removed.

All references to “dental,” “vision,” “Employee Assistance Program, and “Added Benefits Programs” coverage are removed.

All references to and contact information for “EyeMed” and “MetLife” are removed.

SUMMARY PLAN DESCRIPTION (SPD) (SPD, after cover page)

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

This document summarizes the main provisions of the American Airlines, Inc. PPO Plan (Plan), effective as of January 1, 2021, and serves as the Summary Plan Description (SPD) for Medical, Prescription Drug, and Voluntary Long-Term Care program benefits under the Plan.

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

Please note that this SPD only describes the Medical, Prescription Drug, and Voluntary Long-Term Care program benefits available under this Plan. You may also be eligible for other health and welfare benefits offered by American Airlines, Inc. (“American Airlines” or “the Company”), including dental, vision, spending accounts, wellness programs, life insurance,

AD&D insurance, and long-term disability benefits. For a description of other health and welfare benefits offered by the Company, please see the SPDs available on my.aa.com.

ELIGIBILITY (SPD, Pages 1-5)

ELIGIBILITY FOR YOU (SPD, Page 1)

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

- An active, full-time or part-time employee of American Airlines, Inc. in the maintenance and related groups who are covered by collective bargaining agreements entered into between Legacy US Airways, Inc. and the International Association of Machinists and Aerospace Workers (“IAM”), and were covered by such agreements prior to the March 26, 2020 ratification of the Joint Collective Bargaining Agreement between Legacy US Airways, Inc. and the IAM.

WHEN COVERAGE BEGINS (SPD, Pages 5-7)

MAKING YOUR INITIAL ELECTIONS (SPD, Page 5)

The section “Making Your Initial Elections” is removed in its entirety.

ANNUAL ENROLLMENT (SPD, Pages 5-6)

The following sentence is added: “Note: Beginning January 1, 2021, if you drop medical coverage under the Plan, you can never at any future date re-enroll in medical coverage under this Plan.”

COVERAGE LEVELS (SPD, Page 6)

The following paragraph is removed:

If You Do Not Enroll for Coverage

If you do not enroll in the Plan within 31 days of your date of hire, you will **not receive coverage under the Plan**. You will not be eligible to enroll in the Plan until the next annual enrollment period, unless you experience a Life Event. *(See the “An Overview of Life Events” Section of this SPD for more information on Life Events.)*

AN OVERVIEW OF LIFE EVENTS (SPD, Pages 7-15)

In the first paragraph, the reference to “accidental death and dismemberment (AD&D)” is removed.

YOUR MEDICAL OPTIONS (SPD, Pages 18-54)

WELL-BEING RESOURCES (SPD, Pages 22-23)

This section is deleted in its entirety.

THE PPO PLAN (SPD, Pages 23-24)

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

The PPO Plan includes two coverage options from which to choose that vary based on the amounts of your annual Deductible and Out-of-Pocket Maximum, and Coinsurance levels.

SCHEDULE OF PPO PLAN BENEFITS (SPD, Pages 24-31)

In the first sentence, “PPO 100/80” is removed.

In the chart, the column titled “PPO 100/80” is removed in its entirety.

In the chart, the following row is added:

Features	PPO 80/60		PPO 90/70	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<p><i>COVID-19 Tests and Related Services*</i> <i>See “Medical Services Covered under the Plan” section for details and limitations.</i></p> <p><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>	No cost to you	No cost to you	No cost to you	No cost to you

THE OUT-OF-AREA PROGRAM (“OOA”) (SPD, Page 34)

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

The Out-of-Area Program offers two coverage options from which to choose that vary based on the amounts of your annual deductible, annual out-of-pocket maximum, and coinsurance levels.

SCHEDULE OF OUT-OF-AREA PROGRAM BENEFITS (SPD, Pages 35-39)

In the first sentence, “OOA 100” is removed.

In the chart, the column titled “OOA 100” is removed in its entirety.

In the chart, the following row is added:

Features	OOA 80	OOA 90
<p><i>COVID-19 Tests and Related Services*</i> <i>See “Medical Services Covered under the Plan” section for details and limitations.</i></p> <p><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>	<p>No cost to you</p>

MEDICAL SERVICES COVERED UNDER THE PLAN (SPD, Pages 42-46)

The following services are added:

- **COVID-19 Tests and Related Items and Services:***

 - (1) COVID-19 Tests: 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 tests will be covered, as long as the test 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.

YOUR EMPLOYEE ASSISTANCE PROGRAM (SPD, Pages 61-62)

This chapter is removed in its entirety.

YOUR DENTAL BENEFIT OPTION (SPD, Pages 61-70)

This chapter is removed in its entirety.

YOUR VISION PLAN (SPD, Pages 71-76)

This chapter is removed in its entirety.

RETIREE HEALTH COVERAGE (SPD, Pages 78-84)

This chapter is removed in its entirety.

ADDITIONAL RULES THAT APPLY TO THE PLAN (SPD, Pages 85-97)

NOTICE OF PRIVACY RIGHTS (SPD, Pages 93-96)

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”).

COBRA (SPD, Pages 98-103)

The following paragraph is added to the Section entitled “Qualifying Events” on pages 99-100 after the final bullet point:

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.

PLAN ADMINISTRATION (SPD, Pages 112-119)

PLAN FUNDING (SPD, Page 118)

This section is replaced in its entirety with the following:

The Plan is a self-insured plan for benefits provided through the PPO and OOA Medical Benefit Options. American Airlines, Inc. has contracted with third party administrators to administer these Medical Benefit Options. The Plan is a fully insured plan for benefits provided through the HMO Medical Benefit Options. For the Medical Benefit Options, benefits are paid from employee contributions, as applicable, and from the general assets of American Airlines, Inc. The Voluntary Long-Term Care Program is a fully insured benefit that is paid entirely with employee contributions.

REQUIRED BENEFIT NOTICES (SPD, Pages 120-124)

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) (SPD, Pages 121-124)

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 –

<p align="center">ALABAMA – Medicaid</p>	<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>
<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>
<p align="center">ALASKA – Medicaid</p>	<p align="center">FLORIDA – Medicaid</p>
<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>
<p align="center">ARKANSAS – Medicaid</p>	<p align="center">GEORGIA – Medicaid</p>
<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>
<p align="center">CALIFORNIA – Medicaid</p>	<p align="center">INDIANA – Medicaid</p>
<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>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p>	<p align="center">MONTANA – Medicaid</p>

<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.

GLOSSARY (SPD, Pages 128-135)

The definition of “Medical Benefit Option” is replaced in its entirety with the following:

Medical Benefit Options – The medical coverage offered by the Company to eligible employees to provide benefits for eligible employees and covered Dependents in the event of an illness or injury. The Company offers the following Medical Benefit Options:

- PPO (two options)
- OUT-OF-AREA (two options)
- HMO

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE
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