

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

IMPORTANT NOTICE: THIS SUMMARY OF MATERIAL MODIFICATIONS APPLIES TO EMPLOYEE PARTICIPANTS AND THEIR COVERED DEPENDENTS WHO ARE ENROLLED IN THIS PLAN. IF YOU ARE NOT ENROLLED IN THIS PLAN, THIS SUMMARY OF MATERIAL MODIFICATIONS DOES NOT APPLY TO YOU, AND SHOULD NOT BE CONSTRUED TO MEAN YOU HAVE COVERAGE UNDER THIS PLAN.

Section 104 of the Employee Retirement Income Security Act of 1974 (“ERISA”) directs the administrator of an ERISA-covered plan to furnish to participants (and beneficiaries receiving benefits under the plan) a summary of any material modifications to the plan (the “SMM”) within 210 days following the plan year in which the change was adopted. This summary describes certain changes to the American Airlines, Inc. Health & Welfare Plan for Active Employees (the “Plan”). This SMM modifies the Summary Plan Description (the “SPD”), effective January 1, 2022. You should keep this SMM with the SPD you previously received for future reference.

The following changes to the SPD are **effective January 1, 2023**, unless otherwise indicated:

MEDICAL BENEFITS (SPD, Pages 39-96)

COST-SHARING BY MEDICAL BENEFIT OPTIONS (SPD, Pages 49-62)

In the cost-sharing chart, for the Standard, CORE, High Cost Coverage, and OOA Medical Benefit Options, the descriptions for the items and services listed below are replaced in their entirety as follows:

- **Preventive Care**
 - COVID-19 Preventive Services.* See Covered Expenses section for details and limitations. *Effective May 11, 2023, COVID-19 preventive services will be covered at 100% for in-network providers only.
- **Medical Care**
 - Pregnancy and Maternity Care: OB-GYN and Midwife charges only. Includes prenatal and postnatal care, and delivery charges.
 - COVID-19 Tests and Related Services. See Covered Expenses section for details and limitations. *Effective May 11, 2023, COVID-19 tests will no longer be covered, unless determined to be Medically Necessary by a primary care provider or other medical professional.
- **Other Services**
 - **Infertility medications or medications promoting fertility:** Prescription medications to treat infertility are covered under the Prescription Drug benefit. The maximum benefit is \$25,000 for the entire time the person is covered under an American Airlines Medical Plan.

- **Infertility Treatment** or Treatment promoting fertility (see Covered Expenses section for details). The maximum benefit is \$50,000 for the entire time the person is covered under an American Airlines Medical Plan.

COVERED EXPENSES (SPD, Pages 63-85)

The bullets for the following items and services are replaced in their entirety as follows:

- **Bariatric Surgery:** The Plan covers Bariatric Surgery only when performed at a center of excellence. Prior authorization is required, and you must work with SurgeryPlus in order to obtain coverage from the Plan for Bariatric Surgery. This is a limited, one-time benefit for the entire time the patient is covered under an American Airlines Medical Plan. Bariatric Surgery includes Gastric Bypass (Roux-en-Y), Lap band, Gastric Sleeve and Duodenal Switch. To be eligible for Bariatric Surgery, the patient must be 18 years of age or older.
- **COVID-19 Preventive Services:** Effective May 11, 2023, any “qualifying coronavirus preventive service” (within the meaning of 29 CFR § 2590.715-2713) will be covered by the Plan at 100% for in-network providers only. The Plan will not cover coronavirus preventive services provided by out-of-network providers. A qualifying preventive service means an item, service, or immunization that is intended to prevent or mitigate COVID-19 and has a rating of A or B in the recommendation of the USPSTF or is recommended by the Advisory Committee on Immunization Practice of the CDC.
- **COVID-19 Tests and Related Items and Services Ordered by an Attending Provider:**
 - COVID-19 Tests: Effective May 11, 2023, the Plan will cover a COVID-19 test only when Medically Necessary. The COVID-19 test must be ordered and performed by your primary care provider or other medical professional.
 - COVID-19 Tests conducted to screen for general workplace health and safety, for public surveillance for COVID-19, or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition, including periodic work or school testing, or for the purposes of travel, are not covered.
 - Related Items and Services: Effective May 11, 2023, office visits related to the administration of a COVID-19 tests determined to be Medically Necessary will be covered, subject to any applicable copays and coinsurance.
 - Payment will be made to each provider in accordance with the applicable negotiated rate.
- **COVID-19 At Home Tests Not Ordered by An Attending Provider**
 - Effective May 11, 2023, the Plan will not cover COVID-19 At Home Tests.
- **Infertility Treatment services or treatment promoting fertility (other than testing and diagnosis)**
 - This benefit is subject to an overall \$50,000 maximum per person for the entire time the person is covered under an American Airlines Medical Plan.

- Infertility Treatment or treatment promoting fertility includes the following services and procedures, if prescribed by your attending physician:
 - Artificial Insemination (AI), Intrauterine Insemination (IUI), In-vitro Fertility (IVF), Zygote Intrafallopian Transfer (ZIFT), Assisted Reproductive Technologies, Intra Cytoplasmic Sperm Injection (ICSI) and other similar infertility procedures or procedures promoting fertility that are recommended by your attending physician.
 - Egg, embryo, and sperm cryopreservation, thawing, transfer and storage, as requested by the member. There is to be no limit on the number of months of storage, subject to the \$50,000 maximum for the entire time the person is covered under the American Airlines Medical Plan. Coverage is to be available for these services whether or not Medically Necessary.
 - Reversal of a tubal ligation or vasectomy.
- The following limitations apply:
 - The service or procedure must be prescribed by the patient's In-Network Physician.
 - The service or procedure must be performed by an In-Network Provider (unless a network gap exception has been approved by the Network/Claim Administrator).
 - Expenses incurred by a donor or surrogate who is not the covered employee or the covered Eligible Dependent under the Plan are not Eligible Medical Expenses.
- There is no coverage for Pre-implantation Genetic Screening (PGS). However, there is coverage for Pre-implementation Genetic Diagnosis (PGD).
- See the "Excluded Expenses" section for Infertility Treatment services or services promoting fertility that are excluded from coverage.
- **Infertility medications:** Medications used to treat infertility or to promote fertility are covered by the self-funded Medical Benefit Options, subject to an overall maximum of \$25,000 per person, for the entire time such person is covered under an American Airlines Medical Plan.
- **Pregnancy:** Charges in connection with pregnancy, for employees, Spouses, Common Law Spouses, Company-Recognized Domestic Partners (for the CORE Option only), and covered Dependents of the employee. Prenatal and delivery are covered by provided by a Physician or midwife who is registered, licensed, or certified by the state in which he or she practices.
 - Routine prenatal expenses are covered at 100 percent In-Network provided by either a Physician or midwife. Labor, delivery, and post-natal are covered by the applicable Co-Insurance percentage.
 - Delivery may be in a hospital or birthing center. Birthing center charges are covered when the center is certified by the state department of health or other state regulatory authority.
 - Prescription prenatal vitamin supplements are covered by Medical Benefit Options.

- Doulas, who provide support through pregnancy and birth, are covered up to \$2,000 per pregnancy, subject to the applicable Co-Insurance percentage.
- Breast pumps, including hands-free breast pumps, are covered at 100%.
- Federal law prohibits the Plan from limiting your length of stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery. However, federal law does not require you to stay any certain length of time. If, after consulting with your Physician, you decide on a shorter stay, benefits will be based on your actual length of stay.
- Employees enrolled in an HMO should contact their HMO.

The following text on Page 66 of the SPD shall be deleted:

*This information is current during the public health emergency declared by the Secretary of Health and Human Services as a result of COVID-19.

DENTAL BENEFITS (SPD, pages 110-118)

DENTAL BENEFITS FOR GROUND AND FLIGHT EMPLOYEES

The first and second paragraphs under the paragraph “How the Dental Benefit Option Works” are replaced in their entirety as follows:

The Dental Benefit Option offers a Network of participating Dentists and Specialists nationwide who provide fee discounts to Dental Benefits participants, *i.e.* the Preferred Dentist Program (PDP) Plus Network.

You are not required to use Preferred Dentist Program (PDP) Plus Network Dentists, but may benefit from cost savings when you do. You can request a customized directory of participating Dentists in your area by visiting the MetLife website or calling MetLife at 1-866-838-1072.

SPENDING ACCOUNTS (SPD, pages 128-145)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFA) (SPD, pages 132-135)

All references to \$2,750 are replaced with \$2,850.

All references to \$550 are replaced with \$570.

All references to 2022 are replaced with 2023.

All references to June 15 are replaced with “December 22 for claims incurred in 2022 plan year, otherwise June 15”

All references to June 15, 2023 are replaced with December 22, 2023

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA) (SPD, pages 136-138)

All references to \$2,750 are replaced with \$2,850.

All references to \$550 are replaced with \$570.

All references to 2022 are replaced with 2023.

All references to June 15 are replaced with “December 22 (for 2023 plan year only), otherwise June 15”

All references to June 15, 2023 are replaced with December 22, 2023

HEALTH SAVINGS ACCOUNT (HSA) (SPD, Pages 141-145)

All references to 2022 are replaced with 2023.

CONTRIBUTIONS

The chart on page 142 is replaced in its entirety with the following chart:

Coverage Options	Maximum HSA Contributions
Employee Only	\$3,850
Employee + Spouse/Company-Recognized Domestic Partner	\$7,750
Employee + Family	\$7,750
Employee + Child(ren)	\$7,750

HSA ADVANCE

All references to 2022 are replaced with 2023.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) (SPD, Pages 238-242)

Effective January 1, 2023, this section is replaced in its entirety with the following:

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in

your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawke)	KANSAS – Medicaid
Medicaid Website:	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884

<p>https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218</p>

	Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIP-P-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid

<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>
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To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

**END OF SUMMARY OF MATERIAL MODIFICATIONS FOR THE
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