

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue, creating a modern, dynamic feel.

**Navigating through the 2018
available benefits
for
Flight Attendants**

A guide to your Union offered Supplemental Benefits

This guide only provides highlights. Additional exclusions and limitations may apply.
You may contact the Supplemental Insurance Service Center at 1-877-885-9191

Short Term Disability

Short Term Disability is an income replacement Union benefit offered through TWU Local 556 and not Southwest Airlines. The Insurance carrier for this Union Member benefit is Lincoln Financial Group.

This Union benefit is for off job injuries only. Maximum weekly benefit is \$1200.

Benefit is up to 60 % of your salary in \$100 increments.

The weekly benefit is based on your prior years W2, Box 3 and Box 12 BL (your after-tax per diem). Some disability plans including Long Term Disability through Southwest do not include all of the same earnings when calculating the salary. Some plans actually consider a much less salary calculation than the Lincoln Short Term Disability P lan.

There are 5 plan options available:

<u>Plan 1:</u>
1/8/13 - pays 1st day accident; 8th day sickness; benefit duration 13 weeks
<u>Plan 2:</u>
1/8/26 - pays 1st day accident; 8th day sickness; benefit duration 26 weeks
<u>Plan 3:</u>
1/15/13 - pays 1st day accident; 15th day sickness; benefit duration 13 weeks
<u>Plan 4:</u>
1/15/26 - pays 1st day accident; 15th day sickness; benefit duration 26 weeks
<u>Plan CA: (for Flight Attendants based in California only)</u>
1/15/26 - pays 1st day accident; 15th day sickness; benefit duration 26 weeks

How Short and Long Term Disability work together

Benefits Plus Program

If you choose the health option under the Benefits Plus Program, Southwest Airlines pays for your Long Term Disability beginning at 180 days at 40% of your base salary.

Southwest Airlines gives you the option to purchase (buy-up) to a 90 day waiting period instead of the 180 day waiting period that Southwest Airlines provides at no cost to you. The percentage is increased to 60% from the 40%.

The Long Term Disability Benefit is reduced by other income sources.

When considering which Short Term Disability Plan to choose, first consider if you purchased the buy up plan with Southwest Airlines. Since they offset the benefit, there is not a need to purchase a Short Term Disability Policy for a 6 month benefit period that overlaps. When you file a Long Term Disability claim, you would end up paying for a benefit you would not receive.

If you did not purchase the buy up with Southwest Airlines then you would want to consider one of the 6 month benefit duration plans available for the Short Term Disability plans offered by your Union through payroll deduction.

Regular Plan Program

If you choose the health option under the Regular Benefits Program, Southwest Airlines does not pay for Long Term Disability. You have the option to purchase Long Term Disability from Southwest Airlines at 50% of your base salary with a 180 day waiting period. The Long Term Disability Benefit is reduced by other income sources.

If you are in the Regular Plan you may want to consider the Short Term Disability offered by your Union through payroll deduction for either a 3 or 6 month benefit duration. You can find the plan the fits your budget. The salary is calculated using the prior years W2 box3 and 12 B1, your after-tax per diem.

Supplemental Hospital Insurance

Some Flight Attendants have the Hospital Confinement Policy through Colonial Life. There are additional Hospital Confinement Policy options that will be available this coming open enrollment. They can be purchased whether you are on the Regular Plan or Benefits Plus Plan and are offered by your Union.

If you are in the Benefits Plus Program you have the option to purchase a similar Supplemental Hospital Insurance Plan through Southwest Airlines.

If you are in the Regular Plan Program, the Supplemental Hospital Insurance Plan is not available to you through Southwest Airlines.

If you are unsure if you have a Supplemental Hospital Confinement policy with Colonial Life you may review your Union benefits at www.twu556.org under the supplemental insurance tab or call 1-877-885-9191.

Southwest Airlines Supplemental Hospital Insurance Plan (Benefits Plus)

Eligible for up to \$1,500 in payments per year for you and each qualified family member with an additional \$1,000 benefit if admitted to an intensive care unit.

Upon initial confinement in the hospital you will receive \$750. For each day in a regular hospital room during the year, you will receive an additional \$250 a day, for up to three days. For each day in an intensive care unit hospital room during the year, you will receive \$250 per day, for up to a maximum of four days. See your 2018 Southwest Airlines Benefits Guide for additional information and your online Southwest Airlines enrollment tool for specific pricing.

Annual Enrollment when and how can I enroll?

Annual enrollment is typically the middle of January to the middle of February each year for a coverage date of March 1.

During annual enrollment several communications are sent via email, phone blast, posters in your flight base, fliers in your mailboxes or various other communications.

Benefits Counselors are in your Flight Attendant Lounge for several weeks during this time for you to meet with on an individual basis.

The call center is open for enrollment during the entire enrollment period if you do not have time or will not be able to make it to a Flight Attendant Lounge during the specified time.

Products available during annual open enrollment

Short Term Disability -Income replacement policy. GUARANTEED ISSUE every open enrollment. Meaning NO HEALTH QUESTIONS during this time. However, if you have applied outside of open enrollment and have been declined before you will have to answer health questions to apply even during this time. **6/12 Pre-existing condition clause** will apply. If you file a claim in the first year you have the policy, anything that you have treated for, sought medical advice for, or taken prescriptions for in the 6 months before the coverage date will be denied for the first year of the policy.

Accident Insurance - No health questions. Covers on and off job accidents. Pays you based on treatment received.

Critical Illness with Cancer Benefit - Lump sum benefit payments of up to \$30,000 for you, \$15,000 for spouse, \$10,000 for child; 5 major categories- Heart, Cancer, Organ, Quality of Life, Accident. Has annual wellness benefit.

Life Insurance - You may purchase up to \$350,000 on yourself; Spouse up to 100% of employee amount; Child \$10,000.

Legal Shield with ID Theft - Either sold individually or in combination. Legal Shield provides legal consultation, will preparation, document writing, and various other legal assistance. ID theft monitors and helps repair credit and Identity.

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What can I sign up for during the year?

Short Term Disability - You may enroll year round. You will need to answer health questions outside of open enrollment. If you are declined, and decide later to try and sign up at any time (even at open enrollment) you will have to answer the health questions.

Life Insurance - You may enroll year round, you will need to complete the manual application and answer health questions.

Legal Shield and ID Theft - You may enroll anytime.

Accident Insurance - You may only enroll during open enrollment.

Critical Illness with Cancer Benefit - You may only enroll during open enrollment.

To enroll call 877-885-9191 to speak with a customer service representative

Additional information regarding your Supplemental Benefits through your Union

1. Who is the insurance provider? Lincoln Financial Group is the insurance provider for all products except for Legal Shield.
2. How do I file a claim? Contact the Customer Service Center at 877-885-9191. They can answer any of your questions and assist with the claims process and email you forms.
3. I have questions on billing or my policy. Contact the customer service center 877-885-9191. They are a wealth of knowledge when it comes to what coverage's you have, assist with billing issues, and anything else.
4. What does my deduction look like on my paycheck "TWU556 Supplemental Ins".
5. How can I view my benefits online or make online payments? Go to www.twu556.org under the supplemental insurance tab.

A simple comparison between the Regular Plan Program and the Benefits Plan Program

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Details are in the summary plan descriptions on [SWALife>About Me](#).

Benefits Plus Program vs Regular Plan Program Comparison

Benefit Program Choices		
	Regular Plan	Benefits Plus Plan
Preventative Care		
Annual physicals including lab work		Yes
Well Woman Exams Including Mammograms		Yes
Well Man Exams		Yes
Newborn Care		Yes
Flu Shots and Immunizations		Yes
Other Preventative Care		Yes
Wellness Programs (Company Paid)		
Tobacco Cessation		Yes
Naturally Slim		Yes
Real Appeal		Yes
Wellness Rewards		
\$250 for Employee and Spouse		Yes
\$500 for Employee and Spouse		Yes
Clear Skies		
Live and Work Well Services	Yes	Yes
Counseling Services	Yes	Yes
Healthcare Concierge		
Compass		Yes
Telemedicine		
Teledoc		Yes

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Benefits available continued...					
	Regular Plan	Benefits Plus			
	Regular Plan Medical	No Medical	Choice Plus Medical	Choice Plan C Medical	Health Savings Plan
Medical Coverage					
Low/no paycheck contribution	Yes				Yes
\$400 - \$750 Company funding to Health Savings Account					Yes
Additional pay \$50 monthly		Yes			
Preventative Care (physicals, well woman/man, etc.)			Yes	Yes	Yes
Copays			Yes		
Low deductible	Yes		Yes		
Newborn Care			Yes	Yes	Yes
Infertility coverage			Yes	Yes	Yes
Spine and Joint Centers of Excellence			Yes	Yes	Yes
Coverage for Clinical Trials			Yes	Yes	Yes
Prescription Coverage					
Preventative drugs covered 100%			Yes	Yes	Yes
Mandatory 90-day mail order fill	Yes				
Tax Savings Accounts					
Health Savings Account (HSA)					Yes
Flexible Spending Account – Healthcare		Yes	Yes	Yes	
Flex Spending Account – Dependent Care		Yes	Yes	Yes	Yes
Tricare Supplemental Medical Insurance					
		Yes	Yes	Yes	Yes
Dental					
	Regular Plan	No Dental		Basic	Optional
	Available	Additional \$8.50 in your paycheck monthly		Available	Available
Vision					
	Not Available this year	Available			

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Benefits available continued ...

	Regular Plan	Benefits Plus Plan
Life Insurance		
Will preparation services		Available
Basic Life: \$50,000 max Provided by Southwest Airlines	1x's base salary up to \$50,000	\$50,000
Optional Life: purchase additional life on self	Same as basic coverage	One to ten times your salary up to \$2.95 million
Optional life on Spouse	\$10,000	\$10,000; \$20,000; \$30,000, \$50,000; \$100,000 \$150,000; \$250,000
Optional life on Committed Partner		\$10,000; \$20,000; \$30,000, \$50,000; \$100,000 \$150,000; \$250,000
Optional Child Life	\$1,000 for age less than 6 months; over 6 months \$5,000	\$10,000 or \$20,000
Accidental Death and Dismemberment		
A D & D Employee Only	Same amount as basic life paid for by Southwest Airlines	Available for optional purchase pre-tax for employee or for employee + family
Salary Replacement for Disability		
Company paid Short Term Disability	Not available	Not available
Company paid Long Term Disability	Not available	40% of base monthly pay with 180 day waiting period is company paid benefit
Optional Long Term Disability	Have option to purchase 50% of base monthly pay with 180 waiting period benefit (see details in this booklet as well as SWALife)	Have option to purchase 60% of base monthly pay with 90 day waiting period benefit

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Benefits available continued ...		
	Regular Plan	Benefit Plus Plan
Supplemental Hospital Insurance		Available
Long Term Care		Available
Pet Insurance		Available
Auto and Home Insurance		Available
Committed Partner	Committed Partners are not eligible under this program // Spouse only	Committed Partners are eligible under this program only

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Benefits Plus Plan Program

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Medical Coverage – Benefits Plus Program:

Here is what you pay in monthly contributions for coverage in 2018:

	Choice Plus Plan	Choice Plan C	Health Savings Plan
Monthly Pre-Tax Contributions: <i>The amount you pay each month for coverage out of your paycheck.</i>			
Employee Only	\$79.00	\$62.00	\$13.00
Employee + Spouse/Committed Partner	\$256.00	\$159.00	\$28.00
Employee + Children	\$210.00	\$134.00	\$20.00
Employee + Family	\$388.00	\$238.00	\$33.00
If you elect No Medical, \$50 will be added to your paycheck monthly			

Here is what you pay when you need care:

	Choice Plus Plan		Choice Plan C		Health Savings Plan	
	In-Network	Out-of-Network	In-Network	Out-Of-Network	In-Network	Out-of-Network
Preventative Care: <i>The amount you pay for specific preventative care services, such as an annual physical, well baby visits and recommended preventative screenings.</i>						
	0%	50%	0%	50%	0%	40%
Annual Deductible: <i>The amount you pay before you start sharing the cost with Southwest Airlines (coinsurance)</i>						
Individual	\$500	\$1,800	\$1,000	\$2,400	\$1,500	\$1,500
Family	\$1,250	\$4,500	\$2,500	\$6,000	\$3,000	\$3,000
Coinsurance: <i>The percentage you pay after you meet your deductible</i>						
	20%	50%	20%	50%	20%	40%
Copayments: <i>The amount you pay for certain Choice Plus services only (listed below)</i>						
Teledoc	\$5.00		Not applicable See deductible and coinsurance		Not applicable See deductible and coinsurance	
Convenience Care Clinic	\$15.00					
Office Visit	\$25.00					
Specialist	\$40.00					
Urgent Care	\$40.00					
Emergency Room	\$250.00					
Annual Out-of-pocket: <i>The most you will pay for medical services in a plan year (including your deductible, copayments, and coinsurance; Health Savings Plan includes prescriptions)</i>						
Individual	\$4,300	\$16,125	\$4,800	\$18,000	\$6,000	\$8,250
Family	\$8,600	\$32,250	\$9,600	\$36,000	\$12,000	\$16,500
					\$7,350	

Dental Coverage – Benefits Plus:

There are two options to choose from, basic and optional. Both are administered by Delta Dental and you will save money if you stay in-network.

NEW for 2018: Your preventative service costs do not apply to your deductible or to your annual maximum dental benefit.

Monthly Contributions (pre-tax)	Basic	Optional
Employee Only	\$2.00	\$11.00
Employee + Spouse/Committed Partner	\$4.00	\$27.00
Employee + Children	\$4.00	\$31.00
Employee + Family	\$6.00	\$43.00
No Dental	If you elect no Dental coverage, then \$8.50 will be added to your paycheck each month	

What this plan covers:	Basic	Optional
Annual Deductible	\$50 per person	\$50 per person
Annual Maximum Benefit	\$1,500 per person per calendar year	\$2,000 per person per calendar year
Preventative Treatment Cleanings, oral exams, X-rays two times a year	100% of covered charges	100% of covered charges
Dental Sealants For children under age 15	Not Covered	100% of covered charges One application per tooth every 5 years for the first and second molars up to age 15
Basic Treatment (after deductible) tooth extractions, root canals	75% of covered charges	80% of covered charges
Major Treatment (after deductible) crowns, bridges, dentures	60% of covered charges	80% of covered charges
Orthodontia (after deductible) braces for all ages	60% of covered charges up to a lifetime maximum benefit payment of \$1,500 per person	80% of covered charges up to a lifetime maximum benefit payment of \$2,000 per person
Special Services (no deductible and does not apply to annual maximum benefit payment) impacted wisdom teeth	80% of covered charges	80% of covered charges
Night guards (this does not apply to your annual out-of-pocket maximum)	Not covered	Covered up to \$200, replaceable every 5 years

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Vision Insurance:

Vision Insurance is available through EyeMed network and only available through the Benefits Plus Program.

Monthly Contributions (pre-tax)	Benefits Plus Program	
Employee Only	\$5.74	
Employee + Spouse/Committed Partner	\$10.88	
Employee + Children	\$11.46	
Employee + Family	\$16.84	
Vision Care Services	In-Network Cost	Out-Of-Network Reimbursement
Exam with Dilations (As necessary; once every calendar year)	\$10 copayment per person	Up to \$40
Contact Lens Fit and Follow-Up Standard Contact Lens Premium Contact Lens	EyeMed pays up to \$40 EyeMed pays 90% of retail price	N/A N/A
Contact Lenses (Materials only; once every calendar year)		
<u>Conventional</u>	\$0 copayment; \$150 allowance paid by EyeMed; 15 % off balance over \$150	<u>Up to \$150</u>
<u>Disposable</u>	\$0 copayment; \$150 allowance paid by EyeMed; you pay any balance over \$150	<u>Up to \$150</u>
<u>Medically Necessary</u>	\$0 copayment; paid in full by EyeMed	<u>Up to \$210</u>
Retinal Imaging	EyeMed pays up to \$39	N/A
Frames (once every other calendar year)		Up to \$45
Standard Plastic Lenses Single Vision, Bifocal, Trifocal, Lenticular Standard Progressive Lens	\$10 copayment	Up to \$40, \$60, \$80
	\$75	Up to \$60
Laser Vision Correction (LASIK or PRK From U.S Laser Network)	15% off retail price; 5% off promotional price	N/A

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Regular Plan Program

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Medical Coverage - Regular Plan:

You may use any provider you wish; there is no provider network. Benefits are paid based on the eligible charge for a covered service, as determined by the claims administrator. You may be responsible for paying any amount that exceeds the eligible charge, even after you reach your deductible and out-of-pocket maximum.

Here's how the Regular Plan works:

	Monthly Deduction Amount
Monthly Contributions: <i>What comes out of your paycheck each month</i>	
Employee Only	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00
Annual Deductible: <i>The amount you must pay before you start sharing the cost with Southwest Airlines (coinsurance)</i>	
Individual	\$200.00
Family	\$300.00
Coinsurance: <i>The percentage you pay after you meet your deductible (Preauthorization required for many services, treatments and stays)</i>	20%
Preventative Care	Not Covered
Newborn Care	Not Covered
Infertility Treatment	Not Covered
Mental, Emotional, Behavioral, and Chemical Abuse/Dependency Benefits (Preauthorization required for many services, treatments and hospital stays)	20% (both inpatient and outpatient)
Annual Out-of-Pocket Maximum: <i>The most you will pay in a plan year in coinsurance for eligible expenses</i>	\$2,500
Lifetime Maximum	No Limit

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Dental Coverage – Regular Plan:

When you enroll in the Regular Plan Medical you are automatically enrolled in the dental coverage through Delta Dental. You can choose any dentist but will save money if you stay in the Delta Dental Network.

	Monthly Contribution
Employee Only	\$0.00
Employee + Spouse	\$0.00
Employee + Children	\$0.00
Employee + Family	\$0.00

Here is what the plan covers:

Annual Deductible	\$50.00 per person
Preventative Treatment (no deductible) Cleanings, oral exams, X-rays, two times a year	100% of covered charges
Dental Sealants	Not covered
Basic Treatment Fillings, tooth extractions, root canals	75% of covered charges (after deductible)
Major Treatment Crowns, bridges, dentures	60% of covered charges (after deductible)
Annual Maximum Benefit	\$1,000 per person
Orthodontia Braces for all ages	60% for covered charges up to a lifetime maximum benefit payment of \$1,000 per person
Special Services (No deductible and does not apply to your annual maximum benefit) impacted wisdom teeth	80% of covered charges