

Life matters

Make the most of it.



Welcome to your 2012 All About Your Benefits

Guide

TWU-Represented Employees

Enroll October 1 – October 31

American Airlines offers employees a competitive benefits package with a variety of options that help you and your family live a healthy life. American also provides the necessary tools and resources to support you in your decision-making process.

This Guide Will Help You Learn:

What to Know – Get the most out of your benefits. Learn about how 2012 changes may affect you.

Where to Go – You now have a convenient, one-stop shop for all your benefit needs. Everything you need to help you select your benefits is just a click away on Jetnet (for employees) and www.aahealthbenefits.com (for family members). Take advantage of these resources 24/7 to help you think through your benefit decisions.

How to Enroll – Enroll by going to the Benefits Service Center from the Benefits page of Jetnet during 2012 Benefits Enrollment, **October 1 – October 31**.

Why Follow Up? – Be sure that you and your family will have the benefits you need in 2012 by checking your selections and providing **Proof of Eligibility** (such as a marriage certificate, birth certificate, etc.) for the benefits you're enrolling in.

Connect Your Family, Too!

Family members can visit www.aahealthbenefits.com to see all the 2012 benefits material.

You can enroll October 1 – October 31, midnight Central time through the Benefits Service Center. Access the Benefits Service Center from the Benefits page of Jetnet.

2012 Benefits Enrollment is
October 1 – October 31, midnight Central time



Learn About Enrollment

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Changes for 2012

Contribution Costs

American Airlines health care contributions have increased only slightly this year, and in some cases there is no increase at all. American does its part by securing the best discounts for health care services to keep medical costs down. You've made a difference by participating in **Healthmatters**, making healthy behavior changes and becoming better health care consumers.

There are many contribution costs that will not change and some voluntary premiums are actually decreasing this year.

- The Value option contributions will stay the same.
- The Value Plus option will have slightly higher contribution rates – less than \$5 a month for employee only coverage.
- No cost increase for Standard medical options.
- The Spouse and Child Optional Life Insurance premiums have decreased.
- Dental and Vision contributions are not changing.

Changes for 2012 (continued)

Preferred Network Changes

If you are enrolled in the Value or Value Plus option, you can choose to use the services of one of three network/claims administrators: BlueCross BlueShield, Aetna or UnitedHealthcare.

Based on the state you live in, you will have a preferred administrator. Each state has its own preferred administrator. The preferred administrator was chosen based upon the lowest network costs available for your state. This brings more affordable, quality health care choices to you if you use the services of the preferred network/claims administrator.

The table below lists the states that have preferred administrator changes for 2012.

State	2012 Preferred	2012 Tier 1	2012 Tier 2
Maine	BlueCross BlueShield	Aetna	UnitedHealthcare
Massachusetts	BlueCross BlueShield	UnitedHealthcare	Aetna
New Hampshire	BlueCross BlueShield	UnitedHealthcare	Aetna
Oklahoma	UnitedHealthcare	Aetna	BlueCross BlueShield
Vermont	BlueCross BlueShield	UnitedHealthcare	Aetna

To see if your doctor is in your new administrator's network and for a full list of network/claims administrators by state, see the [interactive map](#).

If you are under a doctor's care, you may be eligible for Transition of Care. [Click here for more information](#).

How long do I have to file claims if I am changing network/claims administrators?

You or your medical care provider have 12 months to file claims with your network/claims administrator. The deadline is 12 months from the date of service.

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Changes for 2012 (continued)

HMOs Discontinued in Oklahoma and Arizona

Two HMOs are discontinued for 2012:

- UnitedHealthcare Signature Value HMO – Oklahoma
- UnitedHealthcare Choice HMO – Arizona

Employees currently enrolled in one of these HMOs will need to enroll this year and select a new medical option. If you don't enroll in a new medical option for 2012, you may not get the coverage you need. [Click here](#) for a list of default coverages.

Changes for 2012 (continued)

Long-term Medication Changes – Value and Value Plus

Beginning January 1, 2012, you and your covered family members **will pay a higher cost for long-term medications at your retail pharmacy after your initial purchase plus two refills.** Long-term medications include those that you take on an on-going basis for conditions such as high cholesterol, high blood pressure, depression or diabetes.

You are encouraged to use the Medco Mail Order Pharmacy for long-term medications. This will ultimately save you money – and a trip to the pharmacy.

- You can order up to a 90-day supply for your mail order co-pay, which means fewer refills.
- By using mail order, you save money.

What if I don't use mail order for long-term medications?

After your initial purchase plus two refills, you will pay 50 percent of the drug cost. Even though there is a maximum you pay for short-term medications purchased at a retail pharmacy, maximums do not apply to long-term medications after your initial purchase plus two refills.

You should continue to purchase short-term drugs like antibiotics from your local network pharmacy. You'll pay your retail pharmacy co-payment for these medications.

Did you know?

You can earn a prescription discount on eligible medications related to your hypertension or diabetes by enrolling in the StayWell Rx program.

Call Healthmatters at **1-888-227-6598** for more information and to enroll.

Changes for 2012 (continued)

Long-term Medication Changes – Value and Value Plus (continued)

Who does this apply to?

Members of:

- Value
- Value Plus

If this applies to you, Medco will notify you that you can no longer fill your prescriptions at a retail location without paying 50 percent of the drug cost. They will assist you in obtaining a new 90-day prescription for mail order service.

To find out if your medications will be affected by this change, visit www.medco.com/aatwu and click on “**Compare Prescription Medication Costs.**” You will see your 2012 costs for medications at retail and mail.

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Why mail order?

With mail order prescriptions, you'll keep your costs down and enjoy the convenience of having your prescriptions delivered right to your home mail box, a P.O. Box or other designated location.

Your orders are shipped in plain packaging that doesn't indicate medications are enclosed. Medications that are temperature-sensitive are shipped in special packaging.

Changes for 2012 (continued)

Prescription Drug Changes

If you are enrolled in the Value or Value Plus medical options, your prescription drug benefits are changing. Below is a list of 2012 prescription drug co-pays and co-insurance. Changes from 2011 are highlighted.

Value option

	Retail (30-day supply)			Medco Pharmacy Mail Order (90-day supply)		
	%	Min	Max	%	Min	Max
2012 Design	(There is no prescription deductible.)					
Generic	20%*	\$20	\$40	20%	\$10	\$80
Formulary Brand	30%*	\$30	\$100	30%	\$60	\$200
Non-Formulary Brand	50%*	\$45	\$150	50%	\$90	\$300

*Members purchasing long-term medications at retail will pay 50 percent of the cost after initial purchase plus two refills. Maximums do not apply.

Value Plus option

	Retail (30-day supply)			Medco Pharmacy Mail Order (90-day supply)		
	%	Min	Max	%	Min	Max
2012 Design	(There is no prescription deductible.)					
Generic	20%*	\$10	\$20	15%	\$5	\$40
Formulary Brand	30%*	\$30	\$100	30%	\$60	\$200
Non-Formulary Brand	50%*	\$45	\$150	50%	\$90	\$300

*Members purchasing long-term medications at retail will pay 50 percent of the cost after initial purchase plus two refills. Maximums do not apply.

Eligibility

As a new TWU-represented employee, you and your dependents are eligible for coverage after you have been employed for one month.

As a current employee, you may add or remove eligible dependents from your coverage during 2012 Benefits Enrollment or during the year if you experience a Life Event.

Your eligible dependents may include your:

- Legal spouse, domestic partner or common law spouse
- Dependents under age 26 for Medical
- Incapacitated child age 26 and over (if already covered)
- Dependents under age 23 for Dental, Vision, Child Life and Accidental Death and Dismemberment

Coverage for young adults

Your child or step child who is a young adult (under age 26) may be eligible for coverage in your medical option. You may add young adults when you enroll on the Benefits Service Center.

1. Add the young adult as a dependent.
2. Select Employee + 1 Dependent or Employee + 2 or More Dependents when you choose your medical option.
3. Click the round "Yes" button next to the young adult's name.
4. If you enroll a young adult and you are enrolled in a grandfathered medical option, you will be prompted by the Benefits Service Center to answer "yes" or "no" to confirm your dependent is eligible for coverage under that plan. [Click here](#) for more information on grandfathered medical options.

Life Events

If you experience a Life Event and need to change your benefits, you must submit changes through the Benefits Service Center within 60 days of the event. Otherwise, you will have to wait until the next October Benefits Enrollment to make changes.

If you are required to provide **Proof of Eligibility**, you will have 60 days from the date you requested to enroll in the benefit (or by December 31 if you requested to enroll during October Benefits Enrollment) to submit documentation.

Eligibility (continued)

Benefits à la Carte

You can choose to include or not include eligible family members in the same coverage **you** have selected for **yourself**. You pick which benefit option and which dependents you'd like to cover for medical, dental and vision. Think of it as if you are ordering your meal à la carte.

Example:

Jane is married and has three kids. She and one of her daughters both need glasses. Jane enrolls in medical coverage for her whole family. She then enrolls herself and only her daughter in vision coverage because they are the only ones who need it.

It works the same way for dental coverage.

When You Can Make Changes

Choose your benefits carefully, because in most cases you cannot change your coverage until Benefits Enrollment next year, unless you experience a Life Event. There are a number of Life Events that may allow you to add, drop or change your benefit elections as long as the change is consistent with the Life Event. Some of the most common Life Events include:

- Getting married
- Having a baby
- Your spouse/domestic partner gaining/losing employment

To view all the Life Events, employees can visit the Life Events Planning page from the Benefits page of Jetnet. There are a host of resources, checklists and other information about Life Events and what you need to do to process a change.

Did you know?

As long as **you** enroll in the benefit, you may cover an eligible dependent under that same benefit.

Did you know?

Anytime you request enrollment for a new dependent, you must provide Proof of Eligibility. Failure to do so will mean no coverage for your dependent.

For more information on Proof of Eligibility, [click here](#).

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Eligibility (continued)

Are You an AA Employee Married to an AA Employee?

Do you and your spouse/domestic partner both work for American Airlines? If so, you can enroll as employees independently or one of you can enroll as your spouse/domestic partner's dependent.

While some benefits do need to be separately maintained, married employees have the option of being covered under one employee's benefit options if they so choose.

To determine what best meets the needs of your family, review your plan options and costs on Jetnet and in **WebMD Coverage Advisor**. In some situations, combining coverage is a better option, and for other couples, maintaining separate coverage works best. Be sure to consider your per-paycheck costs and your benefits options before making a decision. Certain rules and restrictions may apply.

Eligibility (continued)

Are You an AA Employee Married to an AA Employee?

If you would like to combine coverage with your spouse or domestic partner

During Benefits Enrollment, the employee who will cover both of you must indicate that they are now covering their spouse or domestic partner (and any other dependents they wish to cover) in the “Dependents” area of the online enrollment screen.

For the employee who will be covered by their spouse or domestic partner, instead of electing the separate benefit, you must drop that benefit and choose “AA-Married” on the online enrollment screen. Remember to update your AA spouse or domestic partner’s employee number on the Benefit Service Center.

Coverages available to you that must remain separately maintained:

- Optional Short-Term Disability
- Basic Term Life Insurance
- Flex Vacation
- Prefunding

My spouse and I both work for the Company. If I want to cover both of us for medical and he or she wants to provide the dental coverage, can we do that?

Yes – by using benefits à la carte you may do this.

Understand Your Options

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Medical

Your Medical Options

- Value
- Value Plus
- Standard option 1
- Standard option 3

These options work in similar ways, but there are some important differences. You should carefully consider each one before you choose.

Did you know?

You may have access to HMOs, depending on your state.

What they have in common ...	What's different ...
Choice of provider, either in- or out-of-network Network of doctors, hospitals and labs Lower cost when you use in-network doctors, hospitals and labs Prescription drug coverage Mental health and chemical dependency coverage	Higher deductible = lower contribution Lower deductible = higher contribution Value and Value Plus options have co-pays for certain medical services Standard options have deductibles and co-insurance Value and Value Plus options cover in-network preventive care Preventive care is not covered by Standard options except limited well-child care

Medical (continued)

Co-pays, co-insurance and out-of-pocket maximum are also things you should look at when deciding on your medical option.

With a co-pay, you know up front what you will pay no matter what that service actually costs. Whether your doctor charges \$100 or \$500, you pay the same co-pay. American Airlines pays the difference.

With co-insurance, you and the Company share the cost by each paying a certain percentage of the cost.

Deductible vs. Out-of-Pocket Maximum

The **deductible** is the amount you must pay before your medical coverage begins paying for certain expenses. Your **out-of-pocket maximum** is the amount you pay after you pay your deductible.

For example, let's say you're enrolled in the Standard option 3. Your deductible is \$1,000, your out-of-pocket maximum is \$2,000 and you have a \$20,000 hospital bill.

Hospital Bill	\$20,000
Deductible	- \$1,000 (You pay)
	= \$19,000
Co-insurance (20% of \$19,000)	\$3,800
Out-of-pocket maximum	- \$2,000 (You pay)
You Pay	\$1,000 + \$2,000= \$3,000
AA Pays	\$17,000

Because your 20 percent of the cost (your co-insurance — \$3,800) is higher than your out-of-pocket maximum (\$2,000), you pay only \$3,000 (your deductible plus your out-of-pocket maximum). American Airlines takes care of the rest.

Terms to Know

Contribution – The amount that comes out of your paycheck each month for medical coverage.

Deductible – The amount you pay before AA starts paying certain expenses.

Out-of-pocket maximum – The most you'll have to pay for certain co-insurance expenses during a calendar year.

Co-pay – The set dollar amount you pay for certain covered services when you use in-network providers.

Co-insurance – You pay a percentage of the cost of eligible expenses and AA pays the remaining percentage.

Medical (continued)

Below are the 2012 monthly employee medical option contributions.

2012 Monthly Medical Option Contributions			
Features	Standard Options	Value	Value Plus
Employee Only	Standard option 1: \$90.75 Standard option 3: \$0.00	Preferred: \$59.42 Tier 1: \$74.28 Tier 2: \$89.13	Preferred: \$92.50 Tier 1: \$115.63 Tier 2: \$138.75
Employee + 1 Dependent*	Standard option 1: \$181.21 Standard option 3: \$0.00	Preferred: \$118.84 Tier 1: \$148.55 Tier 2: \$178.26	Preferred: \$185.00 Tier 1: \$231.25 Tier 2: \$277.50
Employee + 2 or More Dependents*	Standard option 1: \$238.62 Standard option 3: \$0.00	Preferred: \$178.27 Tier 1: \$222.84 Tier 2: \$267.41	Preferred: \$277.50 Tier 1: \$346.88 Tier 2: \$416.25

* Includes young adults under age 26.

See **eligibility** for more information.

Dental

Dental coverage is designed to help you with the cost of maintaining good dental health. Enroll in dental coverage using the Benefits Service Center from the Benefits page of Jetnet.

Features	Dental option 1	Dental option 2
Annual deductible (You pay this amount before benefits are paid.)	\$50 per person	\$50 per person
Dental Services Benefit Pays:		
Preventive service (exams, cleanings, routine X-rays; maximum two visits per year)	100% (Deductible does not apply)	80% (After satisfaction of annual deductible)
Basic & major services (fillings, extractions, crowns, dentures)	80%	50%
Maximum benefit (per person per year)	\$1,500	\$1,000
Orthodontia Services Benefit Pays:		
Orthodontia services	50%	50% (Dependent children only)
Maximum lifetime orthodontia benefit (per covered individual)	\$1,500	\$1,000 (Dependent children only)
Your Monthly Cost		
Employee	\$ 3.94	(\$ 2.82)
Employee + 1 Dependent	\$ 7.95	(\$ 5.27)
Employee + 2 or More Dependents	\$11.27	(\$ 7.51)

[Click here](#) to learn more about dependent eligibility, including age limits for young adults.

Vision

Make sure that you continue to see things clearly by taking advantage of Vision insurance. Vision insurance will offset expenses for taking care of you and your family's vision. Enroll in vision insurance using the Benefits Service Center from the Benefits page of Jetnet.

I don't really need vision insurance. Can I cover just my children under the vision option?

No. You must enroll yourself in any coverage before you can cover your children, spouse or domestic partner.

Features	In-Network	Out-of-Network
Comprehensive eye exam	\$10 co-pay	Reimbursement up to \$40
Materials	\$25 co-pay	See below
Eyeglasses	Included in your \$25 co-pay: <ul style="list-style-type: none"> • Standard lenses: Single, lined-bifocal, lined-trifocal or lenticular • Frames: Up to \$130 retail frames allowance (you pay the difference for frames exceeding \$130) • Lens options: Standard scratch resistant coating, basic progressives, polycarbonate lenses or UV coating 	<ul style="list-style-type: none"> • Single vision lenses: Reimbursement up to \$40 • Bifocal lenses: Reimbursement up to \$60 • Trifocal lenses: Reimbursement up to \$80 • Lenticular lenses: Reimbursement up to \$80 • Frames: Reimbursement up to \$45
Contact lenses (in lieu of lenses and frames)	Included in your \$25 co-pay: <ul style="list-style-type: none"> • Up to \$150 for the evaluation, fitting fees for non-selection contact lenses and two follow-up visits • Or selection of disposable contact lenses (for up to six boxes per year) 	<ul style="list-style-type: none"> • Reimbursement up to \$150 for elective contact lenses • Reimbursement up to \$210 for medically necessary contact lenses
Your Monthly Cost		
Employee	\$6.84	
Employee + 1 Dependent	\$13.27	
Employee + 2 or More Dependents	\$19.38	

[Click here](#) to learn more about dependent eligibility, including age limits for young adults.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) is a great way to experience tax savings while putting money away for health care or dependent day care expenses. This benefit allows you to set aside a portion of your earnings to pay for qualified expenses throughout the year. Money deducted from your pay and deposited into an FSA is not subject to payroll taxes, resulting in a tax savings because you make contributions to your FSA with pre-tax dollars.

There are two kinds of FSAs:

Health Care FSA

Dependent Day Care FSA

Did you know?

You **cannot** transfer funds from one type of FSA to another, so think about which FSAs would work best for you.

Some things to remember about FSAs:

- Estimate your expenses carefully because you will forfeit any unused funds. If you have funds remaining in your prior year FSA, and you experience an eligible expense during the grace period, January 1 - March 15, those funds will be paid from your prior year's FSA.
- The amount you choose to contribute will be deducted from your paycheck in equal amounts during the year.
- Auto reimbursement means you'll get checks in the mail or funds direct deposited into your account without filing an Express Claim.
- Manual reimbursement means you will submit your expenses online through Express Claims for all reimbursements from your FSA.

Flexible Spending Accounts (FSAs) (continued)

Here is a more detailed description of each FSA available to you.

	Health Care FSA	Dependent Day Care FSA
Who's Eligible	All employees	All employees
Use the Money For ...	<ul style="list-style-type: none"> Eligible health care expenses that you pay for yourself and any dependents you claim on your federal tax return Under IRS rules, expenses for domestic partners cannot be paid from an FSA. 	<ul style="list-style-type: none"> This is not for medical expenses for your children. Eligible dependent day care expenses for children under age 13 you claim on your federal tax return as dependents (or for whom you are the custodial parent if divorced, regardless of who claims the tax exemption) or A dependent who is physically or mentally incapable of self care and lives in your home for more than half the year
How Much You Can Contribute	Up to \$5,000	Up to 5,000*
What You Can Pay For ...	<ul style="list-style-type: none"> Eligible medical, dental and vision expenses like deductibles, co-pays, co-insurance, prescription drugs and contact lenses View eligible expenses on the HealthHub website powered by PayFlex at https://myflex.healthhub.com or the IRS website www.irs.gov/pub/irs-pdf/p502.pdf 	<ul style="list-style-type: none"> Dependent day care expenses so you and your spouse can work, such as nursery schools, licensed day care centers (including adult day care facilities and centers for disabled dependents), in-home day care, before- and after-school care. View eligible expenses on the IRS website www.irs.gov/pub/irs-pdf/p503.pdf
Reimbursement Options	<ul style="list-style-type: none"> Auto reimbursement with online Express Claims Manual reimbursement using online Express Claims feature If you waived medical coverage or are in an HMO, online Express Claims is the only reimbursement option. 	Express Claims**

* If your spouse has a Dependent Day Care FSA, the maximum you can contribute is \$5,000 total between the two of you.

** Online Express Claims is listed as manual reimbursement in the Benefits Service Center.

Did you know?

If you elect Auto Reimbursement, all FSA-eligible expenses will automatically be reimbursed. If you wish to use your funds for a particular procedure or medical need, you may prefer manual reimbursement.

Got questions about your FSA?

Look for Frequently Asked Questions on the HealthHub, powered by PayFlex site from the Benefits page of Jetnet.

Dependent Day Care Flexible Spending Accounts **are not for medical expenses.**

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Company-Paid Benefits

American Airlines offers Employee Basic Term Life Insurance at no cost to you. It's to your advantage to elect the maximum benefit when first eligible. If your current election is less than the maximum benefit offered and you decide to increase your coverage, you will be required to submit a Statement of Health.

Basic Term Life Insurance

Up to two times your pay, up to \$70,000. You can choose the following coverage:

- \$15,000
- One times your salary (if salary is less than \$70,000)
- Two times your salary (if salary is less than \$35,000)
- \$70,000 (if two times your salary is greater than \$70,000)

Anytime you increase your basic coverage, it will require a Statement of Health. New employees should consider electing the maximum level allowed to avoid having to complete a Statement of Health in the future.

Make your election by going to the Benefits Service Center from the Benefits page of Jetnet.

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Voluntary Term Life Insurance

Life insurance benefits give you a way to provide for your family in the event of your untimely death. You pay the entire cost of coverage and your premiums are after-tax. This means you will not be taxed when the benefit is paid to you or your family.

When you are first eligible for benefits, you can elect the first level of coverage without having to submit a Statement of Health. You can only increase coverage by one level each year with proof of good health. Your spouse/domestic partner must provide proof of good health to purchase any level of Spouse Life. Coverage requiring a Statement of Health becomes effective only after MetLife's approval and you have paid your first premium.

Voluntary Term Life Insurance*	<ul style="list-style-type: none">• 1x – 8x your pay <p>You may purchase from one to eight levels of Voluntary Term Life Insurance. When you are first eligible for benefits, you can elect the lowest level without completing a Statement of Health form. You must submit a Statement of Health form to elect any option above 1x pay. If you choose to elect a level of coverage in excess of 1x pay when first eligible, and your Statement of Health is not approved by Metlife, you will not be approved for any level of coverage.</p>
Spouse Term Life Insurance*	<ul style="list-style-type: none">• 1x – 3x your pay <p>Coverage is offered in three levels, up to a maximum of 3x your annual pay. When you are first eligible, you can elect any level of coverage if you submit a Statement of Health form.</p>
Child Term Life Insurance	<p>\$15,000 per child</p> <p>Coverage is offered at \$15,000 for each child. When you enroll in Child Term Life Insurance, you automatically enroll all of your children. Eligible children are not required to be enrolled in other benefits (e.g., medical, dental, etc.) or listed as dependents in the Benefits Service Center in order for you to elect Child Term Life. Statement of Health is not required.</p>

To see what Company-provided Life Insurance is available to you, [click here](#).

Voluntary Term Life Insurance

Age Band	2012 Rates
16-24	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.09
45-49	\$0.15
50-54	\$0.22
55-59	\$0.40
60-64	\$0.61
65-69	\$1.09
70+	\$1.09

Spouse/Child Term Life Insurance

Age Band	2012 Rates
16-24	\$0.03
25-29	\$0.04
30-34	\$0.05
35-39	\$0.05
40-44	\$0.09
45-49	\$0.15
50-54	\$0.22
55-59	\$0.40
60-64	\$0.61
65-69	\$1.09
70+	\$1.09
Child(ren)	\$2.45

* 2012 costs are per \$1,000 of coverage.

Accident Insurance

Accidental Death and Dismemberment (AD&D) Insurance pays benefits to you in the event of an accidental injury or death. A covered loss includes death, paralysis or loss of limb, sight, speech or hearing. If you experience more than one loss from the same accident, this coverage pays the largest amount applicable to one loss. You pay the entire cost of coverage and your premiums are after-tax. This means that you will not be taxed when the benefit is paid to you or your family.

Accidental Death & Dismemberment (AD&D) Benefit – Coverage for You	\$10,000 increments, up to a maximum of \$500,000
Accidental Death & Dismemberment (AD&D) Benefit – Coverage for Your Family	<ul style="list-style-type: none">• Spouse/domestic partner coverage: \$10,000 increments, up to \$350,000• Child coverage: \$10,000 coverage for each dependent child, regardless of the number of children covered

Disability Coverage (Income Protection)

Optional Short-Term Disability

Optional Short-Term Disability Insurance offers you income protection if you become sick or injured and are unable to work for an extended period of time. You pay the entire cost of coverage, and since you pay your premiums on an after tax-basis your disability benefit is not taxable.

When should I enroll in a disability benefit?

The best time to enroll in OSTD coverage is **before** you need it. If you wait until you experience an illness or non-work injury, proof of good health will be required and there is no guarantee of coverage.

<p>Optional Short-Term Disability Insurance (OSTD)</p>	<ul style="list-style-type: none"> • Pays 50% of your adjusted monthly salary, in the event you are unable to work due to a non-occupational illness or injury (reduced by an state disability benefits you are eligible to receive) • For full-time employees, adjusted monthly salary is based on your annual base salary or annualized hourly pay plus skill and license premiums and market differentials • For converted and part-time employees, adjusted monthly salary is based on your average weekly earnings for the last six months • Begins on the eighth day of disability once your paid sick time is exhausted • Remain enrolled in for two years • 26-week maximum
<p>Long-Term Disability Plan (a Union-sponsored Plan)</p>	<ul style="list-style-type: none"> • You have a Long-Term Disability plan available to you through the Transport Workers Union of America, AFL. CIO. • Contact your local union office for information on this Plan
<p>Costs</p>	<p>Based on Salary</p>

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Additional Benefits

All of these additional benefits are offered by MetLife. You pay the entire cost of coverage, and your premiums are after-tax. This means you will not be taxed when the benefit is paid to you or your family.

Long-Term Care Insurance

Select Long-Term Care Insurance to help pay nursing home and home care costs if future illness, injury or the effects of aging prevent you from living independently.

- Available for your spouse, domestic partner, parents, parents-in-law, grandparents and grandparents-in-law.
- Children are not eligible for Long-Term Care Insurance.
- You may apply for Long-Term Care Insurance any time during the year.
- Call MetLife at **1-888-526-8495** to obtain premiums and apply, or visit www.metlife.com/mybenefits

Group Homeowners' and Automobile Insurance

The MetLife Group homeowners' and automobile insurance program now offers more options from which you can choose to cover your home and your cars. The program offers competitive group rates for individual insurance needs and you can choose the insurance carrier and coverage that more closely meets your needs.

With just one call you could get quotes from up to three leading insurance companies for top-quality auto and home insurance with special discounts. In addition to value-added features and benefits, you may:

- Save more when you insure multiple cars or purchase both home and auto policies
- Receive discounts for having a good driving record and driving a safe car
- Use the convenience of payroll deductions
- Get a tenure discount based on your years with the Company

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Additional Benefits (continued)

Group Homeowners' and Automobile Insurance (continued)

For more details on the Group homeowners and automobile coverage available to you, visit www.metlife.com/mybenefits or call **1-877-638-7515** today. You may apply anytime.

Hyatt Legal Plan

The Hyatt Legal Plan, provided to you by MetLife, offers representation for everyday legal matters at a cost that can be a fraction of average attorney fees. You have access to an “attorney on retainer” when you need legal services for:

- General legal advice
- Document preparation
- Consumer protection
- Real estate
- Family law
- Personal property protection
- Wills and estates
- Traffic violations

You can request to enroll in the Hyatt Legal Plan during Benefits Enrollment or as a new hire.

Contact Hyatt Legal at **1-800-821-6400** or enroll at www.metlife.com/mybenefits

Remember

Once you enroll in the Hyatt Legal Plan, you remain enrolled from year-to-year unless you cancel coverage with MetLife during Benefits Enrollment.

If you wish to cancel Hyatt Legal Plan coverage, you must do so during Benefits Enrollment between October 1 and October 31.

Select the **Right Benefits**

Life matters
Make the most of it.

Tools and Resources

Use the tools and resources available on Jetnet (for employees) and at www.aahealthbenefits.com (for family members), to find the information you need to make your benefit decisions. Be sure to take advantage of all the activities and tools available to you.

Your Benefits Made Simple Tour

Sit back, relax and enjoy the animated tour as you learn about 2012 benefit changes and some of those terms and concepts that leave you scratching your head.

Road Show Schedule

Meet the American HR team and your benefit administrators like MetLife, OptumHealth Vision and Medco. Get your enrollment questions answered one-on-one with a benefits specialist. See when they'll be at a location near you.

WebMD Coverage Advisor

The **WebMD Coverage Advisor** can help you determine which medical option works best for you. Compare the options to your health care needs and look at different scenarios. You can also earn *Healthmatters* Rewards points by using it. You can access the **WebMD Coverage Advisor** from Jetnet or your spouse or domestic partner may visit www.webmdhealth.com/amr

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Make the most of it.

Tools and Resources (continued)

HR Assistant

Want to get your questions answered promptly? Send a secure email to HR Services 24/7 or chat online with an HR Services representative Monday through Friday, 8 a.m. to 5 p.m. Central time, except holidays. Select the “**HR Assistant**” icon on the Benefits page of Jetnet.

Find a Doctor

Finding a local physician or specialist has never been easier. Your network/claims administrator provides a search tool that lists network doctors and medical facilities near you.

Preparing for Enrollment Checklist

We’ve created an easy-to-follow step-by-step process that will walk you through exactly what you need to do to enroll this year.

FAQs

Tools and Resources (continued)

Your Benefits Made Simple Tour

Sit back, relax and enjoy the animated tour as you learn about 2012 benefit changes and some of those terms and concepts that leave you scratching your head.



Tools and Resources (continued)

Road Show Schedule

The American Airlines HR team and benefit administrators will be at a location near you throughout October to provide you with one-on-one help and answer any enrollment questions you may have.

Life matters

Make the most of it.

Can my spouse/domestic partner attend?

Check your local policy for visitors at your work location.

Tools and Resources (continued)

WebMD Coverage Advisor

Don't leave your benefits to chance. Use the customized **WebMD Coverage Advisor** to help determine which benefit option works best for your personal situation and wallet. Here's why it's worth your time:

- Spend wisely. Some people choose the most expensive option even though they may be buying more coverage than they need. Run your numbers to see which option fits you best.
- Peace of mind. Compare several scenarios just to make sure you aren't overlooking something.
- FSAs too. Not sure how much to contribute to your Flexible Spending Account? Use the FSA Calculator on the **WebMD Coverage Advisor** to help you decide your annual contribution amount.



If you use this tool during 2012 Benefits Enrollment, you will also earn **Healthmatters Rewards** points.

You can access the **WebMD Coverage Advisor** from Jetnet or spouses/ domestic partners may visit www.webmdhealth.com/amr

Family members can access the tool here at www.aahealthbenefits.com

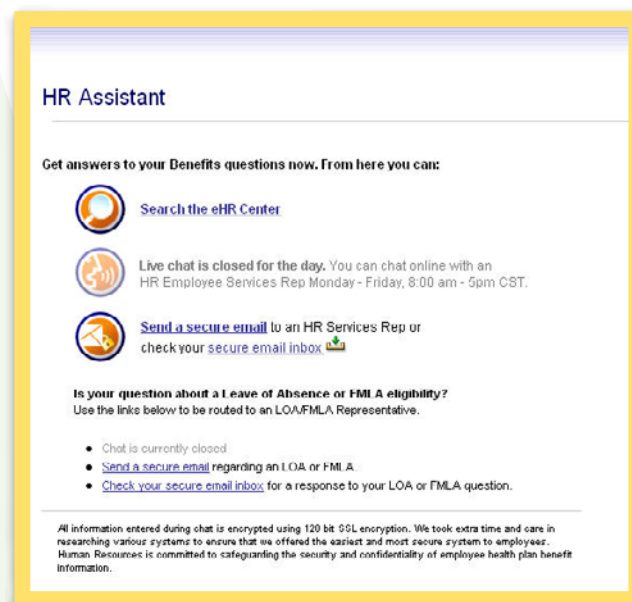
Tools and Resources (continued)

HR Assistant

Want to get your questions answered promptly? Help is just a click away.

The **HR Assistant** provides American Airlines employees with a benefits-knowledgeable staff who can assist you with any enrollment hurdle you may come across.

Send a secure email to HR Services 24/7 or chat online with an HR Services representative Monday through Friday, 8 a.m. to 5 p.m. Central time, except holidays. Select the **“HR Assistant”** icon on the Benefits page of Jetnet.



The screenshot shows the HR Assistant interface. At the top, it says "HR Assistant". Below that, it says "Get answers to your Benefits questions now. From here you can:". There are three options: "Search the eHR Center" with a magnifying glass icon, "Live chat is closed for the day. You can chat online with an HR Employee Services Rep Monday - Friday, 8:00 am - 5pm CST." with a chat icon, and "Send a secure email to an HR Services Rep or check your secure email inbox" with an envelope icon. Below these options, it says "Is your question about a Leave of Absence or FMLA eligibility? Use the links below to be routed to an LOA/FMLA Representative." and lists three links: "Chat is currently closed", "Send a secure email regarding an LOA or FMLA", and "Check your secure email inbox; for a response to your LOA or FMLA question." At the bottom, there is a disclaimer: "All information entered during chat is encrypted using 128 bit SSL encryption. We took extra time and care in researching various systems to ensure that we offered the easiest and most secure system to employees. Human Resources is committed to safeguarding the security and confidentiality of employee health plan benefit information."

Tools and Resources (continued)

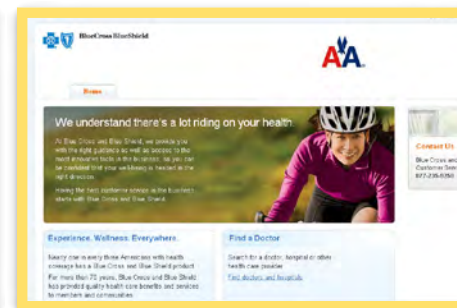
Interactive Network/Claims Administrator Map

You can see network/claims administrators by state using the interactive network/claims **administrator map**. You can also link to each administrators search tool to help you find a doctor or medical facility.

Need to Find a Doctor?

You don't need the yellow pages anymore to find a local physician or specialist. Your network/claims administrator provides a search tool with a comprehensive list of doctors and medical facilities near you.

- **Aetna** – www.aetna.com/docfind/custom/americanairlines
- **BlueCross BlueShield** – www.bcbstx.com/americanairlines
- **UnitedHealthcare** – www.myuhc.com/groups/americanairlines



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Tools and Resources (continued)

Preparing for Enrollment Checklist

This simple yet comprehensive checklist will help you make sure that you've completed everything needed and are prepared to enroll so that you'll receive the benefits you and your family need in 2012.

Enroll Now

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Make the most of it.

How to Enroll

Did You ... Learn About Enrollment?

What's new? What has changed? Do those changes affect you? Who in your family is eligible for benefits?

Do You ... Understand Your Options?

Research your benefits options before you enroll by reading this guide and using the many online tools and resources available to you.

Are You Ready to ... Select Your Options?

Discuss your and your family's current and future medical needs and then compare them to the available benefits options to make sure you will get the most out of your selections.

OK. Then You're Ready to ... Enroll

Submitting and reviewing your selections is easy.

Follow these three easy steps and your enrollment experience will be a breeze.

- 1. Prepare ...** by learning about your benefits, using WebMD Coverage Advisor and gathering all the information you may be asked for to enroll or request enrollment (dependent Social Security numbers, Proof of Eligibility, etc.)
- 2. Enroll ...** by going to the Benefits Service Center from the Benefits page of Jetnet, selecting/changing your options and enrolling dependents (if applicable). Remember to click "Submit" when you're finished.
- 3. Verify ...** by going back to your selections page to review your choices after you click "Submit." Be sure to save, print and review the selections page.

Here are a few tips to make your enrollment a success.

Some Things You Need to Know ...

If You Don't Enroll

You should go to Jetnet to review your benefits to make sure you have the benefits you intended for 2012. If you are a current employee and you don't enroll, you will have the same benefit elections (at the applicable new contribution costs) as you are enrolled in for the current year, with the following exceptions:

- **Medical option**

If you do NOT make an election	And the preferred network/claims administrator for your state ...	Then, you will be enrolled in your current medical option with the ...
	Is NOT changing for 2012	Same network/claims administrator you currently have
	IS changing for 2012	New preferred network/claims administrator for your state

- **Current medical option not offered or employee not eligible:** If your current medical option is no longer offered, you must select a replacement medical option or waive coverage. If you do not elect another medical option or waive coverage, you will be put into the medical option listed in the table at right.

- **Flexible Spending Accounts (FSAs):** If you do not elect an FSA, you will not have an FSA for the following year. Per IRS rules, you must actively elect an FSA each year you wish to participate.

- **If you return to work from certain leaves of absence:**

You will be enrolled in the coverage you had one day before your leave for your medical, dental and vision benefits, and for your Basic Term Life Insurance.

In 2011, if you ...	If you don't enroll, you will ...
Enrolled in an HMO that is discontinued	Be enrolled in Standard option 1 with the preferred network/claims administrator for your state.
Waived medical coverage	Not be enrolled in medical coverage.
Enrolled in a Flexible Spending Account (FSA)	Not be enrolled in an FSA. Your FSA contribution will default to \$0. You must re-enroll each year.
Enrolled in dental, vision, life insurance and other benefits	Be enrolled in the same coverage you have in 2011.

Life matters

Make the most of it.

Things to Double Check

After you're finished enrolling, take a moment and review your selections to ensure a successful enrollment.

✓Check your address.

It may sound simple, but it's an important step. Even if you haven't changed locations recently, give what's currently recorded on Jetnet a second look to make sure everything is correct. That way the right medical options will be available to you based on your location. If you list an alternate address on Jetnet, your preferred network/claims administrator will be determined by this address.

✓If you plan to enroll in a Flexible Spending Account, confirm that you're enrolling in the right one. There are two kinds of FSAs:

- Health Care Flexible Spending Account for health care expenses like deductibles, co-pays and co-insurance
- Dependent Day Care Flexible Spending Account for day care and elder care expenses

Be sure to select the right FSA for your needs because any money you set aside in an FSA cannot be transferred or refunded to you if you make a mistake.

✓Make sure your dependents are enrolled in the right coverage.

Does one of your dependents need vision coverage? Double check that they are enrolled in it. Does another dependent need dental? Take a second to go back and confirm that they enrolled in it.

Know who's covered

Your dependent may be listed in the Benefits Service Center – but are they covered?

Keep yourself and your dependents covered by:

- Making sure a Social Security number is recorded for each dependent
- Enrolling each dependent in medical, dental or vision benefits individually

Things to Double Check (continued)

✓Are your dependents' Social Security numbers on file?

Double and triple check that a Social Security number is on file for each of your dependents. If by the October 31, midnight Central time deadline one of your dependents doesn't have a Social Security number recorded, they may not receive coverage in 2012.

✓Have the required documentation.

When you enroll, have the proper documentation handy. You must submit Proof of Eligibility (POE) when adding and requesting to enroll dependents to your coverage or complete your Statement of Health when selecting voluntary benefits for yourself or your spouse/domestic partner.

Follow Up

Life matters
Make the most of it.

Verify Your Selections

Once you've finished enrolling, go back through your selections to verify that everything is how you intended. You're free to keep making changes as many times as you'd like up to the October 31, midnight Central time deadline. It's easier to change something now than to live with regrets later.

You'll be able to see your selections in the Benefits Service Center again in mid-November. Take a moment to verify that everything is as it should be. What you see recorded will be considered your final choice.

If you have any questions, contact the HR Services Center. Feel free to send a secure email to the HR Services team 24/7 or chat online with an HR Services representative Monday through Friday, 8 a.m. to 5 p.m. Central time. Select the **"HR Assistant"** icon on the Benefits page of Jetnet to get in touch with the team.



Proof of Eligibility (POE)

Are you adding a dependent? Enrollment is not complete, and you will not have coverage for your dependent, until you have provided the HR Service Center with Proof of Eligibility (POE) documentation for the dependents you wish to enroll. This is so American Airlines can confirm how your dependent is related to you.

Proof of Eligibility includes:

- A birth certificate
- An official marriage certificate or declaration of domestic partnership, if you are recently married or if your dependent is a step child
- A report of birth abroad
- A state affidavit of parentage
- A paternity or maternity test
- Adoption papers, if your dependent is legally adopted
- A divorce decree

You can find a full list of acceptable Proof of Eligibility documents on the Benefits page of Jetnet.

Once you have the proper documents, fax or mail copies to the HR Service Center. You must provide Proof of Eligibility to the HR Service Center no later than 60 days from the request for enrollment (or by December 31 if you are adding a new dependent during October Benefits Enrollment). You can check to see if your Proof of Eligibility has been accepted by going back to the Dependent Data page of the Benefits Service Center.

Include your name and employee ID number on all documents. Don't forget to block out any kind of financial information that may be present on the documents, as well as the first five digits of Social Security numbers, driver's license numbers and student grades.

Live Your **Best Life**

Life matters
Make the most of it.

Good health affects everything you do, so make use of the *Healthmatters* programs and resources American provides to you and your dependents all year long.



Healthmatters

By participating in *Healthmatters* programs and resources, you can earn *Healthmatters* Rewards and live healthier at the same time.

- Available to all American Airlines employees, pre-65 retirees and covered family members enrolled in a Company-provided medical option. Family member eligibility may vary by program.
- Employees can earn \$125 in gift cards by completing certain *Healthmatters* activities in 2011.
- Your covered spouse or domestic partner can also earn \$125 in gift cards.
- For more information, go to the *Healthmatters* page of Jetnet, call *Healthmatters* at **1-888-227-6598** or refer to your *Healthmatters* guide.
- Covered spouses and domestic partners should go to www.myactivehealth.com/healthmatters

Don't lose your points!

Your points won't carry over to next year, so if you're just shy of 125 points, here are a couple of activities to get you to the finish line:

- Health Assessment – 20 Points
- WebMD Coverage Advisor – 15 Points
- Preventive Screening – 25 Points

Haven't started yet?

You can earn up to 125 points in gift cards, so don't wait to get started! Your covered spouse/domestic partner can earn gift cards, too.

Get started today!

FAQs

Life matters
Make the most of it.

Transition of Care

My doctor currently asks that I be tested every six months for my medical condition, which is approved and covered by my current network/claims administrator. Will my new network/claims administrator agree with these treatment plans?

Your choice of UnitedHealthcare (UHC), BlueCross BlueShield (BCBS) or Aetna as your network/claims administrator does not change your medical option and its benefit features, including co-payments, co-insurance, deductibles, covered expenses, etc. Medical options are designed and funded by American Airlines.

However, there may be some differences among the network/claims administrators regarding medical necessity and other clinical determinations. To research these differences, review each administrator's clinical policies, which are available on their public websites. You can share this information with your care provider to see if your current treatment plan is impacted or not.

Find a doctor

Use your administrator's search tool to see if your doctor is in your administrator's network.

Transition of Care (continued)

When will I be able to apply for a new preauthorization with my new network/claims administrator?

Aetna, UHC and BCBS will be able to process preauthorization requests starting in January after you receive your medical ID card from your new administrator.

When can I apply for Transition of Care?

For the purpose of October Benefits Enrollment, you must apply for Transition of Care services within 45 days from the October Benefits Enrollment deadline of October 31, 2011 (i.e. by December 15, 2011).

The Transition of Care (TOC) form states, “Generally, TOC coverage lasts ninety (90) days.” From when does the 90-day coverage period start?

Concerning October Benefits Enrollment, generally the 90 days starts from January 1, the date of the network change and start of the new benefit plan year. It may be different if you have already scheduled a procedure, in which case it may start 90 days from that date. The network/claims administrator will notify you of the approval and timeframe.

Transition of Care (continued)

My provider has received preauthorization from my current network/claims administrator for my treatment. The preauthorization extends into next year. If I change to a different network/claims administrator, do I have to get another preauthorization with the new administrator?

You may have to reauthorize the treatment with the new network/claims administrator. While the benefit features (e.g., co-insurance, deductibles, covered expenses, etc.) of your medical option are not changing, clinical policies (the way a provider treats a condition) may vary between administrators.

Clinical policies, or how a covered expense is treated, get into more specific details than a medical plan's description of covered expenses. Your provider can check with each network/claims administrator to review their clinical policies for treating a condition to determine how the change in administrator may affect your current treatment plan or not. Each administrator has made their clinical/medical policies available on their public websites.

Find out if your doctor is in your new administrator's network.

- **Aetna** – www.aetna.com/docfind/custom/americanairlines
- **BlueCross BlueShield** – www.bcbstx.com/americanairlines
- **UnitedHealthcare** – www.myuhc.com/groups/americanairlines

If your care provider is “out-of-network” with your new administrator and is treating you for a serious or chronic condition at this time, you may be eligible for Transition of Care services and should submit application details prior to December 15, 2011.

Grandfathered Plans

What is grandfathering?

Grandfathering allows employees to keep their access to the benefit plans that were in place before health care reform was passed. “Grandfathering” rules are part of the Patient Protection and Affordable Care Act (PPACA), also known as “health care reform.” Learn more about grandfathering on the [U.S. Department of Health & Human Services’](#) website.

What is the difference between a grandfathered and non-grandfathered plan?

There are a variety of requirements for a plan to be grandfathered. For American Airlines employees, the most important difference is what you will experience during Benefits Enrollment regarding how you can or can’t cover your young adult.

In a grandfathered plan:

- Your young adult can only be added to your American Airlines medical coverage if he or she **does not have** other access to medical coverage either through his/her own employer or, if he/she is married, through his/her spouse’s employer.
 - For instance, if your 25-year-old works for himself, works for an employer that doesn’t offer medical coverage or loses his employer’s coverage for whatever reason, he can be added to your grandfathered plan coverage.
- If you add your young adult to your American Airlines medical coverage and he or she gets a new job, buys his/her own insurance, gains coverage through another employer or through their spouse’s employer for whatever reason, he or she must be removed from your grandfathered plan coverage.

Grandfathered Plans (continued)

In a non-grandfathered plan:

- Your young adult can be added to your American Airlines medical coverage even if he or she has other medical coverage options.
 - For instance, if your 24-year-old has coverage through her employer, you and she can decide which medical option would be better for her (an American Airlines option or her employer's plan).

Can a medical option lose grandfathered status?

Yes. There are several ways a medical option could lose grandfathered status. Some examples include significant increases in co-pays, co-insurance or deductibles would cause the option to lose grandfathered status.

Incapacitated Children

If my dependent has been approved by my 2011 network/claims administrator for incapacitated dependent status, will their coverage automatically transition to my 2012 network/claims administrator?

Yes, if your dependent is age 26 or older, a Statement of Dependent Eligibility is required. However, the new administrators will accept your current Statement of Dependent Eligibility as approved by your former administrator. Your 2011 administrator will automatically provide this documentation to your 2012 administrator. Coverage will be granted through the form's expiration date. Your 2012 administrator will request that you go through an eligibility review 30-45 days in advance of when your current approval is set to expire.

Do pre-existing conditions apply with any approvals for Incapacitated Dependents?

No. American Airlines medical Plan does not have pre-existing condition clauses. If your dependent has been approved, the eligibility status will be carried over into the following calendar year.

How do I find out the current expiration date for my dependent's incapacitated status?

Contact the member customer service phone number that appears on your medical ID card.

Incapacitated Children (continued)

If my dependent was covered as an incapacitated dependent at one time but is currently NOT covered, can I choose to cover him/her at a later date?

If your dependent is under age 26:

Yes, he or she can be re-enrolled.

If your dependent is age 26 or older:

No, your dependent must be covered continuously. For dependents over age 26, when your dependent is no longer covered, you can't add him/her back to your coverage in the future.

Network/Claims Administrators

What is a network/claims administrator?

A network/claims administrator processes your health care claims and/or manages your network of care providers and medical facilities on behalf of you and American Airlines. The self-funded medical options under the Company's Health and Welfare Plan (Value, Value Plus, Standard option 1 and Standard option 3) are designed and funded by American, while the network/claims administrator provides the above services for the Plan.

If my network/claims administrator is changing for 2012, will this affect my prescription drug coverage with Medco?

No, your selection of a network/claims administrator will not affect your prescription drug coverage. Medco will continue to manage the Prescription Drug benefit in coordination with your medical option.

Why is the contribution rate for one network/claims administrator less expensive than the others?

The preferred network/claims administrator for each state generally offers the strongest health care services (out of the three) for that state. The efficiency and cost effectiveness of using the preferred administrator provides the opportunity to offer that administrator at the lowest contribution cost.

Network/Claims Administrators (continued)

If I move in 2012, does my network/claims administrator change?

If you move during 2012:

Your network/claims administrator stays with you. For example, when you enroll you live in a state where UHC is the preferred network/claims administrator and you choose them. However, in 2012 you move to a state where Aetna is the preferred administrator. UHC will continue to be your administrator and you'll continue to pay the preferred contribution costs.

If you move before the end of 2011:

Your network/claims administrator for 2011 follows you through the end of the year. Beginning in 2012, your network/claims administrator will depend on the preferred network/claims administrator for your state and the medical option you choose for 2012. You will also receive a new medical ID card.

Your move may qualify as a Relocation Life Event allowing you to make certain allowable benefit changes. You can review details about Life Events in the eHR Center and on the Life Events page of Jetnet.

What if I live in one state and my covered dependent lives in another?

If you have a covered dependent and he or she lives in a different state than you, your dependent will use the preferred network/claims administrator for the state you live in, not the state he or she lives in. Note that the selection is based on the address you have on file with the Company – that may not necessarily be the state in which you currently live.

For example, if you live in Texas and your covered dependent lives in California, your covered dependent's preferred network/claims administrator will be the preferred network/claims administrator for Texas – the state you live in.

Network/Claims Administrators (continued)

Why is there a cost difference between Preferred, Tier 1 and Tier 2 administrator choices for the Value Plus option if there are no differences in how UHC, BCBS and Aetna will administer the benefit features for this option?

The preferred network/claims administrator for each state offers the strongest network, discounts and service cost for their area, and therefore, can be offered at the lowest contribution cost. While it's important to offer employees the opportunity to elect a Tier 1 or Tier 2 administrator to provide individual care choices, their services are overall less cost efficient when compared to the preferred administrator in each specific locale. The selection of an administrator does not change the design, the medical options or the benefit features for these options (e.g. co-insurance, co-payments, deductibles, covered expenses, etc.).

Important Notices

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Grandfathered Health Plans

This Group Life and Health Benefits Plan for Employees of Participating AMR Corporation Subsidiaries believes the medical plan options including Standard medical option \$150 Deductible and Standard medical option \$1,000 Deductible; and HMO medical plan options including Community Care of OK, Aetna US Healthcare, Kaiser, and Humana of Puerto Rico are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the medical option listed in this material may not include certain consumer protections of the Affordable Care Act that apply to others plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, see contact numbers in open enrollment material or plan documents. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Life matters

Make the most of it.

Primary Care Physicians

The Group Life and Health Benefits Plan for Employees of Participating AMR Corporation Subsidiaries generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members as patients. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

OB/GYN visits

You do not need prior authorization from the Group Life and Health Benefits Plan for Employees of Participating AMR Corporation Subsidiaries or from any other person (including a primary care provider) to access obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or following procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

Disclaimer

This guide provides an overview of your benefit options. The complete provisions of the plans are set forth in the plan documents and insurance contracts, available for review by contacting the eHR Center or HR Services. If the information in this guide is inconsistent with the plan documents, the plan documents will govern. This guide is not intended as a contract of employment or a guarantee of current or future employment. The plan sponsor(s) reserve the right to amend or terminate each plan at any time.

Plan Administrators

Aetna
1-800-572-2908
www.aetnavigators.com

BlueCross BlueShield
1-877-235-9258
www.bcbstx.com

UnitedHealthcare
1-800-955-8095
www.myuhc.com