

SECTION 33
BENEFITS

The following changes in Flight Attendant medical benefits and dental benefits will take effect July 1, 2003 ("Effective Date") unless otherwise indicated.

A. Medical Benefits

1. a. The changes in Medical Benefits established in the Agreement will apply to all employees covered by the Flight Attendant Agreement as of the Effective Date.
- b. A Flight Attendant eligible for medical coverage may elect medical coverage on behalf of herself/himself and her/his eligible dependents. The Flight Attendant may elect to be covered for medical benefits under the Medical Preferred Provider Option ("Medical PPO") or an applicable Health Maintenance Organization (HMO), or she/he may elect not to be covered for medical benefits. A Flight Attendant who fails to make an election for Medical Benefit coverage, will be deemed to have waived coverage for her/himself and her/his eligible dependents. A Flight Attendant who fails to make an election during any succeeding Annual Benefit Open Enrollment will be deemed to have elected to continue the election previously in effect.
2. Monthly Employee Contribution

A Flight Attendant electing to be covered for medical benefits will be required to make a monthly contribution for such coverage. Required monthly contributions will be governed by the following:

- a. The required contribution for each month of coverage under the Medical PPO will be based on a 4-tier structure (1 Adult, 2 Adults, 1 Adult + Child(ren) and 2 Adults + Child(ren)).
- b. For Flight Attendants on the Company's payroll, the required contributions for medical coverage will be paid by payroll deduction on a pre-tax basis. Such pre-tax payments are in addition to the amounts, if any, that the employee elects to defer to a Health Care Spending Account under the Flexible Spending Program.
- c. For individuals not on the Company's payroll (such as Flight Attendants on unpaid leave of absence, retirees, and survivors) or

Flight Attendants on the active payroll but who are on ANP or otherwise do not have a sufficient paycheck from which to take the payroll deduction, the required employee contributions will be paid on an after-tax basis.

- d. The required contributions for each month of coverage under the Medical PPO will be a percentage of the total projected cost of the Medical PPO for such calendar year for the coverage tier elected. The percentage for each year is as follows:

January 1, 2004 – 12%
January 1, 2005 – 14%
January 1, 2006 – 16%
January 1, 2007 – 18%
January 1, 2008 and thereafter – 20%

- e. The Total Monthly Cost of coverage as reflected in paragraph A.2.d. above on which the employee contribution is calculated will not increase by more than 7% per year. Employee contribution amounts will be rounded to the nearest penny. Any increase in the employee contribution for 2009 and beyond will not exceed 7% of the prior year's contribution rounded to the nearest penny.
- f. The contributions for each month of coverage under an HMO is equal to the total monthly cost of the HMO minus the amount of the Company's contribution that would apply for such coverage tier for such month of coverage under the Medical PPO.
3. As of the Effective Date, Flight Attendant Medical Benefits will provide coverage for all medical expenses considered covered medical expenses under the United Air Lines Medical and Dental Plan as follows:
 - a. Deductible: All covered medical expenses will be subject to a deductible in the amount of two hundred fifty dollars (\$250.00) per person per calendar year and five hundred dollars (\$500.00) per family per calendar year. The family deductible is reached when covered family members have, in aggregate, paid an amount equal to the family deductible, but in no event may one person satisfy more than the individual deductible amount.

- b. **Out-of-Pocket Limit:** The out-of-pocket limit is fifteen hundred dollars (\$1,500.00) per person per calendar year and three thousand dollars (\$3,000.00) per family per calendar year. The family deductible is reached when covered family members have, in aggregate, paid an amount equal to the family out-of-pocket limit, but in no event may one person satisfy more than the individual out-of-pocket amount.
- c. **Co-Insurance:** Except as provided in paragraphs 3.o., 3.p.(1), and 3.p.(3) below, covered expenses incurred from an in-network provider will be paid at eighty percent (80%) after the deductible is satisfied until the individual's out-of-pocket limit is reached and then will be paid at one hundred percent (100%) for that individual for the balance of the calendar year. Covered expenses received from an out-of-network provider will be reimbursed as described above except that the co-insurance amount is sixty percent (60%) rather than eighty percent (80%).
- d. **Lifetime Maximum:** The maximum benefit payable per person per lifetime for covered expenses incurred from an in-network provider is unlimited. The maximum benefit payable per person per lifetime for covered expenses incurred on or after May 1, 2003 from an out-of-network provider is \$500,000.
- e. **Medical PPO Network:** In-network providers under the Medical PPO will be the providers in the Claim Administrator's network, which is currently BlueCross BlueShield's Blue Card PPO network. All other providers are considered out-of-network under the Medical PPO.
- f. **Certain Out-Of-Network Expenses Considered as In-Network:** Under the Medical PPO, covered expenses incurred out-of-network will be considered and paid as in-network expenses in the following situations:
- (1) Covered individuals who receive covered treatment will receive in-network benefits for those expenses, if, within 30 driving miles of their home (including a temporary residence), there is no network specialist or in-network primary care physician or in-network hospital as applicable to the treatment in question.
 - (2) Treatment in the event of an emergency.
 - (3) Treatment received outside the United States.

- g. The Company will continue to extend family medical and dental coverage to an employee on leave pending a grievance on the same basis as for an active employee. If a Flight Attendant is discharged, she/he will be able to receive medical and dental coverage for 18 months at her/his own expense under the provisions of COBRA.

h. **Additional Covered Expenses**

- (1) **Reasonable and Customary:** All covered expenses received from out-of-network providers are limited to an amount determined to be Reasonable and Customary. Reasonable and Customary shall be the amount up to which approximately 85% of the providers in a specific geographical area charge for a specific medical service. "Approximately" shall be limited to a variance of not more than five (5) percentage points from the 85%. The Claims Administrator shall determine Reasonable and Customary.
- (2) **Home Health Care:** Home health care provided under the terms of a primarily skilled home health care plan, and must be provided by an approved home health care agency approved by the Claims Administrator. Coverage for home health care services will be provided when the care is determined by the Claims Administrator to be Medically Necessary. Eligible services must be provided in the Flight Attendant's place of residence and include:
 - part-time or intermittent skilled nursing care by or under the supervision of a registered graduate nurse;
 - services of a home health aide other than a member of the Flight Attendant's family or a person who lives in her/his home when the service is part of a skilled home health care plan;
 - physical therapy, occupational therapy, and speech therapy provided through the home health care agency; and
 - medical supplies, drugs and medicines that require a prescription by law and laboratory services.

Eligible services will not include housekeeping, cooking, baby-sitting, and the like.

- (3) Extended Care Facilities: Extended Care Facilities that have been approved by the Claims Administrator if the confinement in the extended care facility is ordered by the Flight Attendant's or dependent's physician for continuing treatment of an illness or injury and if the Flight Attendant or dependent requires convalescent care that requires medical supervision and skilled nursing services.
- (4) Hospice Care: Services of an approved hospice organization and facilities for terminally ill employees and/or dependents with a life expectancy of six (6) months or less pursuant to a Medicare-approved hospice care program. These eligible hospice care services include:
- part-time nursing care (Registered Nurse),
 - physical, occupational and speech therapy,
 - medical social services under the direction of a Licensed Physician,
 - hospice services provided on an out-patient basis,
 - part-time services of a home health aide,
 - necessary medical supplies,
 - laboratory services,
 - pain relief treatment, including drugs, medicines and medical supplies,
 - Licensed Physician's services, and
 - up to 3 psychological, spiritual and bereavement counseling to surviving members of the terminally ill person's immediate family within one year of the employee's or dependent's death.
- (5) Auditory: Expenses for hearing examinations, hearing aids and batteries for hearing aids up to \$5,000 per person per lifetime.
- i. Licensed Clinical Social Workers (LCSW) will be considered covered providers under the Plan. Corresponding terms, if any, will also be included to reflect comparable qualified positions in the countries where International domiciles are located.
- j. Preventive Care
- (1) Wellness Program: The Plan shall cover expenses for services provided for in the wellness program described in Attachment A.

- (2) Pap Smears: The Plan shall cover expenses for an annual cervical cytology screening which includes a pelvic examination, the collection and preparation of a pap smear, and associated lab and diagnostic services.
- (3) Prostate Specific Antigen; The Plan shall cover expenses for an annual PSA test for men age 50 and over.
- k. Licensed Birthing Centers: The use of licensed birthing centers will be a covered medical expense.
- l. Prescription Drugs under the Medical PPO
- (1) Expenses for prescription drugs filled at retail are subject to the deductibles and co-insurance applicable to in-network expenses.
- (2) Mail delivery of prescription drugs is available for maintenance drugs and is mandatory for certain maintenance drugs after prescriptions have been filled three times (maximum 90 days) at retail. Mail delivery prescription drugs are not subject to deductibles or co-insurance, but do require employee co-payments. These employee co-payments do not apply toward the deductible or out-of-pocket limits.

Each calendar year the employee co-payments will increase annually at the same rate as the total projected cost of the mail delivery prescription drug program increases; provided, however, that any increase in the employee co-payments for any year will not exceed 7% of the prior year's co-payment, rounded to the nearest dollar.

- (3) The prescription drug program will be subject to strong management to ensure consistency with medical necessity and generally accepted practice. In cases where alternative therapies, dosage changes or similar recommendations are made, the individual's physician will have the right to reject those recommendations made pursuant to the strong management program. Determinations about medical necessity, clinically appropriate use of a drug, and similar determinations are not subject to rejection by the individual's physician, however, such physician may avail herself/himself of the appeal process established by Medco Health or its successor. Such appeal will be reviewed and a decision made

within 48 hours of receipt of the appeal by Medco Health or its successor.

m. Dependent Definition

- (1) The definition of dependent child will include:

“Your step-child

or

*A child who is related to you by blood or marriage or for whom you have legal guardianship provided any such child is living with you in a normal parent-child relationship, is primarily dependent upon you for support and care, and is eligible to be reported as a dependent on your federal income tax form.”

- (2) Eligible dependent will include an employee's Qualified Domestic Partner. A Qualified Domestic Partner is an employee's domestic partner who is of the same sex as the employee and who has been enrolled by the employee with the Company as her or his domestic partner in accordance with the rules and procedures established by the Company.

n. Dependent Changes: To add a new dependent (including a newborn), delete a dependent, or to make any other changes involving dependents, the Flight Attendant must notify the Company or its designee within 30 days of the event allowing the change (otherwise, changes regarding dependents may be made only during an Annual Benefit Open Enrollment).

o. Pre-Certification of Hospital Confinements: The need for and duration of confinement in any treatment facility must be pre-certified. The portion of the confinement not certified will be payable at fifty percent (50%). The remaining fifty percent (50%) will not apply to the out-of-pocket limit. Participants must notify the proper party of the emergency admission, within 48 hours after admission or as soon thereafter as possible.

p. Psychiatric and Substance Abuse

- (1) Covered expenses for out-patient psychiatric and substance abuse treatment received from an in-network provider will be payable at 80% and the employee's share does not apply to the out-of-pocket limit.

(2) Coverage for in-patient psychiatric and substance abuse treatment received from an out-of-network provider is limited to 30 days per calendar year per person.

(3) Covered expenses for out-patient psychiatric and substance abuse treatment received from an out-of-network provider will be payable at 50% and the employee's share does not apply to the out-of-pocket limit.

q. Right of Reimbursement: The Medical PPO Plan will have a right of reimbursement when the Plan has paid the expenses of a plan participant and the plan participant later recovers any amount from a third party who is responsible for the illness or injury. The Plan's recovery is the first dollar paid in the judgment or settlement and is limited to the amount of the award or the amount paid by the Plan, whichever is smaller.

r. Maintenance of Benefits: The Medical PPO will apply Maintenance of Benefits for employees with other group coverage rather than Coordination of Benefits.

s. Survivors Benefits: The widow/er or surviving Qualified Domestic Partner of an active employee or employee on an illness leave of absence status with ten (10) or more years of Company Seniority on the date of her/his death will be covered by the active employee medical plan until the widow/er or surviving Qualified Domestic Partner becomes eligible for Medicare or remarries (or in the case of a Qualified Domestic Partner, enters into another domestic partnership), whichever occurs first. Children of the employee who satisfy the eligibility requirements of the Plan will continue to be covered until they no longer meet the eligibility rules, the widow/er or Qualified Domestic Partner is no longer covered, the dependent child becomes employed and eligible for medical coverage through their employment, or the child becomes eligible for Medicare, whichever occurs first. Upon becoming eligible for Medicare, the widow/er or Qualified Domestic Partner will become eligible for retiree medical coverage on the same basis as retired employees.

t. Deadline to Submit Claims: Claims for Covered Expenses must be submitted for payment and received by the Claims Administrator within twelve (12) months from the date charges are incurred.

u. Former Pan Am Flight Attendants: Former Pan Am Flight Attendants who became United Flight Attendants as part of the acquisition of the Pan Am Pacific Division in 1986 or the 1991 London Route Acquisition shall have their years of service at Pan Am counted as years of service with United for the purpose of eligibility and contribution rules.

v. Retiree Medical Benefit applicable to Flight Attendants who retire on or after July 1, 2003.

(1) Eligibility: A Flight Attendant (and her/his eligible dependents and survivors) will be eligible for retiree medical benefits if the Flight Attendant, at retirement, meets one of the following:

Either

- a. Age fifty-five (55) or older with ten (10) or more years of service, or
- b. On May 1, 2003 was age fifty (50) or older with ten (10) or more years of service, and
- c. In both cases above, retires from active status, voluntary furlough, or Medical Leave of Absence, and
- d. Continues to make required contributions.

Or

- e. Employment is terminated, by exhausting the full period of medical leave of absence; and
- f. Years of service are equal to or greater than 25 years; and
- g. Employee is collecting Social Security Disability Benefits; and
- h. continues to make required contributions.

For these purposes a Flight Attendant's "years of service" is equal to the period from the Flight Attendant's company seniority date through the Flight Attendants retirement/termination date.

(2) Pre-Medicare Retiree Medical Benefits: When first eligible, and during any subsequent Annual Benefit Open Enrollment, a retired Flight Attendant or survivor may elect from among the same options as are available to active Flight Attendants (the

Medical PPO, any available HMO, or no coverage). Coverage will not be offered again once coverage has been waived or has ceased due to nonpayment of the required monthly contribution.

(3) Monthly Contribution for Pre-Medicare Medical PPO: A retired Flight Attendant or survivor electing to be covered for Pre-Medicare medical benefits will be required to make a monthly contribution for such coverage. The required contribution of each month of coverage under the Medical PPO will be based on a 4-tier structure (1 Adult, 2 Adults, 1 Adult + Child(ren), and 2 Adults + Child(ren)). The required contribution for each month of coverage under the Medical PPO is equal to a percentage of the total projected costs of the Medical PPO, based on the Flight Attendant's years of service as follows:

<u>Years of Service</u>	<u>Percentage of Cost</u>
10 through 19	80%
20 through 24	60%
25 and over	40%

The required contribution for each month of coverage under the Medical PPO is equal to the applicable percentage of the total projected cost of the Medical PPO for such calendar year, for the coverage elected. There is no limit on the increases to the monthly contribution, although co-payments for the mail order drugs are limited as provided for active Flight Attendants..

(4) Monthly Contribution for Pre-Medicare Medical HMO: The contribution of each month of coverage under an HMO is equal to the total monthly cost of the HMO minus the amount of the Company's contribution that would apply for such coverage tier for such month of coverage under the Medical PPO.

(5) Post Medicare Retiree Medical Benefits: When first eligible, and during any subsequent Annual Benefit Open Enrollment, a retired Flight Attendant or survivor may elect from among one or more supplemental plans to Medicare offered by the Company. Coverage will not be offered again once coverage has been waived or has ceased due to nonpayment of the required monthly contributions.

- (6) Monthly Contribution for Post-Medicare Coverage: Eligible individuals must pay a monthly contribution for the cost of Post-Medicare coverage. The monthly contribution is equal to the total projected cost of such post-Medicare coverage for the calendar year, per person, minus a Company contribution equal to \$90 per month per person covered.

w. Flight Attendant Retiree Medical Plan Board

- (1) A Joint AFA-Company Board will be established to monitor and address issues relative to the Flight Attendant pre-Medicare comprehensive medical plan and other Flight Attendant welfare benefit plans.

The joint committee will be composed of two (2) members selected by the AFA and two (2) members selected by the Company.

The Committee members will be the coordination point to their respective constituents.

- (2) The above committee will have full access to all pertinent health and welfare data, including but not limited to updated reasonable and customary information, as available, names and addresses of retired Flight Attendants updated on a semi-annual basis, and experience data of existing benefits.
- (3) This committee will be free to expand upon or memorialize their goals, structure and operating criteria.

- x. If, during the term of this Agreement (2005 – 2010), the Company agrees to improvements for any employee group (union or non-union) in the terms, other than employee contributions, of the medical coverage as described in this Section 33, such improvements will also be provided to active Flight Attendants and Flight Attendants retiring on or after July 1, 2003.

B. Dental Benefits

1. A Flight Attendant may elect to be covered for dental benefits under either the Traditional Dental Plan or an applicable Dental Health Maintenance Organization (“DHMO”), or she/he may elect not to be covered for dental benefits. A Flight Attendant who fails to make an election, will be deemed to have waived coverage for her/himself and her/his eligible dependents. A Flight Attendant who fails to make

an election during any succeeding Annual Benefit Open Enrollment will be deemed to have elected to continue the election previously in effect.

2. Monthly Employee Contribution

A Flight Attendant electing to be covered for dental benefits will be required to make a monthly contribution for such coverage. Required monthly contributions will be governed by the following:

- a. The required contribution for each month of coverage under the Traditional Dental Plan will be based on a 4-tier structure (1 Adult, 2 Adults, 1 Adult + Child(ren) and 2 Adults + Child(ren)).
- b. For Flight Attendants on the Company’s payroll, the required contributions for dental coverage will be paid by payroll deduction on a pre-tax basis. Such pre-tax payments are in addition to the amounts, if any, that the employee elects to defer to a Health Care Spending Account under the Flexible Spending Program.
- c. For individuals not on the Company’s payroll (such as Flight Attendants on unpaid leave of absence, retirees, and survivors) or Flight Attendants on the active payroll but who are on ANP or otherwise do not have a sufficient paycheck from which to take the payroll deduction, the required employee contributions will be paid on an after-tax basis.
- d. The required contributions for each month of coverage under the Traditional Dental Plan will be a percentage of the total projected cost of the Traditional Dental Plan for such calendar year for the coverage tier elected. The percentage for each year is as follows:

January 1, 2004 - 12%

January 1, 2005 - 14%

January 1, 2006 - 16%

January 1, 2007 - 18%

January 1, 2008 and thereafter - 20%

- e. The total monthly cost of coverage as reflected in paragraph B.2.d. above on which the employee contribution is calculated will not increase by more than 7% per year. Employee contribution amounts will be rounded to the nearest penny. Any increase in the employee contribution for 2009 and beyond will not exceed 7% of the prior year’s contribution rounded to the nearest penny.

- f. The contributions for each month of coverage under a DHMO is equal to the total monthly cost of the DHMO minus the amount of the Company's contribution that would apply for such coverage tier for such month of coverage under the Traditional Dental Plan.
3. The benefits under the Traditional Dental Plan are as follows:

After the deductible has been satisfied, covered dental expenses will be paid as follows:

Preventative (Class I) Procedures at 100%
 Restorative (Class II) Procedures at 80%
 Major (Class III) Procedures at 50%
 Orthodontic (Class IV) Procedures at 50%

The deductible is \$50.00 per person per calendar year with a \$100 deductible per family per calendar year. The deductible amount will be waived for preventive procedures.

Payments will be based on reasonable and customary charges as determined by the Claims Administrator. Reasonable and customary shall be the amount up to which approximately 85% of the dentists in a specific geographic area charge for a specific dental procedure. "Approximately" shall be limited to a variance of not more than five (5) percentage points from the 85%.

Maximum Payment
 Non-Orthodontia Treatment: \$2,000 per person per calendar year

Orthodontia Treatment: \$2,000 per person per lifetime

Pre-treatment Review will be required for any non-emergency dental treatment that is expected to cost over \$200. Only the portion of the treatment that is approved will be considered for payment.

4. Dependents
- a. Eligible dependent will include an employee's Qualified Domestic Partner. A Qualified Domestic Partner is an employee's domestic partner who is of the same sex as the employee and who has been enrolled by the employee with the Company as her or his domestic partner in accordance with the rules and procedures established by the Company.

- b. To add a new dependent (including a newborn), delete a dependent, or to make any other changes involving dependents, the Flight Attendant must notify the Company or its designee within 30 days of the event allowing the change (otherwise, changes regarding dependents may be made only during an Annual Benefit Open Enrollment).
5. Maintenance of Benefits: The Traditional Dental Plan will apply Maintenance of Benefits for employees with other group coverage rather than Coordination of Benefits.
6. Deadline to Submit Claims: Claims for Covered Expenses must be submitted for payment and received by the Claims Administrator within 12 months from the date charges are incurred.
7. If, during the term of this Agreement (2005 – 2010), the Company agrees to improvements (for any employee group (union or non-union) in the terms, other than employee contributions, of the dental coverage as described in this Section 33, such improvements will also be provided to active Flight Attendants.
- C. COBRA
 The Company will continue benefits in accordance with COBRA, as amended from time to time. Any period of time during which the Company continues to pay a portion of the cost of the coverage following a Qualifying Event will be considered part of the COBRA continuation period.
- D. Flexible Spending Account
 The Flexible Spending Account Plan, as permitted by Section 125 of the Internal Revenue Code, shall provide that a Flight Attendant may defer up to five thousand dollars (\$5,000) of her/his salary into a dependent care spending account and up to five thousand dollars (\$5,000) into a health care spending account. Any unused account balances remaining at the close of the plan year will be returned to the Plan participants in an IRS approved manner as selected by the Association prior to the next election period. The Plan will allow for payment for all health care and dependent care expenses that are allowable under the Internal Revenue Code.

E. Long-Term Disability

1. Eligibility

Flight Attendants who have completed one (1) year of service.

2. Enrollment

Upon becoming eligible, Flight Attendants will be automatically enrolled in LTD coverage, and will be subject to applicable payroll deductions. Flight Attendants will have the ability to opt out of coverage. A Flight Attendant who opts out of coverage will require evidence of insurability prior to being allowed to enroll in LTD coverage.

3. Benefit Amount

The Plan will pay a monthly benefit of fifty per cent (50%) of the employee's monthly salary on the date disability begins, reduced by any amount received from the following sources:

- a. Workers' compensation.
- b. Primary social security disability benefits (including continuation of such benefits payable after age 65).
- c. State disability benefits.

4. Monthly Salary

A Flight Attendant's monthly salary is the Flight Attendant's base pay rate for seventy-five (75) hours for Flight Attendants based at an International domicile and eighty-two (82) hours per month for a Flight Attendant based at a Domestic domicile. A Domestic domicile will be any domicile that has Domestic flying only or one that has both Domestic and International flying. An International domicile will be one that has International flying only.

5. Benefit Waiting Period

Benefits begin on the 271st day of total disability provided employee is under a doctor's care.

6. Benefit Duration

If the employee is age 60 or younger when disability begins, benefits will continue until the earlier of:

- a. Her/his 65th birthday
- b. No longer disabled.

c. No longer under a doctor's care.

If disability begins on or after the employee's 61st birthday, benefits will continue according to the following schedule, or until no longer disabled, or no longer under doctor's care, whichever is first.

<u>Age at Disability</u>	<u>Maximum Number of Months of Benefit Payments</u>
61	48
62	42
63	36
64	30
65	24
66	21
67	18
68	15
69 or older	12

The Company will improve the schedule above if required under the Older Workers' Benefit Protection Act.

7. Definition of Disability

Total disability means that during the first two years of benefits, the employee cannot perform the Flight Attendant's job. After two years, total disability means the employee cannot do any job for which the employee has the training, education or experience.

8. Limitations

LTD benefits are not paid for:

- a. War or act of war, whether declared or undeclared.
- b. Service in the Armed Forces of any country.
- c. Suicide or attempted suicide.

9. Coverage Duration

Coverage ends when the first of the following events occur:

- a. The employee ceases to be a Flight Attendant.
- b. The employee no longer makes required contributions.

10. Employee Cost

The cost of providing LTD benefits will be shared sixty percent (60%) by the Company and forty percent (40%) by the employee, up to a maximum employee contribution of fifty-five cents \$.55 for each \$100 of monthly salary as defined above.

11. Receiving New Benefits

If an employee who was receiving benefits, returns to work for less than 90 days, and is again unable to work because of the same or related disability, benefits will immediately recommence; but if the employee returns to work for longer than 90 days or if the disability is from an unrelated cause, the disability will be considered a new disability and will be subject to a new 270 day waiting period.

12. Maximum Benefit

There shall be no maximum monthly benefit.

13. Reinstatement of Coverage

Coverage will be automatically reinstated upon an employee's return to work from a layoff or an authorized leave of absence provided the Flight Attendant was enrolled for LTD at the start of the layoff or authorized leave of absence.

E. Life Insurance

1. The following changes will be applicable to each Flight Attendant in active service as an employee covered by the Flight Attendant Agreement on the effective date; otherwise on the first day of active service as such an employee after such date.
2. The current Company-paid life insurance will be forty thousand dollars (\$40,000) for all employees covered by the Agreement.
3. Each Flight Attendant in active service as a Flight Attendant will be provided Accidental Death and Dismemberment Insurance (paid by the Company) as set forth below;.
 - a. Eligibility to Become Insured - Flight Attendants in active service
 - b. Amount of Insurance – \$10,000 per Flight Attendant for death or dismemberment (loss of both hands, feet or eyes or any two thereof) or one-half of such amount for loss of one hand, foot or eye.

- c. Covered Hazards – Accidental bodily injury (occupational or non-occupational) resulting in death or dismemberment directly and independently of other causes within ninety (90) days of the accident, except while acting as a pilot or crew member of an aircraft (other than while acting in such capacity for the Company). The standard exclusions pertaining to suicide, self-inflicted injury, war, infection or disease apply.
- d. Continuation of Insurance – Coverage will continue for a Flight Attendant so long as the Flight Attendant is in active service or receiving sick leave pay.
4. Flight Attendants will be provided life insurance on the Flight Attendant's spouse and unmarried children to age 22 as follows:
 - \$3,500 spouse's life insurance
 - \$1,500 child's life insurance (\$1,000 if under 6 months)
5. Group Universal Life Insurance (GUL)

The Company shall continue to offer the GUL benefit to eligible Flight Attendants. The monthly salary on which such benefit will be based is the Flight Attendant's base pay rate for seventy-five (75) hours for Flight Attendants based at an International domicile and eighty-two (82) hours per month for a Flight Attendant based at a Domestic domicile. A Domestic domicile will be any domicile that has Domestic flying only or one that has both Domestic and International flying. An International domicile will be one that has International flying only.
6. Retiree Life Insurance — effective for Flight Attendants who retire on or after July 1, 2003.

Eligibility: A Flight Attendant (and her/his eligible dependents and survivors) will be eligible for retiree life benefits if the Flight Attendant, at retirement, meets the following:

- a. Age fifty-five (55) or older with ten (10) or more years of service, or
- b. On May 1, 2003 was age fifty (50) or older with ten (10) or more years of service, and
- c. In both cases above, retires from active status, voluntary furlough or Medical Leave of Absence.

For these purposes a Flight Attendant's "years of service" is equal to the period from the Flight Attendant's company seniority date through the Flight Attendant's retirement date.

Benefit Amount; \$10,000

G. Long Term Care Insurance

The Company agrees to offer Long Term Care Insurance to Flight Attendants on an employee paid basis through payroll deductions.

ATTACHMENT A

Preventive Health Care and Immunization Guide for Children Birth - 18 Years

Preventive Services	Birth to 1 Year	1 thru 4 Years	5 thru 12 Years	13 thru 18 Years
Schedule of Office Preventive Visits	<ul style="list-style-type: none"> • Within first 2 weeks • 2 months • 4 months • Between 6-9 months 	<ul style="list-style-type: none"> • 15 months • 2 years • Once between 3-4 years 	<ul style="list-style-type: none"> • 5 years • Once between 7-9 years • 12 years 	<ul style="list-style-type: none"> • Once between 13-18 years
Components of Preventive Visits	<ul style="list-style-type: none"> • Physical & medical history • Height & weight • Head circumference • Ocular prophylaxis (typically given at birth) • Hemoglobin blood test • Preventive health counseling and education • Dental health • Subjective assessment of vision & hearing • Developmental screening • Injury prevention 	<ul style="list-style-type: none"> • Physical & medical history • Height & weight • Preventive health counseling and education • Dental health • Vision screen 3-4 years • Subjective assessment of hearing • Developmental screening • Blood pressure • Injury prevention 	<ul style="list-style-type: none"> • Physical & medical history • Height & weight • Preventive health counseling and education • Dental health • Vision screen • Hearing screen • Blood pressure • Injury prevention 	<ul style="list-style-type: none"> • Physical & medical history • Height & weight • Preventive health counseling and education • Dental health • Blood pressure • Injury Prevention

Preventive Visits for children from birth to age 18 do not include tests and lab work ordered by the physician except for a hemoglobin blood test (CPT Code 85022) for children from birth to age 1 as shown above. The covered expense for Preventive Visits is the Reasonable and Customary charge for the following CPT Codes and includes the components shown above.

Age	Birth to 1	99381 or 99391
	1 thru 5	99382 or 99392
	5 thru 12	99383 or 99393
	12 thru 17	99384 or 99394
	18	99385 or 99395

**Preventive Health Care and Immunization Guide for Children Birth -
18 Years - continued**

Vaccine	Birth	2 months	4 months	6 months	12 months	15 thru 18 months	4 thru 6 years	12 thru 16 years
DtaP (Diphtheria, Tetanus, Acellular Pertussis CPT Code 90700, 90721, or 90723 (all except 12 to 16)		X	X	X		X	X	Adult Td (Tetanus, Diphtheria) X CPT Code 90718
OPV (Oral Polio Vaccine) CPT Code 90712		X	X	6 to 15 months X			X	
Hib (Haemophilus influenza b) CPT Code 90645, 90646, 90647, or 90648		X	X	X	12 to 15 months X			
MMR (Measles, Mumps, Rubella) CPT Code 90707 or 90710					12 to 15 months X			Booster between 11 th to 12 th year X
Varicella (Chicken Pox) CPT Code 90716					12 to 18 months X			Booster between 11 th to 12 th year X
HV (Hepatitis B) CPT Code 90740, 90743, or 90744	X	2 to 4 months X			6 to 18 months X			X

Preventive Health Care Guide for Adults

Preventive Services	Ages 19 thru 49	Ages 50 thru 54	Ages 55 and Over
Adult physical examination **	Every 5 years	Every 2 years	1 per calendar year
Blood pressure check CPT Codes 99201 or 99211	Every 2 years	Every 2 years	1 per calendar year
Blood cholesterol (Total and HDL) CPT Code 83715, 83718 or 82465	Every 5 years	Every 2 years	1 per calendar year
Complete Blood Count (CBC) CPT Code 85025	Every 5 years	Every 2 years	1 per calendar year
Chemistry Panel CPT Code 80048	Every 5 years	Every 2 years	1 per calendar year
Hemocult CPT Code 82270		Every year beginning at age 50	Every year
Flexible sigmoidoscopy or colonoscopy CPT Code 45330 or 45378		Every 5 years beginning at age 50	Every 5 years
Vision Screening CPT Code 99173			Every 1-2 years beginning at age 75
Tetanus-diphtheria (Td)vaccine CPT Code 90471, 90472, or 90718	Every 10 years	Every 10 years	Every 10 years
Influenza vaccine CPT Code 90657, 58, 59 or 60			1 per calendar year
Pneumococcal vaccine CPT Code 90732			Once after age 65
Rubella CPT Code 86762 or 90706	Once in lifetime	Once in lifetime	Once in lifetime

**Adult Physical Exam does not include tests and lab work ordered by the physician unless the test or lab work is specifically listed above. The covered expense for an Adult Physical Exam is the Reasonable and Customary charge for the following CPT Codes and includes the customary services performed by a Physician in an adult physical examination, including but not limited to assessment and history and vision screening.

Ages 18 to 39 — 99385 or 99395
40 to 64 — 99386 or 99396
65 plus — 99387 or 99397