



**AIRLINE RETIRE**  
BENEFIT PLAN



2025

# Airline Retiree Benefit Plan Benefits Guide

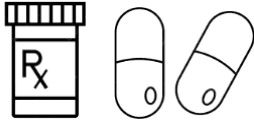
For Retirees of American Airlines and US Airways

## Retiree Medical Plan Comparisons

	Premium Plus Plan*	Premium Plan	Value Plan**
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED
Calendar Year Deductible	\$0	\$0	\$400
Out-of-Pocket Maximum	n/a	\$1,000	\$1,000
<b>Benefits</b>			
Medicare Part A Coinsurance & hospital cost (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	50% until Out-of-Pocket Maximum, then Plan Pays 100%	50% until Out-of-Pocket Maximum, then Plan Pays 100%
Blood - (first 3 pints)	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓
Skilled nursing facility care coinsurance	✓	✓	✓
Part A Deductible: \$1,676	✓	✓	✓
Part B Deductible: \$257	✓		
Part B excess charges	✓	✓	✓

\* Premium Plus Plan not available to Florida residents

\*\* Value Plan not available to Washington residents



# 2025 Prescription Drug Plan

## Benefit Overview

### YOUR 2025 PRESCRIPTION DRUG PLAN BENEFIT: Airline Retiree Benefit Trust

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. You have the choice of filling your retail prescriptions at pharmacies with preferred cost-sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

#### Deductible Stage

You do not pay a yearly deductible.

#### Initial Coverage Stage

You will pay the following until your total yearly drug costs reach \$2,000 according to the standard Part D plan.

Tier	Retail One-Month (31-day) Supply	Retail Two-Month (32-60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy <sup>®</sup> Home Delivery Three-Month (90-day) Supply
<b>Tier 1: Generic Drugs</b>	Preferred cost-sharing \$15 copayment Standard cost-sharing \$20 copayment	Preferred cost-sharing \$30 copayment Standard cost-sharing \$35 copayment	Preferred cost-sharing \$45 copayment Standard cost-sharing \$50 copayment	\$30 copayment
<b>Tier 2: Preferred Brand Drugs</b>	Preferred cost-sharing \$50 copayment Standard cost-sharing \$55 copayment	Preferred cost-sharing \$100 copayment Standard cost-sharing \$105 copayment	Preferred cost-sharing \$150 copayment Standard cost-sharing \$155 copayment	\$100 copayment
<b>Tier 3: Non-Preferred Drugs</b>	Preferred cost-sharing \$70 copayment Standard cost-sharing \$75 copayment	Preferred cost-sharing \$140 copayment Standard cost-sharing \$145 copayment	Preferred cost-sharing \$210 copayment Standard cost-sharing \$215 copayment	\$140 copayment
<b>Tier 4: Specialty Tier Drugs</b>	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	32.5% coinsurance

If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.

\*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts<sup>®</sup> Pharmacy. Other pharmacies are available in our network.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts<sup>®</sup> Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.

If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

#### Catastrophic Coverage Stage

Medicare has introduced a \$2,000 member maximum out of pocket that is determined based on member and plan cost sharing against the individual market. Once that combined total reaches \$2,000 you will have no more cost sharing for prescribed drugs.

Because your plan has enhanced coverage above the individual market plan, both the cost sharing you cover, as well as the cost share covered by plan that is better than the individual market plan actuarial value will contribute to the \$2,000 member maximum. This means you may meet the maximum out of pocket before paying for \$2,000 in cost sharing.

You will never pay more than \$2,000 per year for covered Part D drugs.

# Benefit Overview *(continued)*

---

## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2025 will be available by logging into [express-scripts.com/documents](https://express-scripts.com/documents) beginning on October 15, 2024.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an Explanation of Benefits (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://express-scripts.com), or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.268.5707 (TTY: 1.800.716.3231).



# 2025 Dental Plan

## MetLife Dental PPO

Coverage Type	IN-NETWORK	OUT-OF-NETWORK* MAC – all states (except 80th for AK & MT)**
<b>Type A: Preventive (no waiting period)</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative (6 months waiting period)</b> (fillings, extractions)	80%	80%
<b>Type C: Major Restorative (12 months waiting period)</b> (bridges, dentures)	50%	50%
<b>Deductible<sup>†</sup></b>		
<b>Individual</b>	\$25	\$25
<b>Family</b>	\$75	\$75
<b>Annual Maximum Benefit</b>		
<b>Per Person</b>	\$2,000	\$2,000

Late enrollment waiting period: If participant enrolls and drops coverage (or coverage ceases for any reason), there is a 24-month waiting period before they can enroll again. This will be administered by the Vendor.

\* In-Network Benefits refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. \* Out-of-Network Benefits refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

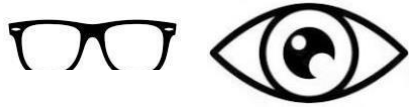
\*\* Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

† Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subjective to change.

## List of Primary Covered Services and Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	1 cleaning in 6 consecutive months
Oral Examinations	1 oral exam in 6 consecutive months
Topical Fluoride Applications	1 fluoride treatment in 12 consecutive months for dependent children up to 14 birthday
Bitewing X-rays: Child/Adult	1 time in 12 consecutive months for adults; 1 time in 6 consecutive months for children
Type B - Basic Restorative	How Many/How Often
Full-Mouth X-rays	Full-Mouth X-rays
Sealants	Sealants
Space Maintainers	Space Maintainers
Amalgam Fillings	Amalgam Fillings
Resin Composite Fillings	1 per Tooth Surface per 24 Consecutive Months
Sedative Fillings	
Periodontics – Non-Surgical	1 per quadrant or area in any 24 consecutive month period
Periodontal Maintenance	4 periodontal treatments in 1 year, less regular cleanings
Type C – Major Restorative	How Many/How Often
Inlays/Onlays/Crowns	1 Replacement per 10 years
Prefabricated Stainless Steel and Resin Crowns	1 Replacement per 10 years
Crowns Buildups/Post & Core	1 Replacement per 10 years
Repairs	1 per 12 consecutive months
Recementations	1 per 12 consecutive months
Endodontics - Root Canal	Once per Tooth per Lifetime
Periodontal Surgery – Soft and Connective Tissue Grafts	1 per Quadrant or area in any 36 consecutive month period
Dentures – Complete / Partial / Overdenture	1 replacement per 10 years
Denture Adjustments	1 per 12 consecutive months
Dentures – Rebases/Relines	1 per 36 consecutive months
Implant Services	1 replacement per 10 years
Implant Supported Prosthetic	1 replacement per 10 years
Fixed Bridges	1 replacement per 10 years
Consultations	1 in 12 consecutive months
Occlusal Adjustments	1 in 12 consecutive months
Debridement	1 per lifetime
Tissue Conditioning	1 per 36 consecutive months

The service categories and plan limitations shown above represent overview of your plan benefits. This document presents the majority of services within each category but is not a complete description of the plan.



# 2025 Vision Plan

## Superior Vision

### Vision Care Plan for Airline Retiree Benefit Plan

Benefits through Superior National network

Plan Frequency	
<b>Exam</b>	12 month
<b>Frame</b>	24 month
<b>Contact lens fitting</b>	12 month
<b>Eyeglass lenses</b>	12 month
<b>Contact lenses</b>	12 month

(based on date of service)

Exams
Eye Exam copay: <b>\$15</b>
Contact lens fitting <sup>2</sup> copay (standard and specialty): <b>\$10</b>
Specialty In-network allowance: <b>\$50</b>

Contacts <sup>4</sup>
In-network allowance: <b>\$100</b>

Materials <sup>1</sup>
Materials copay: <b>\$25</b>

Frames
In-network allowance: <b>\$125</b>

**Need help?**  
Contact 1(800) 507-3800 or  
visit [superiorvision.com](http://superiorvision.com)  
for assistance.

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
<b>Single vision</b>	Covered-in-full	Up to \$32
<b>Bifocal</b>	Covered-in-full	Up to \$46
<b>Trifocal</b>	Covered-in-full	Up to \$57
<b>Progressives</b>	Covered-in-full	Up to \$46

Shop with convenience while using your benefits through these in-network online retailers.

1800contacts®

GLASSES.COM

contactsdirect

befitting

# 2025 Vision Plan

## Superior Vision

Lens Add-On Discounts <sup>5</sup>	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid/gradient	\$15/\$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium/ultra/ultimate)	\$110/\$150/\$225
Anti-reflective coating (standard/premium/ultra/ultimate)	\$50/\$70/\$85/\$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67/1.75)	\$80/\$120
Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$37
Eye exam (OD)	Up to \$28
Frame	Up to \$64
Contact lens fitting (standard/specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$80

Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount Over allowance
Disposable contacts	10% off amount Over allowance
Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Hearing Aid Discounts <sup>5</sup>
<p>Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit <a href="http://superiorvision.com">superiorvision.com</a> or contact your benefits coordinator.</p>

Free Mobile App
<p>With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.</p>

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



# 2025 QualityCare Connect

ArmadaHealth



---

## WHAT IS QUALITYCARE CONNECT®?

Airline Retiree Benefits Plan provides you with exclusive access to QualityCare Connect®, a program that connects you with the best possible specialists and, effective January 2025, primary care physicians for you and your family's healthcare needs. Don't trust your health to an online search or the advice of friends - let QualityCare Connect find the best doctors for you.

### Why Do I Need This Service?

QualityCare Connect uses your diagnosis to identify physicians that have experience and expertise in treating your specific condition or injury. We give you peace of mind and save you time by connecting you to the right doctors based on your family's needs and preferences. We also verify insurance acceptance, appointment availability, current legal status and convenience of locations.

### HIGHLIGHTS

- Convenient access online or by phone
- At least three physicians are recommended based on objective evaluation of their expertise with your specific condition
- Detailed profiles for recommended physicians provided via email
- Insurance acceptance, appointment availability and required medical records confirmed for you
- QualityCare Connect has no legal or financial relationship with recommended physicians

### Help Is at Your Fingertips

**Go online or call for access to this valuable service.**

Requesting a Doctor is Easy

**Step 1** - Create an account by visiting your benefits site,

<https://airlineretireebenefits.com> and selecting Request A Doctor, QualityCare Connect.

**Step 2** - Request a doctor. You can search for either a primary care physician, a specialist or both.

Click the FIND PHYSICIANS button to request a doctor.

**Step 3** - Fill out the online form with your information.

**Step 4** - Be sure to check your email! Within several business days, you will receive at least two profiles of physicians suited to your preference selection. If you don't see the email, check your spam folder.

**Questions? Call us M-F, 8:30 a.m. to 8:00 p.m. EST | 888-302-5735**

\* This private and confidential service is provided by Airline Retiree Benefits Trust. Please be aware that we cannot provide recommendations for behavioral health or addictions.

There's no obligation to use the specialists we recommend, and we are not compensated by any physician for recommending them.

# 2025 Hearing Plan

## Start Hearing – Your Partner in Hearing

American Hearing Benefits has changed to StartHearing

You and your family members have exclusive access to **free hearing consultations** and **discounts up to 48% off all levels of hearing technology** through Start Hearing. These member services are available with your retiree insurance sponsored by your former employer.

### *Valuable benefits include:*



#### Discounts

- Discounts up to 48% on all StartHearing hearing aid technologies and styles
- FREE annual hearing consultations for you and your family
- Up to 3-year supply of FREE batteries (40 cells per hearing aid purchased per year)



#### Other Benefits

- Advanced technology, including rechargeable and Bluetooth® compatible options
- Access to a nationwide network of 3,000+ hearing professional locations



#### Buy with Confidence

- 60-day risk-free trial period
- FREE deluxe warranty plan\* (including loss and damage)
- A year of FREE follow-up office visits, if needed (up to six visits)

### *Accessing your hearing benefit is easy!*

#### Step 1

Contact us at (888) 612-6837 with questions or to schedule your FREE consultation.

#### Step 2

Our Hearing Core Advisor will answer questions and work with you to schedule an appointment with a hearing care professional in your area.

#### Step 3

Once your hearing has been fully evaluated\* and it is determined that a hearing aid could benefit you, our professionals will make a recommendation based on your hearing loss, lifestyle and budget.

#### Step 4

Now begin your life with better hearing. Once you make a hearing aid purchase decision, we give you a 60-day risk-free trial period to be sure you are completely satisfied.

Visit [starhearing.com/partners/thehartford](http://starhearing.com/partners/thehartford)  
or call us today at

**(888) 612-6837**

to take advantage of your exclusive member discounts.

The Bluetooth® word mark and logos are registered trademarks owned by Bluetooth SIG, Inc. and any use of such marks is under license.

\* Professional fees may apply.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

Start Hearing and Start Hearing logo are trademarks of Starkey Laboratories, Inc.

©2021 Starkey Laboratories, Inc. All Rights Reserved. 8/21 FLYR3897-00-EE-SH



The Silver&Fit<sup>®</sup> Healthy Aging and Exercise program supports every unique member.

Enjoy all of the following, anytime, anywhere, at no cost to you:



#### On-Demand Workout Videos

Go to [www.SilverandFit.com](http://www.SilverandFit.com) or download the ASHConnect™ mobile app to find workout videos for all fitness levels.



#### Workout Plans

Answer a few online questions about your fitness level and goals to get workouts to help you start an exercise routine.



#### Standard and Premium Fitness Network Choices

Join thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences for a buy-up price.\*



#### Healthy Aging Coaching

Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions.



#### Well-Being Club

Learn new skills and focus on your well-being by connecting with others, joining live-streaming classes and events, and viewing exclusive articles and videos.



#### Home Fitness Kits

Pick one kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim, and Yoga Kit options.\*\*

Go to [www.SilverandFit.com](http://www.SilverandFit.com) to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.p. Pacific time.

\*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

\*\*Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged**.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. The persons in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, and the Silver&Fit logo are trademarks of ASH. Limitations, member fees, and restrictions may apply. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

M950-7121-HFD Program Flier 08/22 © 2022 American Specialty Health Incorporated (ASH). All rights reserved.