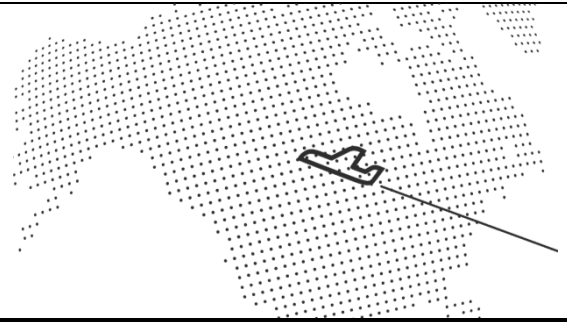


2025 new hire guide

Enroll within 60 days of your date of hire through the Benefits Service Center at my.aa.com



Welcome aboard!

This guide will highlight some of the benefit options you have as an American Airlines team member. But first, let's cover a few key things.

Enrollment checklist

- Carefully review your benefit options so you can choose what's best for you and your family.**
- Submit your benefits elections within 60 days of your date of hire.** Enroll in most benefits through the Benefits Service Center via my.aa.com.
- Elect your spending account goal amounts. If you elect to contribute to a health savings account (HSA), you will need to activate your account by going to [Fidelity NetBenefits](https://FidelityNetBenefits.com).**
- Verify your dependents.** You'll need to provide proof of eligibility (birth or marriage certificate, etc.).
- Provide proof of good health.** If you elected additional or optional life insurance for yourself or your dependents, you may need to submit proof of good health before coverage is approved.
- Elect your 401(k) savings rate.** Find more information on my.aa.com/401k, then submit your elections via [Fidelity NetBenefits](https://FidelityNetBenefits.com).
- Enroll in Added Benefits** via AAaddedbenefits.com.

Making changes to coverage

Your medical coverage takes effect on your date of hire. Your elections will be retroactive to that date and remain in effect for the remainder of the calendar year. You will not be able to update them until Annual Enrollment unless you experience a qualifying life event.

If you don't enroll

You have 60 days from your date of hire to make your elections. If you don't make any elections or don't waive coverage, you will be automatically enrolled in the Core medical option with you-only coverage.

If you have questions or need help

These resources can help you navigate your benefits options and the enrollment process.

Health navigators

If you enroll in the Core, Standard, Plus or High-Cost coverage options, American partners with Accolade, an independent health benefits navigator, to help team members learn more about our medical options. You can call **833-346-3929** to speak to a care advocate Monday through Friday, 7 a.m. to 10 p.m. CT.

If you enroll in the DFW ConnectedCare plan, you can contact a health care coordinator at **800-784-5473** from 8 a.m. to 9 p.m. CT Monday through Friday and 9 a.m. to 7 p.m. Saturday and Sunday. They can help you find providers, schedule appointments and understand your benefits.

American Airlines Benefits Service Center

Call the Benefits Service Center at **888-860-6178** if you have questions about any of our plans, how to enroll or how to verify your dependents. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. CT.

Dependent verification

If you add a dependent to coverage, you will be required to verify their eligibility by submitting documentation, such as a marriage license or birth certificate. You'll receive instructions on what is needed to verify your dependent within three to five days after you complete enrollment. **If you do not provide the required documentation, your dependent will not be enrolled in coverage. You will not be able to add your dependent to coverage again until Annual Enrollment unless you have a qualifying life event.**

Medical options

As an American Airlines team member, you have several options for your health care coverage. The tables below will help you compare your options, but we wanted to point out some features of the Plus plan, which is designed to help you with health care expenses now and after retirement.

A look at the Plus medical plan

The Plus plan gives you the benefit of having copays for primary care and specialist visits. You can also earn credits from the company in a health reimbursement arrangement (HRA) and a retiree health reimbursement arrangement (RHRA) by getting a preventive care exam during the year. Here's how it works:

You ...	American ...
Get a preventive care exam during the year	Credits ¹ \$500 to your HRA and \$1,000 to your RHRA

After successfully completing your preventive care visit and your provider has submitted the claim to your medical insurance carrier, you will have access to your HRA dollars to help pay for eligible health care expenses. You'll be able to access the funds in your RHRA when you retire **if you are 65-point plan eligible**.¹ An added "plus" to the Plus plan: The money is not taxed when it is added to your account or when you spend it on eligible health care expenses. You can learn more about the Plus plan, the HRA and the RHRA at my.aa.com/medical.

¹You'll receive your HRA/RHRA credits once each year as long as you are enrolled in the Plus Plan and get a preventive care visit. Covered dependents are not eligible for HRA/RHRA credits.

²You are considered 65-point plan eligible when your age plus a minimum of 10 years of credited service at American adds up to 65.

Comparing your medical options

This table compares plans and shows what you pay for in-network services. If you live in California, Hawaii, Oklahoma, Puerto Rico or the Washington, D.C., area, you also have access to HMO options. Learn more at my.aa.com/hmo.

In-network	Core Default coverage if you do not elect or waive medical coverage in your first 60 days.	Standard	Plus	High-Cost Coverage	DFW ConnectedCare DFW-area only
Need-to-know features	Access to a health savings account (HSA) with a triple tax advantage.	Access to traditional health plan features.	Access to traditional health plan features PLUS the chance to earn up to \$1,500¹ in credits each year.	Access to a low out-of-pocket maximum at a high cost.	Experience the Baylor Scott & White ecosystem in the Dallas-Fort Worth area.
American funds your spending or savings account	\$0	\$0	\$500¹ in credits for a health reimbursement arrangement (HRA) and \$1,000¹ in credits for a retiree health reimbursement arrangement (RHRA). ²	\$0	\$0
Deductible					
You only	\$1,650	\$850	\$1,650	\$400	\$0
Family	\$3,300³	\$2,550	\$4,950	\$1,200	\$0
Out-of-pocket maximum					
You only	\$4,700 includes deductible	\$2,850 includes deductible	\$4,200⁵ includes deductible	\$2,400 includes deductible	\$3,500
Family	\$9,400⁴ includes deductible	\$7,550 includes deductible	\$8,900⁵ includes deductible	\$6,200 includes deductible	\$7,000
Telemedicine⁶	20%⁷ after deductible	\$20⁸ no deductible	\$20⁸ no deductible	\$20⁸ no deductible	\$15⁹ PCP visit \$50⁹ Specialist visit
PCP visit	20% after deductible	\$30⁸ no deductible	\$25⁸ no deductible	\$25⁸ no deductible	\$15⁹
Specialist visit	20% after deductible	20% after deductible	\$45⁸ no deductible	\$60⁸ no deductible	\$50⁹
Urgent care	20% after deductible	20% after deductible	20% after deductible	\$100⁸ no deductible	\$75⁹
Emergency room¹⁰	20% after deductible	\$100^{8,11} + 20% after deductible	\$200^{8,11} + 20% after deductible	\$200^{8,11} + 20% after deductible	\$300^{9,11,12}

¹ Available only if you obtain a preventive care exam.

² The \$1,000 is available through a separate RHRA plan.

³ If more than one person is covered, the family deductible must be met before expenses are covered.

⁴ There is an individual out-of-pocket maximum of \$6,850.

⁵ The amount here is offset by the \$500 in credits earned by getting a preventive care exam.

⁶ Core, Standard, Plus and High-Cost Coverage participants have access to Doctor on Demand. DFW ConnectedCare participants have access to both Doctor on Demand and telemedicine offered by Baylor Scott & White Health.

⁷ Before meeting the deductible, Core participants will pay \$59.

⁸ Copays do not count toward the deductible but do count toward the out-of-pocket maximum.

⁹ Copays count toward the out-of-pocket maximum.

¹⁰ When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, the plan will apply your cost-share in compliance with a new federal law designed to prevent surprise medical bills and balance billing.

¹¹ Copay waived if admitted.

¹² If a nonemergency, you'll pay \$300 and then 40% of the total cost.

Monthly paycheck contributions for medical coverage for 2025

	Core ^{1,2}	Standard	Plus	High-Cost Coverage	DFW ConnectedCare
You only	\$105.04	\$168.82	\$168.82	\$393.80	\$102.28
You + spouse	\$273.14	\$438.94	\$438.94	\$1,114.49	\$265.94
You + child(ren)	\$189.10	\$303.89	\$303.89	\$708.83	\$184.11
You + family	\$367.69	\$590.90	\$590.90	\$1,500.56	\$358.02

¹ You can enroll your domestic partner for coverage in the Core option. Imputed income applies.

² You will default to you-only coverage in Core if you do not elect alternate coverage or waive coverage within your first 60 days at American.

Prescription drug coverage

When you enroll in a medical option, you automatically get prescription drug coverage through CVS Caremark. The table below shows what you pay to fill prescriptions if you stay in-network.

In-network		Core ¹	Standard	Plus	High-Cost Coverage	DFW ConnectedCare
Retail pharmacy (up to 30-day supply)	Generic	20% ² after deductible	20% ² no deductible (\$10 min/\$40 max)	20% ² no deductible (\$10 min/\$40 max)	20% ² no deductible (\$10 min/\$40 max)	\$20 ^{2,3}
	Preferred	20% ^{2,4} after deductible	30% ^{2,4} no deductible (\$30 min/\$100 max)	30% ^{2,4} no deductible (\$30 min/\$100 max)	30% ^{2,4} no deductible (\$20 min/\$75 max)	30% ^{2,3,4} (\$30 min/\$100 max)
	Nonpreferred	20% ^{2,4} after deductible	50% ^{2,4} no deductible (\$45 min/\$150 max)	50% ^{2,4} no deductible (\$45 min/\$150 max)	50% ^{2,4} no deductible (\$35 min/\$90 max)	50% ^{2,3,4} (\$45 min/\$150 max)
CVS Maintenance Choice pharmacy or mail order (up to 90-day supply)	Generic	20% ² after deductible	20% ² no deductible (\$5 min/\$80 max)	20% ² no deductible (\$5 min/\$80 max)	20% ² no deductible (\$5 min/\$80 max)	\$40 ^{2,3}
	Preferred	20% ^{2,4} after deductible	30% ^{2,4} no deductible (\$60 min/\$200 max)	30% ^{2,4} no deductible (\$60 min/\$200 max)	30% ^{2,4} no deductible (\$40 min/\$150 max)	30% ^{2,3,4} (\$60 min/\$200 max)
	Nonpreferred	20% ^{2,4} after deductible	50% ^{2,4} no deductible (\$90 min/\$300 max)	50% ^{2,4} no deductible (\$90 min/\$300 max)	50% ^{2,4} no deductible (\$70 min/\$180 max)	50% ^{2,3,4} (\$90 min/\$300 max)

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, Safeway-owned or Baylor Scott & White Health (in DFW) retail pharmacy for maintenance and long-term prescriptions after the first three refills.

³ Copays count toward the out-of-pocket maximum.

⁴ If you select a brand-name prescription medication when a generic version is available, you pay the generic coinsurance or copay plus the price difference between the generic and the brand-name price.

Accounts that help you save on taxes and cover eligible expenses

	Health savings account	Health reimbursement arrangement	Retiree health reimbursement arrangement ¹	Health care flexible spending account	Limited purpose flexible spending account	Dependent care flexible spending account
Eligibility	Enroll in Core . ²	Enroll in Plus and get a preventive care exam. ³	Enroll in Plus and get a preventive care exam.	Enroll in any medical option except Core or waive coverage.	Enroll in Core .	You have dependents needing care so you can work.
Who funds	You fund with pretax dollars. ⁴	American funds.	American funds.	You fund with pretax dollars.	You fund with pretax dollars.	You fund with pretax dollars.
Annual maximum contribution/ credit	Up to \$4,300 (you only). Up to \$8,550 (family). Additional \$1,000 (if age 55 or older).	\$500 ⁵ in credit.	\$1,000 ⁵ in credit.	Up to \$3,300	Up to \$3,300 .	Up to \$5,000 per family (or \$2,500 if married and filing taxes separately).
Examples of eligible expenses	Medical, dental, vision, over-the-counter and prescription drugs, feminine hygiene products.	Medical, dental, vision, over-the-counter and prescription drugs, feminine hygiene products.	Medical, dental, vision, over-the-counter and prescription drugs, feminine hygiene products, premiums for COBRA, Medicare and long-term care. ⁶	Medical, dental, vision, over-the-counter and prescription drugs, feminine hygiene products.	Dental and vision.	Child care, after-school care, adult day care, summer day camp expenses.
Funds can be invested	Yes	No	No	No	No	No
Carrying over contributions	Yes	Yes	Yes	Up to \$660 .	Up to \$660 .	No
If I leave American, do I keep it?	Yes	Yes, if you enroll in COBRA. ⁷	Yes, if you retire from American under the 65-point plan. ⁶	Yes, if you enroll in COBRA.	Yes, if you enroll in COBRA.	No

¹The \$1,000 is available through a separate RHRA plan.

²Most people qualify for an HSA, but you are not eligible to make or receive contributions if you're covered by another medical plan that isn't a high-deductible plan, including Medicare and TRICARE, if you can be claimed as a dependent on somebody else's tax return, or if you or your spouse has a health care flexible spending account (FSA).

³If you have an HRA from prior years that has credits remaining, you are eligible to use those credits toward eligible medical expenses if you are enrolled in any medical option except Core. If you're enrolled in Core, your HRA will be a limited purpose HRA to use toward eligible dental and vision expenses only.

⁴HSAs offer pretax savings under federal laws and most state income tax laws. California and New Jersey tax HSA contributions.

⁵This is the maximum annual contribution. American adds these credits if you are enrolled in the Plus plan and complete an annual preventive care exam — you are not allowed to contribute.

⁶RHRA credits can only be used in retirement and if you are 65-point-plan eligible when you retire. To be 65-point-plan eligible, your age plus a minimum of 10 years of credited service at American must add up to 65.

⁷If you retire under the 65-point plan with HRA funds in your account, they will roll over into your RHRA.

Dental

You have the choice to enroll in the Plus option or the Basic option, both offered through MetLife. **If you enroll in the Plus option, you must remain in that option for two years** before changing to the Basic option or dropping coverage. For details about your dental coverage options, go to my.aa.com/dental.

Coverage level	Monthly paycheck contributions for 2025	
	Plus	Basic
You only	\$8.36	\$6.02
You + spouse/domestic partner	\$17.32	\$12.47
You + child(ren)	\$18.74	\$13.49
You + family	\$29.62	\$21.32

Vision

American offers vision coverage through EyeMed. For details about your vision coverage option, go to my.aa.com/vision.

Coverage level	Monthly paycheck contributions for 2025
You only	\$6.54
You + spouse/domestic partner	\$12.67
You + child(ren)	\$12.44
You + family	\$17.79

Added Benefits

Enroll in these <u>as a new hire</u>	Enroll in these <u>anytime during the year</u>
<ul style="list-style-type: none"> ■ Critical illness insurance ■ Hospital indemnity plan ■ Legal plan 	<ul style="list-style-type: none"> ■ Accident insurance ■ Auto and home insurance ■ Dental discount program ■ Identity theft protection ■ Pet insurance

Life insurance

You automatically receive basic life insurance equal to **\$70,000**.

You can purchase additional voluntary life insurance coverage for you as well as for your spouse or domestic partner and child(ren).

As a new hire, you have a one-time opportunity to enroll in voluntary employee life insurance coverage at up to three times your annual salary without having to provide proof of good health.

You'll be able to view your rates when you enroll online through the Benefits Service Center.

AD&D insurance

You can enroll in voluntary accidental death and dismemberment (AD&D) coverage for you as well as for your spouse or domestic partner and child(ren).

AD&D pays a benefit only in the event of death; paralysis; or loss of limb, sight, speech or hearing.

Disability insurance

Short-term disability (STD) coverage is available through the TWU-IAM Association. Contact your local union office for information on this plan.

You can enroll in voluntary long-term disability (LTD) coverage through MetLife. **As a new hire, you are not required to provide proof of good health to enroll in OSTD or LTD.** If you do not enroll as a new hire and want to enroll in the future, proof of good health will be required. You'll be able to view your rates when you enroll online through the Benefits Service Center.

For more information or to enroll in all Added Benefits except hospital indemnity and accident insurance, go to AAaddedbenefits.com or call **855-550-0706**.

For your convenience, you can enroll in hospital indemnity and accident insurance coverage through the Benefits Service Center via my.aa.com.

Resources

Centers of excellence surgery benefit

We partner with Lantern to give you access to high-quality surgery providers – known as centers of excellence – at a lower cost. If you enroll in a medical option through American (except DFW ConnectedCare) and have a covered surgery, Lantern can connect you with a top-ranked, board-certified and fellowship-trained surgeon; provide one rate for all associated surgical charges; consolidate bills to come only directly from Lantern; and provide one-on-one guidance and support throughout the process. We're ensuring quality through mandatory use of Lantern for bariatric surgeries unless you are enrolled in DFW ConnectedCare. For all other surgeries, Lantern remain optional. Learn more about Lantern at my.aa.com/surgeryplus.

Employee Assistance Program (EAP)

The EAP is here to provide 24/7 support for you and your household. All team members and members of their households have free and confidential access to EAP services anytime you need them. EAP can help with mental health, childcare and elder care resources, transportation, food, clothing, and housing needs, and much more. Learn more about EAP at my.aa.com/eap or call **833-721-2322**.

Doctor on Demand

We work with Doctor on Demand, which provides 24/7 access to doctors and other medical experts. When you're not feeling your best, you can contact the Doctor on Demand team via your smartphone, tablet or laptop, and a licensed provider will help you get on track and can even order prescriptions for you. The experts at Doctor on Demand can help with and treat conditions like: colds and the flu, nausea, asthma, sinus infection, allergies, UTIs, migraines and much more. Learn more at my.aa.com/find-care.

24/7 Nurseline

Health concerns don't always happen during business hours, so we offer a 24/7 Nurseline to provide assistance when you need it. Get advice from a registered nurse who can provide answers and information about health conditions, medications, treatment options and more. To learn more, visit my.aa.com/nurseline.

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 benefits options that are effective on Jan. 1, 2024, and the UG applies to all 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 benefits plans. You can access the SBCs and UG from my.aa.com.

This is an overview of your benefits options. The complete provisions of the plans are set forth in the plan documents, available for review at 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.