



## Pilot Mutual Aid Plan (PMA)

### Summary of Coverage

- PMA offers the following three benefit levels:

MONTHLY BENEFIT	MONTHLY CONTRIBUTION	LIMITS
\$2,000	\$100.00	Maximum coverage for pilots on first year pay
\$3,000	\$150.00	Maximum coverage for pilots on second year pay
\$4,000	\$200.00	Maximum coverage for pilots on third year pay or greater

- The new Monthly Benefit amounts apply to Disabilities where the Onset of Disability is on or after January 1, 2026.
- You may increase your monthly benefit one level every 12 months.
- Member must apply for coverage prior to completing five cumulative years of Active Service with the Company.
- PMA will not cover any disability\* for which the Onset of Disability is within six months following your Effective Date of coverage unless the Disability is due to an Injury that occurs after the Effective Date.
- Only Disabilities that occur while on Active Flight Status (or within six months of your last day of Active Flight Status if you are on sick leave when your Disability was incurred) are covered Disabilities.
- Benefit payments begin when PMA Participant completes the Elimination Period.
- You should file a claim for PMA benefits prior to the end of the Elimination Period; or, PMA Disability benefits will begin from the date of filing.
- Disabled pilots receive 12 months of payments or until age 65, if earlier.
- The Plan has a Lifetime Maximum of 36 Monthly Disability Benefit Payments regardless of cause.
- The Plan has a Lifetime Maximum of 12 Monthly Disability Benefit Payments for Mental or Nervous Disabilities.
- The Plan has a Lifetime Maximum of 12 Monthly Disability Benefit Payments for Chemical Dependency Disabilities.
- Death Benefit: lesser of \$10,000 or the balance of the remaining Monthly Disability Benefit Payments during a period of Disability made as of the date of death.
- See Plan booklet for information regarding coverage for Pre-Existing Conditions.

If you increase your Monthly Benefit Amount, the exclusions will apply only to the increased amount.

For more information about this coverage, please contact:

**NGS Insurance Agency Inc.**  
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*This summary provides a brief explanation of the major provisions of this benefit plan. It is not a detailed description. The actual plan document and summary plan description contain a complete description of the benefit plans offered and rights under the plan. If there is any conflict between this summary and the plan document, the terms of the plan document governs. Please note capitalized terms are defined in the Plan.*

*January 2026*