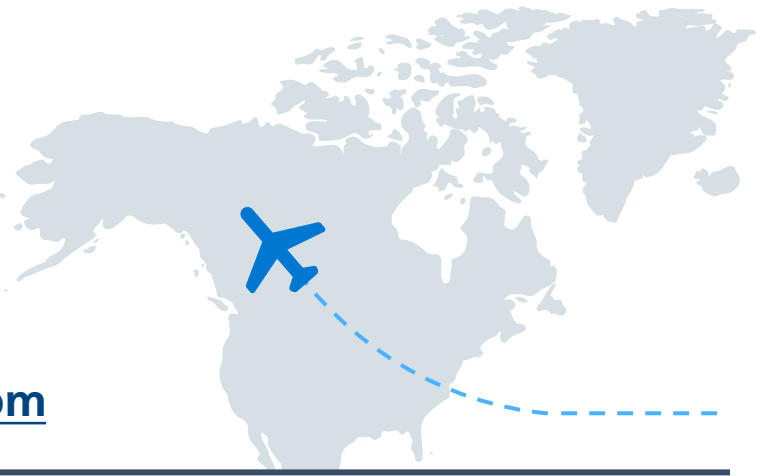




# 2026 new hire guide

Enroll within 60 days of your date of hire through the Benefits Service Center at [my.aa.com](https://my.aa.com)



## Welcome aboard!

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

## Enrollment checklist

- Carefully review your benefits 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 at [my.aa.com/new-hires](https://my.aa.com/new-hires).
- 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 [www.NetBenefits.com](https://www.NetBenefits.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](https://my.aa.com/401k), then submit your elections via [www.NetBenefits.com](https://www.NetBenefits.com).
- Enroll in Added Benefits** via [my.aa.com/added-benefits](https://my.aa.com/added-benefits).

### 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.

### Care advisors

If you enroll in the Core, Standard, Plus or High-Cost coverage options, American partners with BlueCross BlueShield (BCBS) and United Healthcare (UHC) to help you learn more about our medical options.

BCBS	UHC
1-877-235-9258	1-800-213-5755

If you enroll in the DFW ConnectedCare option, you can contact a health care coordinator at **800-784-5473** from 7 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 medical option, which is designed to help you with health care expenses now and after retirement.

### A look at the Plus medical option

The Plus medical option 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 \$500 to your HRA <b>and</b> \$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**. An added "plus" to the Plus medical option: 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 medical option, the HRA and the RHRA at [my.aa.com/medical](http://my.aa.com/medical).

### Comparing your medical options

The following table compares options 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](http://my.aa.com/hmo).

		Core	Standard	Plus	High Cost Coverage	DFW ConnectedCare
<b>Need-to-know features</b>		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 \$1,500 <sup>1</sup> 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
<b>Company contributes to your spending or savings account</b>		No	No	Yes \$500 <sup>1</sup> in credits for a health reimbursement arrangement (HRA) and \$1,000 <sup>1,12</sup> in credits for a retiree health reimbursement arrangement (RHRA)	No	No
<b>Deductible</b>	You only	\$1,700	\$850	\$1,700	\$400	\$0
	Family	\$3,400 <sup>2</sup>	\$2,550	\$5,100	\$1,200	\$0
<b>Out-of-pocket maximum</b>	You only	\$4,900 includes deductible	\$2,850 includes deductible	\$4,400 <sup>4</sup> includes deductible	\$2,400 includes deductible	\$3,500
	Family	\$9,800 <sup>3</sup> includes deductible	\$7,550 includes deductible	\$9,300 <sup>4</sup> includes deductible	\$6,200 includes deductible	\$7,000
<b>Preventive care</b>		\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0
<b>Doctor on Demand Telemedicine</b>		20% <sup>6</sup> after deductible	\$20 <sup>7</sup> no deductible	\$20 <sup>7</sup> no deductible	\$20 <sup>7</sup> no deductible	\$10 <sup>5,8</sup>
<b>PCP visit</b>		20% after deductible	\$30 <sup>7</sup> no deductible	\$25 <sup>7</sup> no deductible	\$25 <sup>7</sup> no deductible	\$15 <sup>8</sup>
<b>Specialist visit</b>		20% after deductible	20% after deductible	\$45 <sup>7</sup> no deductible	\$60 <sup>7</sup> no deductible	\$50 <sup>8</sup>
<b>Outpatient hospitalization</b>		20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$300 <sup>8</sup>
<b>Inpatient hospitalization</b>		20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$500 <sup>8</sup> /day; \$1,500 <sup>8</sup> max
<b>Urgent care</b>		20% after deductible	20% after deductible	20% after deductible	\$100 <sup>7</sup> no deductible	\$75
<b>Emergency room<sup>10</sup></b>		20% after deductible	\$100 <sup>7,9</sup> + 20% after deductible	\$200 <sup>7,9</sup> + 20% after deductible	\$200 <sup>7,9</sup> + 20% after deductible	\$300 <sup>8,9,11</sup>

1 Available only if you obtain a preventive care exam, such as an annual exam, well-woman exam, preventive colonoscopy or preventive mammogram through one of the Plan's in-network providers.

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

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

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

5 DFW ConnectedCare participants also have access to telemedicine offered by Baylor Scott & White Health.

6 Before meeting the deductible, Core participants will pay \$65.

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

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

9 Copay waived if admitted.

10 When you get emergency care or are 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 federal law designed to prevent surprise medical bills and balance billing.

11 If a non-emergency, you'll pay \$300 and then 40% of the total cost.

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

## Monthly paycheck contributions for medical coverage

	Core <sup>1</sup>	Standard	Plus	High Cost Coverage	DFW ConnectedCare
<b>You only</b>	\$113.71	\$182.75	\$182.75	\$458.19	\$133.80
<b>You + spouse</b>	\$295.67	\$475.15	\$475.15	\$1,296.73	\$347.89
<b>You + child(ren)</b>	\$204.70	\$328.96	\$328.96	\$824.74	\$240.84
<b>You + family</b>	\$398.03	\$639.65	\$639.65	\$1,745.93	\$468.34

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

While health care costs continue to rise, American remains committed to providing you with high-quality services with a range of medical options to fit your needs and your budget. This year, you'll see changes to contributions for all our **medical**, **dental**, and **vision** options. We continue to share the cost of health care coverage for you and your family, with American absorbing approximately 80% of the costs.

## Prescription drug coverage

When you enroll in a medical option (except an HMO), you automatically get prescription drug coverage through CVS Caremark. The table below shows what you pay to fill prescriptions.

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

<sup>1</sup> In the Core option, you are responsible for the full cost of prescriptions until you reach your deductible.

<sup>2</sup> 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.

<sup>3</sup> Copays count toward the out-of-pocket maximum.

<sup>4</sup> 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 care flexible spending account	Limited purpose flexible spending account	Dependent care flexible spending account	Health reimbursement arrangement	Retiree health reimbursement arrangement <sup>1</sup>
<b>Eligibility</b>	Enroll in <b>Core</b> . <sup>2</sup>	Enroll in <b>any medical option except Core</b> or waive coverage.	Enroll in <b>Core</b> .	You have dependents needing care so you can work.	Enroll in <b>Plus</b> medical option AND get a preventive care exam. <sup>3</sup>	Enroll in <b>Plus</b> medical option AND get a preventive care exam.
<b>Who funds</b>	You fund with pretax dollars. <sup>4</sup>	You fund with pretax dollars.	You fund with pretax dollars.	You fund with pretax dollars.	American funds.	American funds.
<b>Annual maximum contribution/ credit</b>	<b>Up to \$4,400</b> (you only) <b>Up to \$8,750</b> (family) <b>Additional \$1,000</b> (if age 55 or older)	<b>Up to \$3,400</b>	<b>Up to \$3,400</b>	<b>Up to \$5,000</b> per family (or <b>\$2,500</b> if married and filing taxes separately)	<b>\$500<sup>5</sup></b> in credit	<b>\$1,000<sup>5</sup></b> in credit
<b>Examples of eligible expenses</b>	Medical, dental, vision, prescription and over-the-counter drugs, feminine hygiene products, premiums for COBRA, premiums for Medicare (in retirement only)	Medical, dental, vision, prescription and over-the-counter drugs, feminine hygiene products	Dental and vision	Child care, after-school care, adult day care, summer day camp expenses	Medical, dental, vision, prescription and over-the-counter drugs, feminine hygiene products	Medical, dental, vision, prescription and over-the-counter drugs, feminine hygiene products, premiums for COBRA, Medicare and long-term care <sup>6</sup>
<b>Funds can be invested</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Carrying over contributions</b>	<b>Yes</b>	<b>\$680</b>	<b>\$680</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>If I leave American, do I keep it?</b>	<b>Yes</b>	<b>Yes</b> , if you enroll in COBRA.	<b>Yes</b> , if you enroll in COBRA.	<b>No</b>	<b>Yes</b> , if you enroll in COBRA. <sup>7</sup>	<b>Yes</b> , if you retire from American under the 65-point plan. <sup>6,7</sup>

1 Available through a separate RHRA plan.

2 Most people qualify for an HSA, but you are not eligible to make or receive contributions if you're covered by another medical option that isn't a high-deductible option (like American's Core option), 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 an HCFA.

3 If you have an HRA from prior years that has credits remaining, you may use those credits toward eligible expenses if enrolled in an American medical option. Note that if enrolled in the Core medical option, only dental and vision expenses are eligible.

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

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

6 RHRA 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.

7 If 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. For details about your dental coverage options, go to [my.aa.com/dental](http://my.aa.com/dental).

Coverage level	Monthly paycheck contributions	
	Plus	Basic
You only	\$8.82	\$6.35
You + spouse/ domestic partner	\$18.28	\$13.16
You + child(ren)	\$19.78	\$14.24
You + family	\$31.26	\$22.50

## Vision

American offers vision coverage through EyeMed. For details about your vision coverage options, go to [my.aa.com/vision](http://my.aa.com/vision).

Coverage level	Monthly paycheck contributions
You only	\$7.05
You + spouse/ domestic partner	\$13.66
You + child(ren)	\$13.41
You + family	\$19.18

## Added Benefits

Enroll in these within 60 days from your hire date	Enroll in these anytime during the year
<ul style="list-style-type: none"><li>Critical illness insurance</li><li>Hospital indemnity plan</li><li>Legal plan</li></ul>	<ul style="list-style-type: none"><li>Accident insurance</li><li>Auto and home insurance</li><li>Dental discount program</li><li>Identity theft protection</li><li>Pet insurance</li></ul>

For more information or to enroll in all Added Benefits except the legal plan, hospital indemnity or accident insurance, go to [my.aa.com/added-benefits](http://my.aa.com/added-benefits) or call 855-550-0706.

For your convenience, you can enroll in legal plan, hospital indemnity coverage and accident insurance through the Benefits Service Center via [my.aa.com](http://my.aa.com).

## 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 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.

## 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 remains optional. Learn more about Lantern at [my.aa.com/lantern](https://my.aa.com/lantern).

### Member Assistance Program (MAP)

The MAP 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 MAP services anytime you need them. MAP can help with mental health, childcare and elder care resources, transportation, food, clothing, and housing needs and much more. Learn more about MAP at [my.aa.com/map](https://my.aa.com/map) or call 833-721-2322/TTY 711.

### 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](https://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](https://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, 2026, 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](https://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](https://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.