Health Care Reform, Benefits and You. It’s Time for a Checkup!

Annual Benefits Enrollment 2011

October 11 – November 10, 2010
Online at www.eBenefitsUS.com
Health Care Reform, Benefits and You. It’s Time for a Checkup!

At the end of March 2010, two pieces of legislation were passed, the Patient Protection and Affordable Care Act (the “Affordable Care Act”) and the Health Care and Education Reconciliation Act of 2010, collectively known as “Health Care Reform”. Health Care Reform requires numerous, sweeping changes to privately sponsored health coverage over the next several years to increase access to coverage. This brochure highlights the Health Care Reform changes that impact the US Airways, Inc. Health Benefit Plan (the “Plan”) for 2011, as well as other important information about Annual Enrollment and the health and welfare plans available to you as an employee of US Airways.

Due to these changes required by Health Care Reform, Annual Enrollment will be held for an extended period of 30 days this fall, from October 11–November 10, 2010. Please take a few minutes of your time to review important information about your plans for 2011.

[A] This brochure describes the 2011 Annual Enrollment procedures, plans and eligibility for all Workgroups except pre-merger America West Pilots and Flight Attendants.
Health Care Reform, Benefits and You. Important Notice and Changes to the Plan:

Grandfathered Plan Status

The Plan believes that it is a “grandfathered health plan” under Health Care Reform, specifically the Affordable Care Act. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the BenefitsUS Call Center at 1-888-860-6178. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Dependent Eligibility Rules Have Changed

Part of Health Care Reform requires that all health plans extend coverage for child dependents and simplify dependent verification rules for plan years beginning after September 23, 2010, which for the US Airways plans is January 1, 2011.

- **Coverage** – Health Care Reform requires health plans to extend coverage for dependent children until the attainment of 26 years of age. The Plan will provide coverage to enrolled dependent children **through the end of the calendar year in which the dependent turns age 26** (because the IRS allows the value of the employer provided health coverage for dependents to be excluded from the employee’s income through the entire taxable year in which the dependent turns age 26.) However, until the end of 2013, this extension of coverage does not apply to dependents that have access to coverage through their own employer.

- **Verification** – Health Care Reform also requires that health coverage be extended to dependent children up to age 26 (unless the child has access to coverage through his/her own employer), regardless of whether the child is married, a tax dependent or a student, or resides with or receives financial support from the parent. **The only dependent verification now required to obtain coverage is proof of relationship.**

Special Enrollment Rights for Dependent Children Who Previously Aged Out or Were Ineligible for Coverage:

As described above for the grandfathered health plans, all dependent children under the age of 26 who meet the relationship requirement will be eligible for coverage under the Plan, effective January 1, 2011 through the end of the year in which they turn age 26. Health Care Reform requires that participants be provided with a special 30-day enrollment period to enroll these eligible dependents. The special enrollment period will run from **October 11 – November 10, 2010**, and coverage for dependents who are enrolled in the Plan during this special enrollment period will be effective January 1, 2011. Please contact the BenefitsUS Call Center at 1-888-860-6178 with any questions about these special enrollment rights. COBRA participants will also have a special enrollment period, so watch for a mailing from CONEXIS to participate, if you are currently enrolled in COBRA.

The extension of dependent coverage to age 26 applies to:

- Dependents whose eligibility for coverage previously ended or was denied because of age. For example, the parent of a dependent who previously aged out of the Plan and elected COBRA coverage will be able to enroll the dependent in the Plan once again.
- Dependents who have not previously been covered under the Plan are also eligible during this special enrollment period.
Health Care Reform, Benefits and You. Important Changes to Your FSA:

Flexible Spending Account Reimbursement for Over-The-Counter Medications Eliminated

Health Care Reform eliminates over-the-counter medications (excluding insulin) from being eligible for reimbursement through a Flexible Spending Account (FSA). This prohibition is effective for plan years beginning after September 23, 2010, which for the Plan is January 1, 2011.

Beginning January 1, 2011, over-the-counter (OTC) medications will no longer be eligible for reimbursement under your health care FSA unless prescribed by a doctor. This is true even if you have remaining funds in your 2010 health care FSA plan. Any claims you submit for reimbursement that include OTC medication expenses incurred on or after January 1, 2011 that are prescribed by a doctor, must be accompanied by appropriate documentation.

ALSO: Your Flexible Spending Account Debit Card Is Changing

Introducing the CONEXIS Elite Benefit Card

Effective January 1, 2011, all participants enrolled in the health care FSA plan will receive the new CONEXIS Elite Benefit Card. The current CONEXIS Benefit Card will no longer work as of December 31, 2010. You can order additional cards for your spouse or adult dependents by logging in to your account at mybenefits.conexis.com on or after January 1, 2011. Effective January 1, 2011, the EOB rollover option will no longer be available. Employees may choose to use the card or submit manual claims at their discretion throughout the plan year.

IMPORTANT REMINDER: You cannot use your new 2011 CONEXIS Elite Benefit Card to pay for expenses incurred in 2010. If you have a remaining balance in your 2010 health care FSA account, you will need to submit manual claims for reimbursement. The CONEXIS Elite Benefit Card will only access funds from your 2011 health care FSA account.

Key Features and Benefits of the CONEXIS Elite Benefit Card

More Secure. You must activate your Elite Benefit Card before using it for the first time by calling the number that appears on the card. This extra step helps protect you against fraudulent use of your card.

Easier to Use. With the CONEXIS Elite Benefit Card, you receive an online monthly activity statement which includes details regarding all of your card transactions for the prior month, including a Return Form for those transactions that require action. If the online notice is not viewed within 9 days of being posted, the Return Form only will be mailed to the participant address on file. Simply submit the Return Form along with your supporting documentation or payment.

More Information, Quicker. You will now have access to real-time transaction information, including pre-authorizations and declines, online at mybenefits.conexis.com.

DON’T FORGET: DEPENDENT SOCIAL SECURITY NUMBER REQUIRED

As a reminder, as a result of Medicare Secondary Payer Reporting requirements, employees must provide a Social Security Number for all dependents enrolled in a health plan. For more information, please visit the enrollment center at www.eBenefitsUS.com.
Health Care Reform Benefits and You.
More Important Benefit Changes to the Plan:

Health Care Reform prohibits health plans from imposing an annual or lifetime limit on certain essential benefits. Essential benefits include the following: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. This prohibition is effective for plan years beginning after September 23, 2010, which for the Plan is January 1, 2011. This means that the $1,000,000 lifetime maximum for out-of-network coverage will be removed from all medical plans.

Elimination of Pre-Existing Condition Exclusion

Although our health plans do not contain such provisions, Health Care Reform prohibits health plans from imposing pre-existing condition exclusions on enrollees in a health plan under age 19. A pre-existing condition exclusion is a limitation or exclusion of benefits, including a denial of coverage, based on the fact that a condition was present before the effective date of coverage, or if coverage is denied, the date of the denial. This prohibition is effective for plan years beginning after September 23, 2010, which for the Plan is January 1, 2011. Please note that this does not change pre-existing condition exclusions in our disability plans.

ATTENTION: PARTICIPANTS NOT ACTIVELY AT WORK
CONEXIS, the organization that provides our Direct Bill and COBRA services, has a new dedicated number for US Airways! You will now have access to call center representatives who are fully trained and knowledgeable about our plans. The US Airways dedicated team can be reached at 1-866-747-0045.

Health Care Reform Benefits and You.
More Important Benefit Changes to the Plan:

Retirees, Survivors, Leave, Furloughed and Other Separated Employees
Although you are unable to make changes to your Plan elections, you are able to enroll any adult child dependents under the special enrollment rights (this does not include spouses or domestic partners). You can visit the BenefitsUS website to see your plan coverages and medical carrier for 2011. You can review your CONEXIS account online at mybenefits.conexis.com. You can also contact BenefitsUS, 1-888-860-6178, to reduce or cancel coverage for yourself or any dependents, or to process any qualifying life event changes for which you are eligible, now or in the future.

If you return to work from a leave during Annual Enrollment, you will be asked to make elections for both 2010 and 2011. The online enrollment screens will allow you to make your election for 2010 and then 2011 for each benefit before moving to the next benefit. If you wish to waive a benefit for one year but elect it for the next, you may do so. Please remember that your 2011 elections will not become effective until January 1, 2011.

Qualifying Life Events

If you have a qualified life status change (for example: marriage, divorce, birth of a child, or change in work status), you may be eligible to make certain changes to your benefit plans that are consistent with this status change. To change your elections, log on to BenefitsUS at www.eBenefitsUS.com or call the call center at 1-888-860-6178 for assistance on reporting a status change. You must notify BenefitsUS of a change in status event within 31 days of the event if you want to change your benefits elections. Otherwise, you must wait until the next Annual Enrollment period or another change in status event to make any changes to your elections. Don’t forget, if you are adding a dependent due to your life status change, you must provide documentation demonstrating relationship within the 31 day window.

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Our online benefits administration and information site is BenefitsUS. You can access the site at www.eBenefitsUS.com. If you haven’t yet visited the BenefitsUS center, go to the site and register a user name and password of your own choosing. You will need your name, address (as it appears on your paycheck, unless you have designated a benefits address in MyHR) and the last 4 digits of your Social Security number, as currently contained in US Airways systems. If you already registered during 2010 or earlier, your user ID and password are still good to use for this Annual Enrollment process as well.

Visit the site to review your benefits and participate in Annual Enrollment online between October 11 – November 10, 2010 (no changes for 2011 can be made after 11:59 pm ET/8:59 pm PT on Wednesday, November 10th). You can browse the online system before and after these dates, but this is the only time during which you can make your changes during Annual Enrollment for 2011. You can also get more information about plans and eligibility and access online tools to help you decide which plans are best for you and your family.

Don’t forget, the Medical Expense Estimator tool is there to help you determine the best plan for you, including a side-by-side plan comparison. Have you really taken the opportunity to understand the difference between your available plans? This tool will help!

**Benefit Fairs**

Benefit Fair events are scheduled for major locations near you September 29 - October 15, 2010.

Plan to attend a fair to get more information about our benefit programs, visit vendors, and participate in raffles and giveaways. Remember, “It’s Time for a Checkup!” You will be better prepared to participate in the Annual Enrollment process between October 11 – November 10, 2010 if you review this brochure and take the opportunity to visit a Benefit Fair, as well.

Fairs will be held in Boston, Charlotte, Las Vegas, Los Angeles, LaGuardia, Philadelphia, Phoenix/Tempe, Pittsburgh, Reno, Washington, DC, and Winston-Salem. Look for dates, times and exact locations in Wings and other internal communications.

**2011 VACATION ELECTION FOR CWA/IBT PASSENGER SERVICE AND RESERVATIONS CENTER EMPLOYEES ONLY**

If you are a Passenger Service or Reservations Center employee represented by the CWA/IBT, you must make an election during Annual Enrollment at www.eBenefitsUS.com to tell us how you want your 2011 earned but unused vacation time (if any) to be handled. You have two choices: (1) be paid during the first quarter of the following year (2012) at your rate of pay on December 31, 2011, or (2) place the unused hours in a Vacation Carry-Over Bank. Please remember that the total Vacation Carry-Over Bank balance may not be greater than what you would earn for vacation in a six-month period.

This website is the place to go to check your dependent data, i.e. those eligible family members whom you have covered in one or more plans. Be sure to check this data as soon as you can, and if corrections are needed, contact the BenefitsUS Call Center at 1-888-860-6178. Call Center hours are Monday to Friday 8 am to 8 pm ET/5 am to 5 pm PT.

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Medical/Dental/Vision Coverage

US Airways provides you with the option to select the benefits that best suit your needs. You should take the time to review these options and utilize the tools available on www.eBenefitsUS.com to make the best choice for you and your family. Based on the plans’ overall claims experience, employee premiums for most medical plans and tiers of coverage will increase for 2011. The dental plan employee premiums will have a modest increase for 2011, and there are no changes to the vision plan premiums. 2011 rate charts are included on pages 8–9 for your convenience. Be sure to review your per-pay-period benefit deductions carefully online at www.eBenefitsUS.com (or review your CONEXIS account online at mybenefits.conexis.com for retirees and those on leave of absence) during Annual Enrollment so you are prepared for any premium changes that are automatically updated.

You and your family members can help control costs and take charge of your health care with healthy living, preventive screenings, evaluating and choosing in-network providers, taking advantage of consumer tools and education opportunities and investigating all the options when a serious health problem does arise.

If you are currently enrolled in a medical, dental or vision care plan and do not make any changes during Annual Enrollment for these plans, you will remain in the same medical, dental and vision plans in 2011 with any new premium rates (if applicable) applied automatically. Important information regarding your medical plan carrier is outlined on page 6.

The online Annual Enrollment screens for medical, dental and vision will show you which plan(s) you will be enrolled in for 2011. It’s up to you to make any changes online, including addition or deletion of eligible dependents — between October 11–November 10, 2010.

Employees who have opted-out/waived medical, dental or vision coverage currently, will continue to have no coverage in 2011 unless you are eligible and enroll during the Annual Enrollment period.

Terms to Know – Medical Benefit Options

Co-insurance – The portion (usually expressed as a percentage) of the total covered benefit costs that the plan pays. You pay the remaining percentage.

Co-pays – The fixed amount you pay up front for certain covered services when you use in-network providers.

Deductible – An annual individual or family amount you must pay for certain services before the plan pays benefits for eligible expenses.

In-Network – Benefits and services you receive from providers that contract with the claims administrator to provide their services at negotiated prices. Generally, your benefits under the plan are higher (and your out-of-pocket expenses lower) when you use in-network services.

Out-of-Pocket (OOP) Maximum – An annual individual or family limit on the amount you spend out of your own pocket for eligible expenses under the plan.

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In our continuing analysis to control the rising cost of health care and provide the strongest medical carrier between Blue Cross Blue Shield of North Carolina (BCBS) and United Healthcare (UHC) in each geographic area, we have determined that two states, **New York** and **Massachusetts**, will be better served by utilizing BCBS. Therefore, effective January 1, 2011, participants with addresses of record in the states of **New York** and **Massachusetts** will have BCBS rather than UHC as their medical carrier. All other states will remain with the medical carrier in place for 2010. It is important to note that although your carrier was determined based on your address of record, these are national networks and you will use that carrier regardless of where you access care. For example, if you live in Pennsylvania and have BCBS but need to see a provider in Colorado, you will still use your BCBS card to access your plan.

The map (below) indicates which areas have BCBS and which have UHC.

You can check to see if your current providers participate in the network available in your state by logging on to [www.bcbsnc.com/members/usairways](http://www.bcbsnc.com/members/usairways) for Blue Cross Blue Shield or [www.myuhc.com](http://www.myuhc.com) for United Healthcare. Having trouble? Contact BCBS at 1-800-810-2583 or UHC at 1-800-520-0811.

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### Medical Expense Estimator

Not sure which medical plan to choose? The Medical Expense Estimator tool provides a side-by-side comparison to help you select the plan that best fits your family’s needs. The following example shows the difference in total out-of-pocket expenses for a non-contract employee covering a family of four. It’s also important to note that these plans have out-of-pocket maximums (OOP Max). For an employee who elects the PPO 90 Family Plan, this means that once the family incurs deductible and co-insurance totaling $3,000 (which equates to claims of $25,950), any additional other medical costs (aside from office visits and Rx co-pays) are covered at 100%. The Medical Coverage chart on page 8 outlines the OOP Max for each plan.

With the increase in employee contribution for the PPO 100 Family Plan (due to claims experience) and the maximum out-of-pocket for the PPO 90 Family Plan, for 2011 the total annual cost for a family with the PPO 90 Family Plan will be less expensive than the total annual cost of the PPO 100 Family Plan, regardless of the amount of claims. A family would pay $2,614 more in 2011 in annual premiums for the PPO 100 Family Plan versus the PPO 90 Family Plan, however the maximum 2011 annual additional out-of-pocket expenses for a family with the PPO 90 Family Plan is $2,550.

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#### Example assumes all providers are in-network.
Medical Coverage

Your medical plan includes prescription drug coverage administered by CVS Caremark and behavioral health benefits administered by OptumHealth. OptumHealth also delivers the Employee Assistance Program (EAP) that all employees receive free of charge, regardless of enrollment in a medical plan, and can be accessed by calling 1-800-363-7190.

### Medical/Rx/Behavioral Health/EAP Plan Design

<table>
<thead>
<tr>
<th>Co-Insurance: In-Network/Out-Network</th>
<th>PPO 80(1)</th>
<th>PPO 90(1)</th>
<th>PPO 100(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles: Ind/Family In-Network</td>
<td>80%/60%</td>
<td>90%/70%</td>
<td>100%/80%</td>
</tr>
<tr>
<td>Deductibles: Ind/Family Out-Network</td>
<td>$450/$900</td>
<td>$225/$450</td>
<td>$225/$450</td>
</tr>
<tr>
<td>OOP Max: Ind/Family In-Network</td>
<td>$3,000/$6,000</td>
<td>$1,500/$3,000</td>
<td>$225/$450</td>
</tr>
<tr>
<td>OOP Max: Ind/Family Out-Network</td>
<td>$6,000/$12,000</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Medical/BH Co-pays: Office Visit/Specialist/Urgent Care/ER</td>
<td>$25/$40/$40/$100</td>
<td>$25/$40/$40/$100</td>
<td>$25/$40/$40/$100</td>
</tr>
<tr>
<td>Retail Rx Co-pays: Generic/Brand/Non-Pref. Brand</td>
<td>$15/$30/$30/$50</td>
<td>$15/$30/$30/$50</td>
<td>$15/$30/$30/$50</td>
</tr>
<tr>
<td>Mail Order Rx Co-pays (2): Generic/Brand/Non-Pref. Brand</td>
<td>$30/$60/$100</td>
<td>$30/$60/$100</td>
<td>$30/$60/$100</td>
</tr>
<tr>
<td>EAP Assessment, 1-4 Visits In-Network/Out-Network</td>
<td>100%/Not covered</td>
<td>100%/Not covered</td>
<td>100%/Not covered</td>
</tr>
</tbody>
</table>

This is a brief plan design overview. The summary plan description will prevail for actual coverage terms.

(1) Out-of-area plans are available to employees who reside in an area where none of the network plans are available.

(2) Some generic drugs are available through mail-order for a $10 co-pay for up to a 90-day supply.

### Monthly Medical Rates (1)

<table>
<thead>
<tr>
<th>2011 Plan</th>
<th>Tiers</th>
<th>Pre-Merger US Airways Pilots, All Directors &amp; Above</th>
<th>All Other Full-Time</th>
<th>All Other Part-Time</th>
<th>Full Rates (LOA)(2)</th>
<th>COBRA (Incl 2% fee)</th>
<th>Retiree Access Plan(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100/80 PPO</td>
<td>EE Only</td>
<td>$163.72</td>
<td>$119.41</td>
<td>$238.82</td>
<td>$615.49</td>
<td>$629.38</td>
<td>$779.05</td>
</tr>
<tr>
<td>100/80 PPO</td>
<td>EE+Sp</td>
<td>$326.71</td>
<td>$238.28</td>
<td>$476.56</td>
<td>$1,228.24</td>
<td>$1,254.39</td>
<td>$1,558.09</td>
</tr>
<tr>
<td>100/80 PPO</td>
<td>EE+Ch</td>
<td>$321.70</td>
<td>$234.62</td>
<td>$469.24</td>
<td>$1,209.39</td>
<td>$1,235.16</td>
<td>$1,516.91</td>
</tr>
<tr>
<td>100/80 PPO</td>
<td>Family</td>
<td>$559.37</td>
<td>$407.96</td>
<td>$815.92</td>
<td>$2,102.90</td>
<td>$2,146.54</td>
<td>$2,634.13</td>
</tr>
<tr>
<td>90/70 PPO</td>
<td>EE Only</td>
<td>$87.09</td>
<td>$56.19</td>
<td>$112.38</td>
<td>$401.35</td>
<td>$410.96</td>
<td>$508.19</td>
</tr>
<tr>
<td>90/70 PPO</td>
<td>EE+Sp</td>
<td>$174.18</td>
<td>$112.37</td>
<td>$224.74</td>
<td>$802.67</td>
<td>$820.30</td>
<td>$1,016.39</td>
</tr>
<tr>
<td>90/70 PPO</td>
<td>EE+Ch</td>
<td>$169.49</td>
<td>$109.35</td>
<td>$218.70</td>
<td>$781.05</td>
<td>$798.25</td>
<td>$989.17</td>
</tr>
<tr>
<td>90/70 PPO</td>
<td>Family</td>
<td>$294.81</td>
<td>$190.20</td>
<td>$380.40</td>
<td>$1,358.55</td>
<td>$1,387.30</td>
<td>$1,717.70</td>
</tr>
<tr>
<td>80/60 PPO</td>
<td>EE Only</td>
<td>$45.08</td>
<td>$21.04</td>
<td>$42.08</td>
<td>$300.56</td>
<td>$308.15</td>
<td>$380.10</td>
</tr>
<tr>
<td>80/60 PPO</td>
<td>EE+Sp</td>
<td>$90.16</td>
<td>$42.08</td>
<td>$84.16</td>
<td>$601.09</td>
<td>$614.69</td>
<td>$760.18</td>
</tr>
<tr>
<td>80/60 PPO</td>
<td>EE+Ch</td>
<td>$87.75</td>
<td>$40.95</td>
<td>$81.90</td>
<td>$585.02</td>
<td>$598.30</td>
<td>$739.89</td>
</tr>
<tr>
<td>80/60 PPO</td>
<td>Family</td>
<td>$152.44</td>
<td>$71.14</td>
<td>$142.28</td>
<td>$1,016.24</td>
<td>$1,038.15</td>
<td>$1,284.82</td>
</tr>
</tbody>
</table>

(1) Rates are for all workgroups except Pre-Merger America West Pilots and Flight Attendants.

(2) Rates paid while on a leave of absence can be active, full or COBRA and vary by leave rule and workgroup as defined in the collective bargaining agreements or company policy.

(3) Certain retirees who retired prior to 2005 and certain survivors have different rates than the Access plan. Please review your CONEXIS account online at mybenefits.conexis.com to see your rates.

Don’t forget: Dependent verification documentation demonstrating relationship is required before dependents can be added to your medical, dental or vision care coverage. Details can be found online at www.eBenefitsUS.com.

If BCBS administers your medical plan, you will receive a new ID card in late December. For UHC, you will only receive new plan ID cards if you are newly covered by UHC, changed plan coverage levels or changed covered members. For CVS Caremark, you will only receive new plan ID cards if you are newly covered in a medical plan. Make sure your address is updated in MyHR through Wings so your ID cards can be delivered to the correct address in late December.
Dental and Vision Coverage

Participants have the option to enroll in our Dental PPO Plan and Voluntary Vision Plan. MetLife Dental continues as our dental coverage provider and Superior Vision continues as our vision coverage provider with no changes in plan design features in 2011.

### Dental Coverage

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$50/$100(2)</td>
</tr>
<tr>
<td>Plan Maximums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$2,000/lifetime</td>
<td>$2,000/lifetime</td>
</tr>
<tr>
<td>Other Covered Expenses</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Covered Percentages</td>
<td>(Non-network benefits are payable after deductible at reasonable and customary rate.)</td>
<td></td>
</tr>
<tr>
<td>Type A – Preventative/Diagnostic services</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Type B – Basic services</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Type C – Major services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Type D – Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

This is a brief plan design overview. The summary plan description will prevail for actual coverage terms.

1) Out-of-network deductible does not apply to Type A services.

### Vision Coverage

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam (once every 12 months)</td>
<td>$10 co-pay</td>
<td>Reimbursed up to $40</td>
</tr>
<tr>
<td>Standard Contact Lens Fitting Exam Fee (once every 12 months)</td>
<td>$25 co-pay</td>
<td>Included in contact lens allowance below</td>
</tr>
<tr>
<td>Specialty Contact Lens Fitting Exam Fee (once every 12 months)</td>
<td>Covered up to $50 after $25 co-pay</td>
<td>Included in contact lens allowance below</td>
</tr>
<tr>
<td>Standard Lenses Per Pair (once every 12 months):(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 co-pay</td>
<td>Reimbursed up to $40</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 co-pay</td>
<td>Reimbursed up to $60</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 co-pay</td>
<td>Reimbursed up to $80</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 co-pay</td>
<td>Reimbursed up to $80</td>
</tr>
<tr>
<td>Progressive</td>
<td>$10 co-pay (3)</td>
<td>Reimbursed up to $80</td>
</tr>
<tr>
<td>Eyeglass Frames (once every 12 months)</td>
<td>Covered up to $140 after $10 co-pay</td>
<td>Reimbursed up to $53</td>
</tr>
<tr>
<td>Contact Lenses (once every 12 months): (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in Full</td>
<td>Reimbursed up to $210</td>
</tr>
<tr>
<td>Elective</td>
<td>Covered up to $120</td>
<td>Reimbursed up to $105</td>
</tr>
<tr>
<td>Refractive Surgery Discount</td>
<td>Superior participants receive access to discounted refractive eye surgery from numerous provider locations. To find a participating refractive surgeon, visit the website at <a href="http://www.superiorvision.com">www.superiorvision.com</a>.</td>
<td></td>
</tr>
</tbody>
</table>

This is a brief plan design overview. The summary plan description will prevail for actual coverage terms.

1) Standard Scratch-Resistant Coating and Shatter-Resistant lenses for children under 16 are included with in-network lenses at no charge. Certain other lens options may have discounts with maximum out-of-pocket cost based on option type.

2) The employee pays the difference between the provider’s price for Standard Trifocal lenses, after $10 co-pay, and the price of the progressive lenses selected, less 20%.

3) Contact lenses are in lieu of eyeglass lenses and frames benefit.

### Monthly Dental and Vision Rates(1)

<table>
<thead>
<tr>
<th></th>
<th>Active Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Merger US Airways Pilots, All Directors &amp; Above</td>
</tr>
<tr>
<td>2011 Plan</td>
<td></td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>EE Only</td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>EE+Sp</td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>EE+Ch</td>
</tr>
<tr>
<td>MetLife Dental</td>
<td>Family</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>EE Only</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>EE+Sp</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>EE+Ch</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>Family</td>
</tr>
</tbody>
</table>

(1) Rates are for all workgroups except Pre-Merger America West Pilots and Flight Attendants.

(2) Rates paid while on a leave of absence can be active, full or COBRA and vary by leave rule and workgroup as defined in the collective bargaining agreements or company policy.
If you want to participate in Flexible Spending Accounts (FSAs) – also known as Tax-Free Spending Accounts – you must enroll yearly – there is no auto enroll/default process. Remember, these are “use it or lose it” plans, so calculate your annual pledge amounts carefully.

FSAs include a health care (medical, dental, vision out-of-pocket expenses, etc.) account, where you can contribute up to $7,500 per year, and a dependent care (child day care/nanny services and elder day care expenses) account, where you can contribute up to $5,000 per year.

Please use caution when enrolling in the FSA plans to ensure you are electing the appropriate plan, health care or dependent care.

You have until June 15, 2012 to submit expenses you incur from January 1, 2011 through March 15, 2012 for reimbursement. According to IRS rules, you will lose any unused balances that remain in your account after June 15, 2012.

The following example shows how you can save $1,171 by using the health care and dependent care FSAs. For help in calculating your pledge, check out the Health Care and Dependent Care Spending Account Estimators in the Benefits Calculator section of www.eBenefitsUS.com.

Suppose you are married and filing jointly with a household income of $45,000. You anticipate that your family will have $1,000 in out-of-pocket health care expenses and $5,000 in eligible dependent care expenses.

<table>
<thead>
<tr>
<th>With/Without FSA</th>
<th>Without FSA</th>
<th>With FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Annual Income</td>
<td>$45,000</td>
<td>$45,000</td>
</tr>
<tr>
<td>Less Before-Tax Health Care FSA Contributions</td>
<td>$1,000</td>
<td>-</td>
</tr>
<tr>
<td>Less Before-Tax Dependent Care FSA Contributions</td>
<td>$5,000</td>
<td>-</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$45,000</td>
<td>$39,000</td>
</tr>
<tr>
<td>Less Estimated Federal Income Tax &amp; Social Security Taxes*</td>
<td>$5,455</td>
<td>$4,284</td>
</tr>
<tr>
<td>Take-Home Pay</td>
<td>$39,545</td>
<td>$34,716</td>
</tr>
<tr>
<td>Less After-Tax Health Care &amp; Dependent Care Expenses</td>
<td>$6,000</td>
<td>-</td>
</tr>
<tr>
<td>Final Take-Home Pay</td>
<td>$33,545</td>
<td>$34,716</td>
</tr>
</tbody>
</table>

* Based on 2010 Federal Income and Social Security taxes.

Don’t forget the changes to over-the-counter drug reimbursement for 2011 outlined on page 2!
US Airways provides basic life and AD&D coverage to all eligible employees. You can add to this basic amount by purchasing additional optional/supplemental life coverage and voluntary AD&D insurance. There will be a slight decrease in premiums for 2011 for these additional coverages. You may be required to submit evidence of insurability (EOI) depending on the amount of additional coverage requested. The Prudential Insurance Company of America (Prudential) is the carrier for these benefits. You will be auto-enrolled in your company paid basic life and AD&D insurance. Review or update your life and AD&D insurance beneficiary designations at www.eBenefitsUS.com anytime. Remember, this is the only place to make these designations.

Disability insurance is also provided by Prudential. If you are a full-time employee, you may be covered under STD, LTD or voluntary LTD (depending on your work group eligibility). Check your coverage online at www.eBenefitsUS.com during Annual Enrollment and make any needed changes to ensure you have the best disability coverage that is available to you – protect your income against unforeseen disability events. EOI requirements may apply for certain levels of enrollment or increase in coverage, so be sure to follow-up on that processing if it applies to you. There will be a slight decrease in premiums for 2011 for those eligible for LTD buy-up or voluntary LTD.

Effective January 1, 2011, for those that are eligible for the Voluntary LTD plan, the maximum monthly benefit will increase from $3,000 to $4,500. If you already qualify for more coverage due to your earnings, this increase will be automatic on the effective date. Please note that this increase will be subject to the pre-existing condition provision that is a part of the current Voluntary LTD plan.
Voluntary Benefits

Visit www.voluntarybenefitsUS.com to get all of your voluntary benefits enrollment information.

Auto & Home Insurance

An Auto, Home or Personal Excess Liability (“Umbrella”) insurance policy helps to provide cost-effective and often-required protection for your auto (including boats and recreational vehicles) and home (including vacation home, condo or renter’s insurance). You have the ability to shop for coverage with Travelers, Liberty Mutual, and MetLife Auto & Home®.

If you already use Travelers, Liberty Mutual, or MetLife Auto & Home you may be eligible for additional discounts. Call 877-388-7884 and select your current carrier and tell the customer service representative that you are a current policyholder and an employee of US Airways.

You also have the choice of three convenient payment options – payroll deduction, EFT, or direct bill. This voluntary program is intended to help make shopping for your auto and home insurance easier. You can enroll at any time and cancel or change your coverage at your convenience. To obtain no obligation premium quotes call 877-388-7884 and select the carrier you choose. You may obtain quotes from all three carriers but you will have to make a separate call to each carrier.

Pet Insurance – VPI

When your pet needs medical care, the last thing you want to be concerned about is how to pay for it. Veterinary Pet Insurance (VPI) can help you handle the ever-increasing costs of caring for your pets when they are ill or injured. Rates vary by type of pet, breed, age and state of residence and how many pets are to be covered. To enroll or get more information about VPI please visit www.voluntarybenefitsUS.com or call 877-388-7884.

Benefits include:

- Covers a multitude of medical problems and conditions and a wide range of veterinary services such as: ear infections, accidents, cancer, diabetes, and kidney and bladder infections to name a few.
- Freedom to choose any licensed vet, vet specialist or animal hospital that you know and trust – there’s no network of providers that you must use.

Legal Plan

The Hyatt Legal Plan provides easy access to professional, legal representation through a credentialed network of plan Attorneys and covers the employee, your spouse/domestic partner and dependent children for the one monthly premium. For just $16.20 per month, conveniently paid via payroll deduction, the plan offers coverage/representation, unlimited telephone advice and office consultations on a wide variety of personal legal matters including:

- Wills and estate planning
- Defense of civil lawsuits
- Consumer protection, including
  - Small claims assistance
  - Financial matters like debt collection defense, personal bankruptcy and identity theft
  - Family law
- Real estate, including sale or purchase of a primary residence and tenant negotiations (tenant only)
- Traffic offenses, including defense of traffic tickets (excluding DUI) and driving privileges restoration (includes license suspension due to a DUI)
- Immigration assistance
- Document review

The plan also offers reduced fees for services from network Attorneys for personal injury, probate and estate administration matters. You can also use an attorney who is not part of the plan network, with partial reimbursement for covered services according to a set fee schedule. Some exclusions may apply.

For more information, call 877-388-7884.

TO ENROLL IN THE HYATT LEGAL PLAN: Visit www.ebenefitsUS.com. Select “Enroll Online” from the top left hand corner and then “Start Enrollment.” On the top right hand corner, choose “Select Benefits,” and then click on “Comprehensive Legal Plan.” Select the radio button next to the per pay frequency expense and then hit “Continue.” The cost is deducted from your paycheck throughout the year after you enroll. You can enroll at any time but you must remain enrolled for at least 12 months from the month in which you first enroll.

[A] This brochure describes the 2011 Annual Enrollment procedures, plans and eligibility for all Workgroups except pre-merger America West Pilots and Flight Attendants.
LifeLock Identity Theft Protection

Your identity makes you unique. But there are countless ways identity thieves can hijack the real you. LifeLock, the leader in identity theft protection, uses the industry’s most advanced alert system to help ensure you remain the only you.

LifeLock Identity Alert™ System – Alerts you anytime we detect fraudulent applications for credit and services within our extensive network.

WalletLock™ Service – Helps cancel or replace the contents of a lost or stolen wallet (pictures, cash, and other monies excluded).

24-Hour Member Service – Need help? We’re available 24 hours a day, seven days a week.

Enroll yourself and your family members (including spouse or domestic partner, children, parents, siblings and other extended family members) with a credit or debit card and use promotion code “USEMPLOYEE1” to receive LifeLock at a 40% discount – just $66 per adult per year (or $6 per adult per month). Visit www.voluntarybenefitsUS.com or call 877-388-7884 for more information or to enroll.

Hearing Health Care Discount Program

Did you know the majority (65%) of people with hearing loss are below retirement age? The good news is 95% of hearing loss can be corrected with hearing aids!

US Airways employees, as well as family, extended family, friends and retirees are eligible for benefits from the HearPO plan. Participants will get an average savings of 21% on hearing aids and 40% on diagnostic services. To schedule an appointment and activate your benefit in the Hearing Health Care Discount Program, visit www.voluntarybenefitsUS.com or call 877-388-7884.

HearPO includes:

- 3-year warranty with every hearing aid purchase
- 3-year loss and damage policy*
- 1-year of follow-up services and adjustments
- 60-day trial period with NO restocking fee
- Financing is available at 0% for up to 12 months
- There’s a discount, mail-order battery program available to you, as well

* Some exclusions apply. Limit to one-time claim for loss and damage.
Unum Long Term Care (LTC)
(Full-time employees only)

Cover your bases, plan for the unexpected.
This policy provides coverage in the form of a fixed dollar indemnity benefit (paid regardless of what you actually spend for the service for which you receive the benefit) if the insured is chronically ill and is receiving care while confined in a Long-Term Care Facility. The policy also includes home care coverage such as Professional Home and Community Care or Total Choice Home Care, when the insured elects such coverage. Under this type of coverage, Unum will pay a benefit if care is received at home or in the community. Coverage is subject to the policy limitations, benefit maximums and elimination period requirements.

- Coverage is available for you, your spouse, siblings, parents, grandparents and dependent children (all eligible family members are required to complete an application and submit Evidence of Insurability satisfactory to Unum).
- Elect in $1,000 increments from $2,000 per month up to a maximum of $10,000 per month.
- Choose benefit duration of 3 years or 6 years, with a 90 day elimination period.
- Additional Care Benefit – provides a separate $5,000 pool.
- Respite Care in a Long Term Care Facility.
- Premium rates are guaranteed for 5 years.

Employee coverage is available for the following plans:

- Plan 1 – Long Term Care Facility / Professional Home and Community Care 50%
- Plan 2 – Long Term Care Facility / Professional Home and Community Care 50% / Simple Inflation
- Plan 3 – Long Term Care Facility / Total Choice Home Care 50%
- Plan 4 – Long Term Care Facility / Total Choice Home Care 50% / Simple Inflation

Visit [www.voluntarybenefitsUS.com](http://www.voluntarybenefitsUS.com) or call 877-388-7884 for more information or to enroll.

* For Long Term Care plan definitions, please refer to your outline of coverage found at [www.voluntarybenefitsUS.com](http://www.voluntarybenefitsUS.com).

The policy has exclusions and limitations which may affect any benefits payable.

Group long term care coverage underwritten by: Unum Life Insurance Company of America, Portland, ME

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Specified Critical Illness Insurance

Specified Disease Insurance is available for residents of New York. Please visit www.voluntarybenefitsUS.com for more information.

If you or someone in your family suffers a serious disease, you can be hit hard with immediate medical expenses and reduced income from being out of a job. Health benefits will pay part of the medical bills, and disability income protection coverage will help ensure a continuing income. However, many immediate expenses may not be covered.

Unum’s specified critical illness insurance can help provide financial protection in the event of a covered critical illness. As an ideal benefit supplement to your existing disability coverage, critical illness insurance can help ease the financial impact of a sudden, life-threatening event.

Covered Critical Illnesses and Payment Percentages Include:

- Heart attack – 100%
- Stroke – 100%
- Major organ transplant\(^1\) – 100%
- Permanent paralysis\(^2\) – 100%
- End-stage renal (kidney) failure – 100%
- Coronary artery bypass surgery – 25%

Cancer and Carcinoma in situ coverage is available as an optional rider.

- Cancer – 100%
- Carcinoma in situ – 25%

Please refer to the policy for complete definitions of covered critical illnesses.

Advantages of the Plan

- You may choose a benefit amount from $5,000 to $50,000 in $1,000 increments.
- Convenient payroll deduction: If you apply and qualify, your premiums are deducted from your paycheck.
- You own the policy: If you leave your company or retire, you can take the policy with you and pay the same premium. Unum can bill you directly at home.
- Family coverage options

Policy Provision: Reduction of benefits – The benefit amounts for employee and spouse reduce by 50% on the first policy anniversary after the insured’s 70th birthday, or five years after the policy date, whichever is later. Premiums for the policy won’t be reduced. If partial benefits for coronary artery bypass surgery or carcinoma in situ are paid prior to the reduction of benefits, then the new benefit amount will be calculated by applying the 50% to the benefit amount reduced by the prior payout.

Benefit waiting period for cancer and carcinoma in situ – diagnosis must occur 30 days after coverage becomes effective.

THIS IS A LIMITED POLICY.

1 Undergoing surgery as a recipient of a transplant of a heart, lung, liver, kidney or pancreas.
2 Covering the permanent paralysis due to a covered accident and continuing for a period of 180 consecutive days.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21731 and contact your Unum representative.

In CA and GA, insured individuals must be covered by comprehensive health insurance before applying for specified critical illness insurance. Unum complies with all state civil union and domestic partner laws when applicable.

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©2010 Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402

unum.com

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[A] This brochure describes the 2011 Annual Enrollment procedures, plans and eligibility for all Workgroups except pre-merger America West Pilots and Flight Attendants.
Accident Insurance

Unum’s supplemental accident insurance provides benefits for covered injuries and specified accident-related expenses for an individual or family. Since health insurance only goes so far, this individual policy is designed to help cover the out-of-pocket expenses that can result from a sudden accident.

Advantages of the plan

- Available to employees ages 17 – 80 (64 in CA) who are actively at work with a minimum of 20 hours per week.
- Base plan covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctors visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur off the job. (In NY and PA, benefits are paid for accidents that occur on or off the job.)
- Several family coverage options are available.

Visit www.voluntarybenefitsUS.com for more information or to enroll. Or, just call 877-388-7884.
Important Plan Information
For Participants And Beneficiaries

If you participate or enroll in the US Airways, Inc. Health Benefit Plan or the US Airways, Inc. Healthcare Spending Account Plan (the “Plans”), you are entitled to the following documents and information.

Summary Plan Description:
Copies of the Summary Plan Descriptions (“SPDs”), which contain a summary of each Plan’s features and benefits, will be provided to you in electronic form via links on www.eBenefitsUS.com. Alternatively, you can request a paper copy by accessing the Welcome Page of BenefitsUS and accessing a Request Form. You can also print a paper copy of the SPD from www.eBenefitsUS.com. Electronic copies of the SPDs are also available online at http://wings.usairways.com.

Privacy Policy – HIPAA Notice of Privacy Practices:
A Federal law, known as the HIPAA Privacy Rule, requires that the health care Plans provide you with a Notice of Privacy Practices. The Notice describes how your medical information may be used or disclosed by the Plans, as well as your rights and the Plans’ legal duties with respect to your medical information. You can link to an electronic copy of the Notice when you access www.eBenefitsUS.com (click on the Privacy Policy link at the bottom of the Welcome Page), or you can print a paper copy of the Notice at that time. Alternatively, you can request a paper copy by accessing the Welcome Page of BenefitsUS and accessing a Request Form. Electronic copies of the Notice are also available on http://wings.usairways.com.

Women’s Health and Cancer Rights Act of 1998:
Do you know that your Plan, as required by the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”), provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedemas? Access WHCRA information from the link on the Welcome Page of BenefitsUS, contact your medical plan administrator or refer to your SPD for more information.

The Mental Health Parity Act of 2008
All health plan options offering mental health and substance-use-disorder benefits have been reviewed and updated to comply with the Mental Health Parity Act of 2008, including regulations issued early in 2010 (referred to as the “MHP Rules”). Under the MHP Rules, the financial requirements and treatment limitations applicable to mental health and substance-use-disorder benefits must be no more restrictive than the requirements and limitations that apply to health benefits based on physical injury or illness. More information will be available in the Summary of Material Modifications to be published later this year.

Children’s Health Insurance Program Reauthorization Act of 2009
The Children’s Health Insurance Program Reauthorization Act of 2009 (“CHIPRA”) requires that the Plan must permit you and your dependent(s) to enroll (or disenroll) in the Plan upon your request within 60 days following the occurrence of either of the following events:

1. Loss of coverage under Medicaid or a state child health plan, or
2. Gaining eligibility for coverage under Medicaid or a state child health plan.

Generally, you will be notified by the applicable state agency when you gain or lose eligibility for a program that qualifies under CHIPRA. Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state children’s health plan within 60 days will prevent you from enrolling in the Plan and/or making any changes to your coverage elections until the next annual enrollment period. Further information regarding CHIPRA programs may be obtained by calling the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or by visiting their website at www.dol.gov/ebsa; you may also contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out if you qualify.
Benefit Connections and Tools

We have a number of online connections and tools to help you get information, make informed choices, complete a health risk questionnaire, keep fit and healthy, review provider networks, check claims activity and lots more. Here are our core websites.

**BenefitsUS**
www.eBenefitsUS.com

**Blue Cross Blue Shield of North Carolina**
www.bcbsnc.com

**United Healthcare**
www.myuhc.com

**CVS Caremark**
www.caremark.com

**MetLife Dental**
www.metlife.com/dental

**Superior Vision**
www.superiorvision.com

**OptumHealth Employee Assistance Program**
access code: us airways
www.liveandworkwell.com

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**What To Do and How To Do It**
Visit www.eBenefitsUS.com starting Monday, October 11, 2010
Online enrollment closes at 11:59pm ET/8:59pm PT on Wednesday, November 10, 2010
(Call Center closes at 8pm ET/5pm PT)

- Add eligible dependents to coverage under the new expanded rules
- Use the medical expense estimator to choose the plan that’s right for you. Are you paying for more coverage than you need?
- Evaluate, enroll and make eligible changes for 2011
- Print a confirmation statement for your records
- Obtain information on changing your benefits for any eligible life event changes that occur during 2011

**Call 1-888-860-6178 (Benefits US)**
- Get support in navigating the online tool. While the specialists at BenefitsUS can’t do the enrolling for you, they’ll help you with both log-in and navigation of the website.
- Call Monday through Friday, 8am to 8pm ET/5am to 5pm PT

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**Benefits News**
Straight to Your Inbox
Get the latest US Airways benefits news via email by signing up to receive our monthly “BenefitsUS” newsletter. Visit the “Company News” section on Wings to subscribe to this and other company news and announcements. It’s free, fast and easy!
http://wings.usairways.com

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