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

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

Section 104 of the Employee Retirement Income Security Act of 1974 ("ERISA") directs the administrator of an ERISA-covered plan to furnish to participants (and beneficiaries receiving benefits under the plan) a summary of any material modifications to the plan (the "SMM") within 210 days following the plan year in which the change was adopted. This summary describes certain changes to the American Airlines, Inc. PPO Plan (the "Plan"). This SMM modifies the Summary Plan Description (the "SPD"), effective January 1, 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:

#### **YOUR MEDICAL OPTIONS (SPD, Pages 17-53)**

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

In the cost-sharing chart for the PPO 80/60, PPO 90/70, and PPO 100/80 medical benefit options, the descriptions for the items and services listed below are replaced in their entirety as follows:

#### • Maternity Care

o Obstetric Services (including office visits provided by a gynecologist or midwife)

#### • Other Coverage

 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.

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

In the cost-sharing chart for the OOA 80, OOA 90, and OOA 100 medical benefit options, the descriptions for the following items and services are changed as indicated below:

#### • Maternity Care

- Obstetric Services (including office visits provided by a gynecologist or midwife)
- Other Coverage
  - 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.

#### MEDICAL SERVICES COVERED UNDER THE PLAN (SPD, Pages 41-46)

The descriptions for the following items and services are replaced in their entirety with the following:

#### Bariatrics:

Medically necessary services or expenses associated with the treatment of obesity, weight reduction, or dietary control, limited to one surgical procedure per lifetime. It is your responsibility to contact your Claim Administrator to discuss your eligibility and surgical options covered under this Plan. Furthermore, you must work with SurgeryPlus in order to obtain coverage from the Plan for bariatric surgery. Failure to contact the Claims Administrator or work with SurgeryPlus may result in denial of your claim. Benefits will not be provided for reversals or reconstructive procedures.

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

- 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.

The following paragraph is inserted after Mammograms and before Prostheses on Page 44 of the SPD:

#### Pregnancy:

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.

- 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.

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) (SPD, Pages 119-122)

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: <a href="http://myalhipp.com/">http://myalhipp.com/</a>	The AK Health Insurance Premium Payment Program
Phone: 1-855-692-5447	Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>
	Phone: 1-866-251-4861
	Email: <u>CustomerService@MyAKHIPP.com</u>
	Medicaid Eligibility:
	https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>	Website:
Phone: 1-855-MyARHIPP (855-692-7447)	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	FLORIDA – Medicaid
Medicaid Program) & Child Health Plan Plus	
(CHP+)	
Health First Colorado Website:	Website:
https://www.healthfirstcolorado.com/	https://www.flmedicaidtplrecovery.com/flmedicaidtplre
Health First Colorado Member Contact Center:	covery.com/hipp/index.html
1-800-221-3943/ State Relay 711	Phone: 1-877-357-3268
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): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>
HIBI Customer Service: 1-855-692-6442

GEORGIA – 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 INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>

Phone: 1-877-438-4479 All other Medicaid

Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>

Phone 1-800-457-4584

IOWA - Medicaid and CHIP (Hawke)

Medicaid Website: https://dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366

Hawki Website:

http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563

HIPP Website:

https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>

Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012

**KENTUCKY – Medicaid** 

Kentucky Integrated Health Insurance Premium

Payment Program (KI-HIPP) Website:

https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.

<u>aspx</u>

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

LOUISIANA – Medicaid

www.ldh.la.gov/lahipp

Website: www.medicaid.la.gov or

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?langua

ge=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 **MASSACHUSETTS - Medicaid and CHIP** 

Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>

Phone: 1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid

MISSOURI – Medicaid

Website: Website: https://mn.gov/dhs/people-we-serve/children-andhttp://www.dss.mo.gov/mhd/participants/pages/hipp.ht families/health-care/health-care-programs/programsand-services/other-insurance.jsp Phone: 573-751-2005 Phone: 1-800-657-3739 **MONTANA - Medicaid** NEBRASKA - Medicaid Website: Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Lincoln: 402-473-7000 Email: HHSHIPPProgram@mt.gov Omaha: 402-595-1178 **NEW HAMPSHIRE – Medicaid NEVADA** – Medicaid Medicaid Website: http://dhcfp.nv.gov Website: https://www.dhhs.nh.gov/programs-Medicaid Phone: 1-800-992-0900 services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 **NEW JERSEY - Medicaid and CHIP** NEW YORK - Medicaid Medicaid Website: Website: http://www.state.nj.us/humanservices/ https://www.health.ny.gov/health\_care/medicaid/ dmahs/clients/medicaid/ Phone: 1-800-541-2831 Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 NORTH CAROLINA - Medicaid NORTH DAKOTA - Medicaid Website: https://medicaid.ncdhhs.gov/ Website: Phone: 919-855-4100 http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 **OKLAHOMA - Medicaid and CHIP OREGON** – Medicaid Website: http://www.insureoklahoma.org Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-888-365-3742 http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 PENNSYLVANIA - Medicaid and CHIP **RHODE ISLAND - Medicaid and CHIP** Website: Website: http://www.eohhs.ri.gov/ https://www.dhs.pa.gov/Services/Assistance/Pages/HIP Phone: 1-855-697-4347, or P-Program.aspx 401-462-0311 (Direct RIte Share Line) Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) **SOUTH DAKOTA - Medicaid SOUTH CAROLINA – Medicaid** Website: https://www.scdhhs.gov Website: http://dss.sd.gov Phone: 1-888-549-0820 Phone: 1-888-828-0059 TEXAS - Medicaid **UTAH - Medicaid and CHIP** Website: http://gethipptexas.com/ Medicaid Website: https://medicaid.utah.gov/

Phone: 1-800-440-0493	CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <u>Health Insurance Premium Payment (HIPP)</u>	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>
Program   Department of Vermont Health Access	https://www.coverva.org/en/hipp
Phone: 1-800-250-8427	Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>
Phone: 1-800-562-3022	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
Website:	Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-	https://health.wyo.gov/healthcarefin/medicaid/programs
<u>10095.htm</u>	-and-eligibility/
Phone: 1-800-362-3002	Phone: 1-800-251-1269

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 AMERICAN AIRLINES, INC. PPO PLAN EIN/PN: 13-1502798/517