SUMMARY OF MATERIAL MODIFICATIONS FOR HEALTH AND WELFARE BENEFIT PLANS SPONSORED BY ENVOY AIR INC.

Date October 15, 2014

This document serves as notice to active and leave of absence employees of changes to the Company sponsored health and welfare benefit plan listed below. This Summary of Material Modifications describes the changes that affect your benefit plans and updates your summary plan descriptions. This Summary of Material Modifications, together with the Employee Benefits Guide, makes up the official plan documents and Summary Plan Descriptions. **Please read this notice carefully, and place this notice with your Summary Plan Description(s) (the Summary Plan Descriptions are contained in the Employee Benefit Guide ("EBG")). These changes are effective January 1, 2014, unless otherwise stated within this document.**

These changes apply to the Group Health and Welfare Benefits Plan for Employees of American Eagle Airlines, Inc. and Its Affiliates (Plan 501, EIN #38-2036404; referred to herein as the "Plan").

In General Eligibility, Employee Eligibility, on page 16, the following text replaces the "Hours Requirements for Agents, Fleet Service Clerks, and Flight Attendants." This change is effective July 1, 2014:

Hours Requirements for Agents, Fleet Service Clerks, and Flight Attendants

Hours Worked Requirement for Fleet Service Clerks and/or Agents

Ongoing Employees

Effective with the Plan year beginning January 1, 2014, Fleet Service Clerks and Agents must have worked 800 or more hours during the Look Back Period of the preceding year to be eligible for coverage under the Plan. Fleet Service Clerks and Agents who worked between 800 and 1559 hours during the Look Back Period will be eligible for Company-subsidized health benefits at the part-time employee contribution rate. Fleet Service Clerks and Agents who worked 1,560 or more hours during the Look Back Period will be eligible for Company-subsidized health benefits at the full-time employee contribution rate.

The time period for the Look Back Period was originally July 1-June 30 of the preceding year. Effective July 1, 2014, the Look Back Period is changed to October 3-October 2 of the preceding year in order to comply with federal regulations. For example, the annual analysis of hours performed prior to the annual enrollment occurring in fall 2014 (for the 2015 calendar year) will review the hours credited from October 3, 2013 through October 2, 2014. Any Fleet Service Clerk or Agent who meets the appropriate hours requirement over the 52-week period will be eligible to enroll in benefits during the annual enrollment period for coverage during 2015.

Newly Hired Employees

Effective January 1, 2015, newly hired employees will be eligible to enroll in benefits after one month of employment and will continue to be eligible for benefits through the end of the year in which the second anniversary of their start date occurs. Thereafter, they will be treated as "ongoing employees" and their eligibility and contribution rates will be determined based on their hours during the Look Back Period. For example, a Fleet Service Clerk or Agent hired on March 3, 2015 will be eligible for benefits on April 3, 2015 and will remain eligible through December 31, 2017. The annual analysis of hours performed prior to the annual enrollment occurring in fall 2017 will review the hours credited from October 3, 2016 through October 2, 2017 to determine eligibility for coverage during 2018.

With respect to contribution rates for newly hired employees, the following rules apply:

- From the date of hire through the end of that calendar year, employees will pay the rate according to their hire classification.

- For the calendar year following the date of hire, employees who are hired after July 3rd (i.e., less than 3 months before the Look Back Period) will continue to pay the contribution rate according to their hire classification for that year.
- For the year following the date of hire, employees who are hired on or before July 3rd (i.e., 3 or more months before the Look Back Period) will have their hours prorated to determine the contribution rate for the next year.

For example, a Fleet Service Clerk or Agent hired on August 3, 2015 and classified as part-time will pay the part-time employee contribution rate for 2015 and 2016. In contrast, a Fleet Service Clerk or Agent hired on March 3, 2015 and classified as part-time will pay the part-time employee contribution rate for 2015, and the rate for 2016 will be determined based on whether he/she was full-time or part-time based on a prorated number of hours worked from March 3, 2015 through October 2, 2015. In both examples, the Fleet Service Clerk or Agent's contribution rate for 2017 will be based on the hours worked during the October 3, 2015 through October 2, 2016 Look Back Period.

"Eligible hours" shall include all paid work hours, paid sick, paid vacation, UBP, UBC, IOD and FMLA. Unpaid time off from work is not included in the calculation of "paid hours" for purposes of determining eligibility, except as noted in the paragraph below entitled "Unpaid Time Off or a Break in Service for Agents, Fleet Service Clerks, and Flight Attendants."

Hours Worked Requirement for Flight Attendants

Ongoing Employees

Effective with the Plan year beginning January 1, 2014, Flight Attendants must have worked enough credited hours for 2014 Company-subsidized benefits eligibility during the look back period of July 1, 2012 to June 30, 2013, prorated in accordance with the applicable Collective Bargaining Agreement.

Effective July 1, 2014, the Look Back Period is changed to October 3-October 2 of the preceding year in order to comply with federal regulations. For coverage in 2015 and subsequent years, Flight Attendants must have worked 350 or more hours between October 3 and October 2 of the preceding year (the "Look Back Period") to be eligible for coverage under the Plan. For example, the annual analysis of hours performed prior to the annual enrollment occurring in fall 2014 (for the 2015 calendar year) will review the hours credited from October 3, 2013 through October 2, 2014. Any Flight Attendant who meets the appropriate hours requirement over the 52-week period will be eligible to enroll in benefits during the annual enrollment period for coverage during 2015.

Flight Attendants who worked between 350 and 539 hours during the Look Back Period will be eligible for Company-subsidized health benefits at the part-time employee contribution rate. Flight Attendants who worked 540 or more hours during the Look Back Period will be eligible for Company-subsidized health benefits at the full-time employee contribution rate.

Newly Hired Employees

Effective January 1, 2015, newly hired employees will be eligible to enroll in benefits after one month of employment and will continue to be eligible for benefits through the end of the year in which the second anniversary of their start date occurs. Thereafter, they will be treated as "ongoing employees" and their eligibility and contribution rates will be determined based on their hours during the Look Back Period. For example, a Flight Attendant hired on March 3, 2015 will be eligible for benefits on April 3, 2015 and will remain eligible through December 31, 2017. The annual analysis of hours performed prior to the annual enrollment occurring in fall 2017 will review the hours credited from October 3, 2016 through October 2, 2017 to determine eligibility for coverage during 2018.

With respect to contribution rates for newly hired employees, the following rules apply:

- From the date of hire through the end of that calendar year, employees will pay the rate according to their hire classification.

- For the calendar year following the date of hire, employees who are hired after July 3rd (i.e., less than 3 months before the Look Back Period ends) will continue to pay the rate according to their hire classification for that year.
- For the year following the date of hire, employees who are hired on or before July 3rd (i.e., 3 or more months before the Look Back Period ends) will have their hours prorated to determine the contribution rate for the next year.

For example, a Flight Attendant hired on August 3, 2015 and classified as part-time will pay the part-time employee contribution rate for 2015 and 2016. In contrast, a Flight Attendant hired on March 3, 2015 and classified as part-time will pay the part-time employee contribution rate for 2015, and the rate for 2016 will be determined based on the prorated number of hours credited from March 3, 2015 through October 2, 2015. In both examples, the Flight Attendant's contribution rate for 2017 will be based on the hours worked during the October 3, 2015 through October 2, 2016 Look Back Period.

"Eligible hours" for Flight Attendants are outlined in the applicable Collective Bargaining Agreement.

Break in Service for Agents, Fleet Service Clerks, and Flight Attendants

If you terminate employment but are rehired, you will be treated as a New Hire, except if you are rehired within 13 weeks of your termination date, you will not be subject to the one month waiting period.

In "Medical Benefits Overview", Out-of-Area Option", the following chart replaces the charts on pages 61 through 63 (changes are in bold script):

Out of Area Coverage Option

Plan Features	Out-of-Area Coverage
Deductibles/Maximums	
Individual Annual Deductible	$750
Family Annual Deductible	$1,500
Individual/Family Annual Out-of-Pocket Maximum*	$2,000/$6,000
Preventive Care	
Annual Routine Physical Exam, including Well Woman Exam	**Covered at 100%**
Adult Immunizations	**Covered at 100%**
Pap Test	**Covered at 100%**
Screening Mammogram according to age guidelines (Age 35 thru 39-one every 1-2 years. Age 40 thru 49 as recommended by physician. Age 50 and beyond-once every year)	**Covered at 100%**
PSA screening and colorectal screening (according to age guidelines-routine coverage begins at age 50)	**Covered at 100%**

Plan Features	Out-of-Area Coverage
Well Child office visits and immunizations (Preventive Care based on USPSTF (Grade A & B recommendations) and CDC guidelines)	**Covered at 100%**
Medical Services	
Primary Care Physician's Office Visit	20% coinsurance
Specialist Office Visit	20% coinsurance
Gynecological Care Visit	20% coinsurance
Diagnostic Mammogram	20% coinsurance (if medically necessary); routine mammograms are covered according to specific guidelines - refer to Mammograms in "**Error! Reference source not found.**" on page **Error! Bookmark not defined.**
Pregnancy - Physician Services	20% coinsurance
PSA and colorectal diagnostic exam	20% coinsurance
Second Surgical Opinion	20% coinsurance
Urgent Care Center Visit	20% coinsurance
Chiropractic Care Visit	20% coinsurance (max of 20 visits per year in-network and out-of-network combined)
Speech, Physical, Occupational, Restorative, and Rehabilitative Therapy	20% coinsurance
Acupuncture: Medically necessary treatment (performed by a Certified Acupuncturist) only when acupuncture treatment has been proven both safe and effective treatment for such diagnosed illness or injury	20% coinsurance
Allergy Care	20% coinsurance
Diagnostic X-ray and Lab	20% coinsurance
Outpatient Services	
Outpatient Surgery in Physician's Office	20% coinsurance
Outpatient Surgery in a Hospital or Free Standing Surgical Facility	20% coinsurance
Pre-admission Testing	20% coinsurance
Hospital Services	
Inpatient Room and Board, including intensive care unit or special care unit	20% coinsurance

Plan Features	Out-of-Area Coverage
Ancillary services (including x-rays, pathology, operating room, and supplies)	20% coinsurance
Newborn Nursery Care (Considered under the baby's coverage, not the mother's. You must add the baby on-line via Jetnet within 60 days or these charges will not be covered.)	20% coinsurance
Inpatient Physician Services, Surgery, Anesthesia, and Medically Necessary Assistant Surgeon	20% coinsurance
Blood Transfusion	20% coinsurance
Organ Transplant	20% coinsurance
Emergency Ambulance	20% coinsurance
Emergency Room (hospital) Visit	20% coinsurance
Out-Of-Hospital Care	
Convalescent and Skilled Nursing facility following hospitalization	20% coinsurance (max of 60 days per year in-network and out-of-network combined)
Home Health Care Visit	20% coinsurance
Home Infusion Therapy	20% coinsurance
Hospice Care	20% coinsurance
Other Services	
Tubal Ligation or Vasectomy (reversals are not covered)	**Tubal ligation covered at 100%** Vasectomy: 20% coinsurance
Infertility Treatment	Not Covered
Radiation Therapy	20% coinsurance
Chemotherapy	20% coinsurance
Kidney Dialysis (if the dialysis continues more than 12 months, participants must apply for Medicare)	20% coinsurance
Supplies, Equipment, and Durable Medical Equipment (DME)	20% coinsurance
Mental Health and Chemical Dependency	
Inpatient Mental Health Care	20% coinsurance

In "General Eligibility", "Proof of Eligibility", on pages 22 through 23, the following paragraphs replace the "Common Law Spouse/Company-recognized Domestic Partners" section:

Spouse/Common Law Spouse/Company-recognized Domestic Partners

Throughout this Guide, the term "spouse" is used to refer to your legally married spouse, as well as your eligible common law spouse or Company-recognized Domestic Partner unless Company-recognized

Domestic Partners are addressed separately. Under current laws, a Company-recognized Domestic Partner is not eligible for certain health and welfare benefits under an ERISA-covered plan. We have identified where a Company-recognized Domestic Partner is not eligible for a certain benefit under the relevant section of this Guide.

Please see the definitions below of opposite-sex spouse, same-sex spouse, and common law spouse to understand eligibility requirements for spouse coverage under Envoy benefits.

Opposite-Sex Spouse

Your opposite-sex spouse to whom you are legally married. If you and your spouse were married outside the United States or one of its territories, you and your spouse must have been legally married in the country/jurisdiction where your marriage took place. Your marriage must be legally documented via marriage certificate from the state or country government that permitted and certified your marriage. You and your spouse must not be married to, or have a DOMESTIC PARTNER (DP), common law, or other spouse-like relationship with any person(s) at the same time you are married to each other.

Same-Sex Spouse

As a result of change to the federal Defense of Marriage Act (DOMA), the Plan now recognizes same-sex marriage for purposes of benefit eligibility, provided you and your same-sex spouse were legally married in one of the states or territories that recognize same-sex marriage. Adding your same-sex spouse to your benefits affords your same-sex spouse the same eligibility and coverage available to any other company employee and his/her opposite-sex spouse. If you and your same-sex spouse were married outside the United States and its territories, you and your same-sex spouse must have been legally married in the country/jurisdiction where your marriage took place. You marriage must be legally documented via marriage certificate from the state or country government that permitted and certified your marriage. Furthermore, you and your same-sex spouse must not be married to, or have a DOMESTIC PARTNER (DP), common law, or other spouse-like relationship with any other person(s) at the same time you are married to each other. The requirement that must be satisfied for your same-sex spouse to be eligible for coverage under the Plan is as follows:

- You and your same-sex spouse were legally married in one of the U.S. states, districts, territories protectorates or other countries or jurisdictions that has legalized same-sex marriage.

Common Law Spouse

Common law spouses are eligible for enrollment in Plan benefits only if your common law marriage is recognized and deemed (certified) legal by the individual state where the employee resides, and only if the employee and spouse have fulfilled the state's requirements for common law marriage. To enroll your common law spouse for benefits, you must complete and return a Common-Law Marriage Recognition Request and provide proof of common law marriage, as specified on the form. You and your common law spouse must not be married to, or have a DOMESTIC PARTNER (DP), common law, other spouse-like relationship with any other person(s) at the same time you are in a common law marriage to each other.

Although criteria vary by state, the following guidelines usually apply:

- The couple cohabitates for a specified period of time established by the state.
- The persons recognize each other as husband and wife.
- The persons hold each other out publicly as husband and wife.

"Company-recognized Domestic Partners" are defined by Envoy and Its Affiliates as two people in a spouse-like relationship who meet all of the following criteria:

- Are the same gender
- Reside together in the same permanent residence and have lived in a spouse-like relationship for at least six consecutive months
- Are both at least 18 years of age and are not related by blood in a degree that would bar marriage
- Are not legally married to, or the common law spouse or Company-recognized Domestic Partner of any other person
- Submit a complete and valid Declaration of a Domestic Partnership from the Company-recognized Domestic Partner Enrollment Kit.

Company-recognized Domestic Partners and their eligible dependent children ARE eligible to be covered under the following benefits or Plans:

- Out-of-Area Coverage, PPO-Deductible, PPO-Copay and Minimum Coverage Options
- Health Maintenance Organizations
- Dental Benefit
- Vision Insurance Benefit
- Accident Insurance Benefit
- Spouse Life Insurance Benefit

Company-recognized Domestic Partners **ARE NOT** eligible to participate in:

- Flexible Spending Accounts (your Company-recognized Domestic Partner's health care expenses may not be reimbursed from your HCFSA)

In "Dental Benefits", "Filing Claims", on page 101, replace the section entitled, "Claim Filing Deadline" with the section below. The effective date of this change was January 1, 2011.

Claim Filing Deadline

You must submit all dental claims within one year of the date the expenses were incurred. Claims submitted more than 12 months after expenses were incurred will not be considered for payment. Notwithstanding the above, the Department of Health and Human Services ("HHS") and the Center for Medicare and Medicaid Services ("CMS") or any other agency under the HHS may file claims under the Medicare Secondary Payer Statute within 36 months of the date on which the expense was incurred.

In "Additional Health Benefit Rules", pages 163 and 164, the Extended Continuation of Medical Coverage for Qualifying Pilots provision is no longer applicable due to the change in the FAA-mandated retirement age. Therefore, the following provision should be deleted in its entirety:

Extended Continuation of Medical Coverage for Qualifying Pilots

Effective January 1, 2005, if you retire from a Pilot position at American Eagle Airlines, Inc. or Executive Airlines, Inc. at the FAA-mandated retirement age (age 60), you may be eligible for Extended Continuation of Medical Coverage until such time as you become eligible for Medicare. The Pilot who elects Extended Continuation of Medical Coverage will not be able to elect Dental Benefits and Vision Insurance Benefits, The Pilot may not elect an HMO as his/her Medical option for the Extended Continuation of Medical Coverage. If you do not elect Extended Continuation of Medical Coverage, claims incurred after the expiration date of your initial COBRA Continuation of Coverage period are not payable.

Eligibility for Extended Continuation of Medical Coverage for Qualifying Pilots

Eligibility

You are eligible to elect Extended Continuation of Coverage when you:

- Retire as an American Eagle Pilot at the FAA mandated retirement age. (Pilots retiring prior to the FAA mandated retirement age are not eligible for Extended Continuation of Medical Coverage).
- Elect and maintain medical coverage under COBRA Continuation of Coverage for the maximum continuation period when first eligible at the time of retirement.

Dependents will not be eligible for Extended Continuation of Medical Coverage.

Solicitation For, Enrollment In, and Payment For, Extended Continuation of Medical Coverage for Qualifying Pilots

Benefit Concepts, the COBRA administrator, will mail a COBRA expiration notice to your home address (or to the address you provide Benefit Concepts) 60 days prior to the end of your COBRA Continuation of Coverage. Included in this letter will be instructions on how you can elect Extended Continuation of Medical Coverage. To take advantage of this extended coverage, you must respond in writing to Benefit Concepts within 30 days of the date postmarked on the notice. Failure to respond timely will result in forfeiture of this extended coverage option.

Paying for or Discontinuing Extended Continuation of Medical Coverage

To maintain Extended Continuation of Medical Coverage, you must pay the full cost of Extended Continuation of Medical Coverage on time, including any additional expenses permitted by law. Premiums for the Extended Continuation of Medical Coverage are due on the first day of each month for that month's coverage. If you elect Extended Continuation of Medical Coverage, you will receive a payment invoice from Benefit Concepts indicating when each payment is due. Payments are due even if you have not received your payment coupons. Failure to make the required payment on or before the due date, or by the end of the grace period will result in termination of Extended Continuation of Medical Coverage, without the possibility of reinstatement. All checks shall be made payable to Benefit Concepts and sent to:

Benefit Concepts
P.O. Box 9222
Chelsea, Mass. 02150-9222.

When Extended Continuation of Medical Coverage for Qualifying Pilots Begins/Ends

When Extended Continuation of Medical Coverage begins: If you elect Extended Continuation of Medical Coverage within 30 days of the date postmarked on the notice, the coverage becomes effective on the date your COBRA Continuation of Coverage would otherwise end. The Pilot must have maintained medical coverage under COBRA Continuation of Coverage for the maximum COBRA continuation period when first eligible at the time of retirement.

When Extended Continuation of Medical Coverage ends: Extended Continuation of Medical Coverage automatically ends on the earliest of the following dates:

- The Pilot electing Extended Continuation of Medical Coverage becomes entitled to Medicare. In the event that the Medicare-eligible age is changed by law, the Extended Continuation of Medical Coverage may be extended up to but not exceeding 3 additional years beyond the date at which the Pilot could become eligible for Medicare based on the laws in effect on January 1, 2005
- Payment for Extended Continuation of Medical Coverage is not postmarked within 30 days after the date payment is due. Checks returned for non-sufficient funds ("NSF" or "bounced") are considered non-payment. If full payment is not received (postmarked) within the grace period specified on the invoice, your coverage will be terminated, without the possibility of reinstatement
- The Pilot who elects Extended Continuation of Medical Coverage becomes covered under any other group medical plan, unless that plan contains a pre-existing condition limitation that affects the plan participant. In that event, the Pilot is entitled to Extended Continuation of Medical Coverage up to the maximum time period
- The Company no longer provides this Extended Continuation of Medical Coverage

If you have questions regarding Extended Continuation of Medical Coverage, contact Benefit Concepts at 1-866-629-0274.

Under the "Glossary" section, on page 204, replace the definition of "Company" with the following revised definition. This change is effective April 15, 2014:

Company

Envoy Air Inc. and Its Affiliates.

Under the "Glossary" section, on page 206, replace the definition of "Enter-on-duty date" with the following. This change is effective April 15, 2014.

Enter-on-duty date

The first date that you are on the U.S. payroll of Envoy Air Inc. as a regular employee.

Under the "Glossary" section, on page 208, replace the definition of "Maximum medical benefit" with the following definition. This change was effective January 1, 2011:

Maximum medical benefit

The maximum medical benefit is the most a benefit or plan will pay for eligible expenses during the entire time a person is covered by the benefit or plan. The Company's self-funded medical options (PPO-Copay, PPO-Deductible, Minimum Coverage and Out-of-Area options) do not have a lifetime medical maximum.

Under "Plan Administration" on page 174, the name of the group health plan is changed effective October 15, 2014 to the following:

The Group Health and Welfare Benefits Plan for Employees of Envoy Air Inc. and Its Affiliates.

In "Reference Information", "Contact Information", replace the "Contact Information" charts on pages 199 through 203 with the following charts:

Contact Information

The following table lists the names, addresses, phone numbers, and Websites (when available) for these important contacts.

For Information About:	Contact:	At:
Health and Welfare Benefits General questions, information updates, and request forms	HR Services Envoy MD 5141-HDQ P.O. Box 619616 DFW Airport, TX 75261-9616	1-800-447-2000 Chat live with HR Services: Click on the "Start a Chat" button on the top of this page. Chat hours are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday Website: Jetnet.aa.com
Medical Coverage		
Out-of-Area Coverage, PPO-Deductible, PPO-Copay and Minimum Coverage Options	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	1-800-496-3310 Website: https://www.jetnet.aa.com/jetnet/go/ssobcbs.asp Provider directory: http://www.bcbstx.com/envoyair/
Health Maintenance Organizations (HMOs) Option	Triple S	1-787-749-4777 Website: http://www.ssspr.com/
Puerto Rico employees only	Humana	Website: http://www.humana.com/ 1-787-282-7900
Maximum Medical Benefit Requests	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	1-800-496-3310 Website: https://www.jetnet.aa.com/jetnet/go/ssobcbs.asp Provider directory: http://www.bcbstx.com/envoyair/
Coverage for Incapacitated Child and Special Dependents (PPO-Deductible and PPO-Copay Options)	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	1-800-496-3310 Website: https://www.jetnet.aa.com/jetnet/go/ssobcbs.asp Provider directory: http://www.bcbstx.com/envoyair/
CheckFirst (Predetermination of Benefits) (Except HMOs)		

For Information About:	Contact:	At:
Out-of-Area Coverage, PPO-Deductible, PPO-Copay and Minimum Coverage Options	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	1-800-496-3310 Website: https://www.jetnet.aa.com/jetnet/go/ssobcbs.asp Provider directory: http://www.bcbstx.com/envoyair/
QuickReview (Pre-authorization for hospitalization)		
Out-of-Area Coverage, PPO-Deductible, PPO-Copay and Minimum Coverage Options	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	1-800-496-3310 Website: https://www.jetnet.aa.com/jetnet/go/ssobcbs.asp Provider directory: http://www.bcbstx.com/envoyair/
Prescription Drugs (Except HMOs)		
Mail Service Prescription Drug Option (Mail Order Pharmacy Service)	Express Scripts P. O. Box 747000 Cincinnati, OH 45274-7000	1-866-544-2994 Website: https://www.jetnet.aa.com/jetnet/go/ssomedco.asp
Prescriptions - Prior Authorization	Express Scripts® (formerly Medco)	1-800-753-2851 (Member Services)
Retail Prescriptions - Phone Inquiries	Express Scripts® Member Services	1-866-544-2994 Website: https://www.jetnet.aa.com/jetnet/go/ssomedco.asp
Filing Retail Prescription Claims	Express Scripts® P. O. Box 14711 Lexington, KY 40512	N/A
Employee Assistance Program		
Employee Assistance Program	EAP	1-800-555-8810

For Information About:	Contact:	At:
Dental Coverage		
Dental Benefit - Claims Processor	MetLife Envoy Dental Claim Unit P.O. Box 981282 El Paso, TX 79998-1282	1-866-838-0875 (For eligibility, claim and provider listings) For claims tracking, to review your coverage options, or to locate a network dentist, visit the MetLife Website at https://www.jetnet.aa.com/jetnet/go/ssometlife.asp. You will be prompted to enter a company name. Enter "Envoy". To continue the sign-in process, enter your uniquely-created "User Name" and "Password". If you are a first-time visitor to the site, click on "register here" under "Welcome to MyBenefits" or click the "Register Now" icon on the left. Follow the prompts to establish your account. If you have problems accessing the site, please contact MetLife's technical help desk at 1-877-9MET-WEB (1-877-963-8932), or email: info@metlife.com.
Vision Insurance		
Vision Discount Program	EyeMed	1-877-226-1116 Website: http://www.enrollwitheyemed.com/
Vision Insurance Benefit	Spectera® Vision, Inc. 2811 Lord Baltimore Drive Baltimore, MD 21244	1-800-638-3120 Website: https://www.myspectera.com/members/index.jsp
Life Insurance		
Term Life Insurance Benefit	MetLife Envoy Customer Unit P.O. Box 3016 Utica, NY 13504-3016	1-800-638-6420 1-877-275-6387 (for Information on Conversion)
Accident Insurance		
Accidental Death & Dismemberment (AD&D) Insurance Benefit, Voluntary Personal Accident Insurance Benefit, and Other Accident Insurance Benefits	CIGNA Group Insurance (for Life Insurance Company of North America) P. O. Box 22328 Pittsburgh, PA 15222 CIGNA Secure Travel	1-800-238-2125 From U.S. and Canada: 1-800-368-7878 From all other locations: 1-202-331-1596

For Information About:	Contact:	At:
Disability Coverage		
Disability Benefits: ***Optional Short Term Disability Insurance Benefit*** ***Long Term Disability Insurance Benefit***	MetLife Disability Envoy Claim Unit P. O. Box 14590 Lexington, KY 40511-4590	1-888-533-6287 Website access for claims tracking and coverage information: https://www.jetnet.aa.com/jetnet/go/ssometlife.asp
Flexible Spending Accounts (FSAs)		
Health Care and dependent Day Care FSAs	WageWorks Claims Administrator P.O. Box 14053 Lexington, KY, 40512	Telephone: 1-877-WAGEWORKS Fax: 877-353-9236 Website: http://www.wageworks.com/
Continuation of Coverage (COBRA)		
Continuation of Coverage (COBRA Administrator)	Benefit Concepts P.O. Box 246 Barrington, RI 02806	1-866-629-0274 Website: http://www.avantserve.com/
Other Information		
Envoy Benefits Administration Committee	EBAC Envoy MD 5485-HDQ1 P.O. Box 619616 DFW Airport, TX 75261-9616	ICS or 1-817-963-7377
Employee's Withholding Allowance Certificate Form W-4	Payroll Envoy MD 790-TUL 7645 E. 63rd Street Tulsa, OK 74133	ICS or 1-918-254-7439 Email to: AMR.Payroll.Customer.Service@aa.com
Other Options (Not Company Sponsored) The following program options are offered to eligible employees (and eligible dependents). However, Envoy Air, Inc. does not sponsor these programs. For any information about these program options, please contact the sponsor(s) directly:		
Group Prepaid Legal Services	Hyatt Legal Plans, Inc. 1111 Superior Avenue Cleveland, OH 44114-2507	1-800-438-6388
Group Homeowners' and/or Automobile Insurance	Metropolitan Property & Casualty Insurance Company 477 Martinsville Road, 4th Floor Liberty Corner, NJ 07938	1-800-438-6388

In "Benefits at a Glance", Medical Benefit Options", on page 9, the following text replaces the first five paragraphs of this section:

Medical Benefit Options

Generally, you may choose one of the following Plan options (collectively, the "Medical Benefits"):

- Minimum Coverage Option
- PPO-Deductible Option
- PPO-Copay Option
- Out-of-Area Option
- Health Maintenance Organization (HMO) Option (for Puerto Rico employees); and

Some Medical Options are not offered in all locations. The PPO Options are offered in most locations, but if you live outside the network/claims administrator access area, you are not eligible for the PPO Options and may choose the Out of Area Option for medical coverage. The Enrollment section on Jetnet will reflect which options are available to you.

You may also waive coverage.

The Plan's self-funded medical options – the PPO Copay Option, PPO Deductible Option, Minimum Coverage Option and Out-of-Area Option – are administered by the same network/claims administrator:

- Blue Cross and Blue Shield of Texas

A network/claims administrator is the health plan administrator that processes health care claims and manages the network of care providers and health care facilities.

Jetnet allows you to list two addresses – a permanent address (for tax purposes or for your permanent residence) and an alternate address (for a P.O. Box or street address other than your permanent residence). Since many employees maintain more than one residence, you may list both addresses in Jetnet; however, your alternate address determines which medical options are available to you. If you do not have an alternate address listed in Jetnet, your network/claims administrator is based on your permanent address.

In "Dental Benefits", "How the Dental Benefit Option Works", replace the "Usual and Prevailing fee limits" definition on page 98, with the following:

Usual and prevailing fee limits: The amount of benefits paid for eligible expenses is based on the usual and prevailing fee limits for that service in that geographic location (unless billed by a PDP dentist).

Under the "Glossary" section, on page 205, replace the definition of "Copayments" with the following:

Copayments

You pay a specific dollar amount for certain covered services when you use network providers. For example, under the PPO-Copay Option, you pay a flat dollar copayment for an office visit to your primary care physician (PCP).

Under the "Glossary" section, on page 208, replace the definition of "Medical Benefit" with the following:

Medical Benefit

The Company offers eligible employees the opportunity to elect medical coverage that provides protection for you and your covered dependents in the event of an illness or injury. You may choose the Minimum Coverage, PPO-Deductible or PPO-Copay Options, a Health Maintenance Organization (HMO), or you may waive coverage completely. If you reside in a geographic location that does not have adequate access to the PPO network, you will be eligible for the Out-of-Area option.

The Medical Options and HMOs are not offered in all locations.

Under the "Glossary" section, on page 210, replace the definition of "Primary Care Physician" with the following:

Primary Care Physician

A network physician who specializes in family practice, general practice, gynecology, internal medicine, or pediatrics and who coordinates all of the network medical care for a participant in a PPO Option or an HMO.

Under the "Glossary" section, on page 210, the following provision (as it relates to medical coverage) should be deleted in its entirety, as the Plan removed all pre-existing condition limitations under the medical options effective January 1, 2006:

Pre-existing condition (or pre-existing condition limitation)

A pre-existing condition includes any physical or mental condition that was diagnosed or treated before the participant's original coverage effective date (the date first enrolled in coverage) in a health plan and which will not be covered under that plan for a specified period after enrollment.

END OF SUMMARY OF MATERIAL MODIFICATIONS