



# 2010 BENEFITS ENROLLMENT HIGHLIGHTS FOR RETIREES AND SURVIVORS

October 2009

Take Great Care Of You & Your Family



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## Who This Guide Is For

- Pre-merger Delta retirees and survivors eligible for the Delta Family-Care Medical Plan (pilot and non-pilot retirees and survivors under age 65) and the Delta Pilots Medical Plan (pilot retirees and survivors under and over age 65)
- Pre-merger Northwest retirees and survivors eligible for the Northwest Medical Plan (under age 65)
- Republic retirees and survivors eligible for either the Northwest Medical Plan (under age 65) or the Republic Medical Plan (age 65 and over)

## 2010 ANNUAL OPEN ENROLLMENT

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Your annual open enrollment period is October 28 through November 17.

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During this time, you may enroll in the benefit coverage that you are eligible for, as shown on your Enrollment Worksheet online at Benefits Direct (<http://dlnet.delta.com>). You may change your benefit elections until midnight Eastern Time on November 17, 2009.

Your online Enrollment Worksheet will list the coverage that you will be automatically enrolled in if you do not actively enroll, called your “default” coverage. Default coverage may be different from your current election and require you to pay premium contributions. If you wish to decline coverage and avoid incurring such costs, **you must actively enroll in the “No Coverage” option** during the annual open enrollment period. Before deciding not to actively enroll, be certain the default coverage meets your needs.

### Changing Your Elections During the Year

Your benefit elections take effect January 1, 2010, and continue for the entire year, provided you remain eligible for these benefits.

After your enrollment period ends, you may not make changes to your benefit elections or covered dependents unless you experience certain qualified life events, such as marriage, divorce or the birth of a child.

However, if you decline enrollment in retiree medical coverage for yourself or your dependents (including your spouse) during this enrollment period because of other health insurance coverage, you may, in the future, be able to enroll yourself or your eligible dependents in the healthcare plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your new dependents, as long as you are already covered under the healthcare plan and you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.<sup>3</sup>

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<sup>3</sup> Northwest and Republic participants have 30 days, but not later than 60 days, to make such an enrollment request.

## New Dependent Eligibility Rules

### 1) Legal Disclosure Notice

Effective January 1, 2010, Michelle's Law extends eligibility for group health benefit plan coverage to certain dependent children between age 18 and the plan's maximum age who are enrolled in coverage at the time that they take a medically necessary leave of absence due to illness or injury. Specifically, the law extends eligibility to enrolled dependent children who are full-time students at the time of an illness, but would lose coverage when a medically necessary leave of absence causes the child to fall below the course load required for full-time student status. This extension of eligibility is available for up to one year.

You must notify the Employee Service Center (ESC) and request extension of eligibility for your dependent within 60 days of the illness or injury that was cause for the medically necessary leave of absence.

### 2) Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) added two new Health Insurance Portability and Accountability Act (HIPAA) special enrollment events. You or your dependents are eligible for a CHIPRA special enrollment under the health plans if:

- You or your dependent loses coverage under Medicaid or a state child health (CHIP) plan due to loss of eligibility (not for non-payment of premiums), or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or a state child health plan (CHIP)

You must notify and enroll with the ESC within 60 days of one of these events.

### 3) Effective January 1, 2010, coverage for newly eligible Foster Children and Grandchildren (new for pre-merger Delta employees)

- Foster Children are eligible dependents if (1) the child lives with the employee in a parent-child relationship; (2) the child primarily depends on the employee for support, and the employee does not receive government support for the child
- Grandchildren are eligible dependents if the employee's daughter (the child's mother) is a covered dependent living in the employee's household with the grandchild, and the grandchild is primarily dependent on the employee for support

You must notify and enroll your newly eligible dependent with the ESC within 30 days of your dependent attaining eligibility.

## 2010 Healthcare Options and Eligibility

### Pre-Merger Delta Retiree/Survivor Benefit Options

Delta's 2010 healthcare options for retirees, survivors and lifetime COBRA participants include the Delta Family-Care Medical Plan (DFCMP), the Delta Pilots Medical Plan (DPMP) if you are a pilot retiree or survivor, and an HMO (if you are an eligible resident of Hawaii or Puerto Rico). You also may choose not to enroll in a healthcare plan by choosing the "No Coverage" option. Eligibility for these Delta benefits varies based on many factors, including your age and your flight attendant/ground employee/pilot status:

- **Under age 65:** Medical and dental benefits under the DFCMP are available to you and/or your eligible dependents under age 65. If you are a pilot retiree or survivor, you also have the option of coverage under the DPMP. Other benefits include vision coverage, life insurance and accident insurance coverage
- **Age 65 or older:** You and/or your eligible dependents age 65 or older are not eligible to enroll in DFCMP medical or dental coverage, or in Delta vision coverage. \* If eligible, you may enroll in:
  - The DPMP (pilot retirees and survivors only)
  - The voluntary life and accident insurance described in this booklet (retirees only)
- **COBRA participants:** If you are a COBRA participant, you may be eligible for the plan you are enrolled in — either the DFCMP or the DPMP — as noted in the 2010 COBRA Open Enrollment material that you receive through the mail from SHPS, the COBRA administrator. If you waive COBRA coverage during this enrollment, that coverage cannot be reinstated in the future

### Pre-Merger Northwest Retiree/Survivor Benefits

Eligible pre-merger Northwest retirees, survivors and lifetime COBRA participants continue to have the Northwest Medical Plan, in addition to basic life insurance. The benefits, eligibility rules and premium information are outlined in the applicable Northwest summary plan descriptions posted on Benefits Direct. The list of 2010 benefit administrators can be found on the "Where to Get More Information" page at the end of this guide.

### Republic Retiree/Survivor Benefits

Republic retirees (pilots and non-pilots) continue to have medical, dental and vision coverage, as applicable, under either the Northwest Medical Plan or the Republic Medical Plan. The benefits, eligibility rules, and premium information are outlined in the applicable Northwest summary plan description posted on Benefits Direct. The benefits and eligibility rules have not changed for 2010.

- **Under age 65:** Medical and dental benefits are provided under the Northwest Medical Plan and are available to you and/or your eligible dependents under age 65
- **Age 65 or older:** You and/or your eligible dependents age 65 or older are eligible for the applicable Republic Medical Plan. Other benefits include dental and vision coverage

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\* A pre-merger Delta retiree, survivor or spouse age 65 or older is not eligible for the DFCMP. However, *pre-merger Delta retirees, survivors and spouses age 65 and older* are eligible for the **Delta Air Lines Retiree Committee's Medical Plan for Delta Retirees (DALRC Medical Plan)**. The DALRC Medical Plan is established and controlled by the DALRC, not by Delta Air Lines. This plan offers medical/prescription drug, dental and vision coverage. If you enroll in the DALRC Medical Plan's medical and prescription drug coverage, you may be eligible for a monthly subsidy from Delta that is applied toward the cost of that coverage. The DALRC Medical Plan election and enrollment process are separate and independent from coverage and enrollment available through Delta. Marsh & McLennan Company (Marsh) is the administrator of the DALRC Medical Plan. If you wish to enroll in those plans, you must follow the enrollment instructions provided in the DALRC enrollment package or contact Marsh directly at **877-DALRC65**. The Delta Employee Service Center (ESC) cannot enroll you in the DALRC Medical Plan or answer questions regarding the DALRC plan coverages. For details about the DALRC Medical Plan, refer to the materials mailed to your home from the DALRC.

## 2010 BENEFIT PLANS

### *One-Time* COBRA Opportunity for Certain Retired Delta Pilots and Survivors

Certain pre-merger Delta pilot retirees are eligible for a **one-time** COBRA election during the 2010 annual open enrollment period. This option will be available for pre-merger Delta pilots who:

- Retired on or before June 1, 2006 and:
  - were under age 60 on January 1, 2007; or
  - were over age 60 on January 1, 2007, had opted out of Delta retiree coverage as of December 31, 2006, and have not reached age 65 as of January 1, 2010
- Retired after June 1, 2006, and have not reached age 65 as of January 1, 2010

In these cases, this election also will be extended to such pilot's eligible spouses, survivors and dependent children. This option should provide many retired Delta pilots with an opportunity that has not existed before to take advantage of the Health Coverage Tax Credit (HCTC), if they also meet the other eligibility criteria.

Retired pilots age 55 to 65 who are receiving a benefit from the Pension Benefit Guaranty Corporation (a PBGC recipient) may be eligible for the HCTC, which provides a subsidy from the federal government of up to 80% of the COBRA premium amount (note that this recently increased from a level of 65% on a temporary basis). To qualify for the HCTC, a PBGC recipient must have qualifying health coverage and meet a number of other requirements. The IRS has determined that COBRA coverage is qualifying coverage for the HCTC.

The PBGC may have sent you a brochure about the HCTC, or you can get more information from the IRS Web site at [www.irs.gov](http://www.irs.gov). You should familiarize yourself with this material to determine whether you are eligible for the HCTC and wish to elect this one-time COBRA opportunity.

**As is always the case with COBRA coverage, the premium for the COBRA option is 102% of the full cost of the coverage. There is no Company subsidy provided, even if you are between age 60 and 65. Therefore, if you or a family member does not qualify for the HCTC, this COBRA option may not be right for you.**

While a number of retired pilots qualified for a lifetime COBRA election during Delta's bankruptcy, many others did not. No retired pilot in the groups described above qualified for a COBRA election at that time, and many have expressed the desire for this option ever since. As a result of health plan restructuring, we now offer a retiree-only plan under the DFCMP, and we are pleased to extend this one-time opportunity to the retired pilots described above. This is a voluntary offering of a COBRA option under the DFCMP, not the DPMP. We are not able to offer the voluntary COBRA option under the DPMP.

**If elected, this coverage will begin on January 1, 2010 and may be continued until age 65, as long as the coverage is continued without lapsing and all other eligibility requirements are met.**

Important points to remember:

- This option applies only to medical coverage (not dental coverage) under the DFCMP options, and is in addition to the 2010 retiree medical options for which the retiree is eligible during annual enrollment. Refer to Retiree Connection located on DeltaNet for information about the DFCMP
- This is a **one-time opportunity** to enroll in this COBRA option. Delta is extending this on a voluntary basis; it is not mandated by law. If you do not elect this coverage during the 2010 open enrollment period, you will not have another opportunity to do so
- If you do elect the COBRA option, you will get an open enrollment right to the DFCMP options each year, as well as your standard retiree options
- You must keep this COBRA option continuously in place. If it lapses (for instance, you decide to enroll in the DPMP during a future Annual Open Enrollment), it cannot be reinstated in the future
- You can add new dependents if reported within 30 days of the birth, marriage or adoption
- This COBRA option stops for each covered individual no later than age 65 because the plan does not provide coverage after age 65
- This COBRA option also is being extended to survivors of a deceased retired pilot in the retiree groups described above

Refer to the applicable DFCMP retiree benefit handbook online at Retiree Connection or call the ESC if you have questions about this offering.

## Medical Coverage

Medical options are offered through UnitedHealthcare (UHC), and include pharmacy benefits through Medco.

### *Pharmacy Benefits*

No drug coverage changes to DFCMP pharmacy benefits have been made for 2010, but changes will occur to the copayments. Pharmacy benefits vary by the type of medical option that you select. Refer to Delta's *Healthcare Benefit Handbook* for details.

You generally save money on prescription drugs if you purchase available generics (if they are right for you) and medications on the Prescription Drug List (PDL). You can view the PDL on Benefits Direct, which is accessible through DeltaNet (<http://dlnet.delta.com>) or on the Health & Insurance site located on Employee Connection.



## About UnitedHealthcare (UHC)

UHC offers you and your covered dependents:

- **Network Availability** — UHC has the largest national network of providers, with more than 4,800 hospitals and 500,000 healthcare professionals. If you live in Minnesota, North Dakota, South Dakota or western Wisconsin, UHC offers seamless access to the Medica network, which has more than 200 hospitals, thousands of clinics and nearly 27,000 healthcare professionals
- **Network Discounts** — Network discounts help keep costs down for members and covered family members, especially for those enrolled in an account-based medical option
- **Care Management** — UHC has an excellent integrated care management program administered by OptumHealth, a UHC company. Current programs support cancer and chronic illnesses such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma; and also include the Healthy Pregnancy Program. In 2010 other programs will become available, including Kidney Resource Services, Neonatal Resource Services, Bariatric Resource Services, QuitPower<sup>®</sup> (which will replace the Free & Clear tobacco cessation program) and ParentSteps<sup>®</sup>, a discount program offering infertility treatment support
- **Online and Telephone Support** — UHC supports its members with online and telephone resources such as health, wellness and lifestyle coaches, as well as the Health Assessment and Personal Health Record

## Delta Family-Care Medical Plan Options

The DFCMP options are administered by UHC and include the:

- Standard Medical Option — A PPO (preferred provider organization)
- Out-of-Area (OOA) Medical Option — A PPO/Puerto Rico Out-of-Area Medical Option
- High Value Medical Option (HVO) — A high-deductible healthcare plan with which you may be eligible to open a health savings account

If you live outside the UHC network, in addition to the OOA Medical Option, you also have the choice of enrolling in the Standard Medical Option or the HVO, as long as you are not eligible for Medicare.

Changes to the Standard Medical Option for 2010 include an increase in the:

- Annual deductible from \$600 to \$650
- Out-of-pocket maximum from \$3,000 to \$3,500
- Primary physician office visit copay from \$20 to \$30
- Specialist physician office visit copay from \$50 to \$60
- Emergency room copay from \$100 to \$150

Changes to the Substance Abuse benefit of the Standard Medical Option, OOA Medical Option and HVO for 2010 include:

- Substance Abuse — The two episodes of inpatient treatment per lifetime per covered participant will be removed as a limitation of this benefit

Changes to the Mental Health benefit of the Standard Medical Option for 2010 include:

- Out-of-network Outpatient mental health services will be covered at 60% of 140% of the Medicare Reimbursement Rate (day limits, maximum daily dollar limits and the non-notification penalty will no longer apply)
- Out-of-network Inpatient mental health hospital stays will be covered at 60% of 140% of the Medicare Reimbursement Rate (day limits, maximum daily dollar limits and the additional \$200 inpatient stay deductible will no longer apply). The \$700 non-notification penalty will continue to apply when UHC is not notified of the inpatient stay

Changes to the Standard Medical Option and Out-of-Area Medical Option prescription drug benefit include an increase in the:

- Tier 3 copay from \$50 to \$60
- Tier 4 copay from \$70 to \$90
- Premiums for the DFCMP Options, including Lifetime COBRA, are increasing for 2010

### **Delta Pilots Medical Plan (DPMP)**

The DPMP is a medical/dental package option administered by UHC and available to pilot retirees and survivors (other than those pre-merger NWA pilots who retired before October 30, 2008 or were inactive or disabled as of October 30, 2008 and have not returned to work). If you enroll in the DPMP medical option, the DPMP dental option becomes your only dental option choice. You cannot waive dental coverage and enroll only for DPMP medical coverage; neither can you waive medical coverage and enroll only for DPMP dental coverage.

If you live outside the UHC network, you will not only be offered the DPMP out-of-area (OOA) option, but you also have the choice of enrolling in the network DPMP option, as long as you are not eligible for Medicare. For details of the network healthcare coverage options, you may refer to Delta's *Healthcare Benefit Handbook* available online at Benefits Direct and on the Delta Retiree Web site on DeltaNet (<http://dlnet.delta.com>). Also, you may verify that you have adequate access to network providers by visiting [www.myhealthcareview.com](http://www.myhealthcareview.com) and selecting "Find A Doctor." (Note that this Web site replaces [www.myuhc.com](http://www.myuhc.com) effective January 1, 2010. You may use your current [www.myuhc.com](http://www.myuhc.com) log-in information on [www.myhealthcareview.com](http://www.myhealthcareview.com).)

- Premiums for the DPMP are not increasing in 2010 for retiree or spouse coverage. Premiums for children are increasing. There are no plan design changes to covered medical, pharmacy or dental services; copay or coinsurance amounts; or coverage levels. However for 2010, Nexium is no longer a covered drug
- The Substance Abuse benefit of the DPMP and DPMP OOA Medical Options for 2010 is changing. The two episodes of inpatient treatment per lifetime per covered participant will be removed as a limitation of this benefit

- Changes to the Mental Health benefit of the DPMP for 2010 include:
  - Out-of-network Outpatient mental health services will be covered at 70% of 140% of the Medicare Reimbursement Rate (day limits, maximum daily dollar limits and the additional \$200 inpatient stay deductible will no longer apply). The \$700 non-notification penalty will continue to apply when UHC is not notified of the inpatient stay
  - Out-of-network Inpatient mental health hospital stays will be covered at 70% of 140% of the Medicare Reimbursement Rate (day limits, maximum daily dollar limits and the additional \$200 inpatient stay deductible will no longer apply). The \$700 non-notification penalty will continue to apply when UHC is not notified of the inpatient stay

**Health Maintenance Organizations (HMOs)**

HMOs continue to be offered to eligible residents of Hawaii and Puerto Rico based on the HMO service area and age (HMOs are not available to retirees and survivors age 65 and older). These HMO options will be listed on your Enrollment Worksheet if you are eligible for them.

*Humana Health Plan of Puerto Rico*

There are no plan changes for 2010. Premiums for Humana Health Plan of Puerto Rico will increase approximately 8%. Premiums for the Puerto Rico Out-of-Area Option will not increase for 2010.

*Health Plan Hawaii*

There are state mandated plan changes for 2010 described in the chart below. Premiums for Health Plan Hawaii will increase approximately 7%.

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
Lifetime Maximum	Unlimited
Annual Copayment Maximum	\$2,500 per person \$7,500 per family
Annual Deductible	None
<b>MEDICAL SERVICES</b>	
<b>PHYSICIAN SERVICES</b>	<b>IN-NETWORK COPAYMENT</b>
Office Visits	\$15
Hospital Visits	\$15 (hospital outpatient) None (hospital inpatient)
<b>HOSPITAL AND FACILITY SERVICES</b>	<b>IN-NETWORK COPAYMENT</b>
Hospital Room and Board (Semiprivate room rate; unlimited number of days)	\$75 per day
Hospital Ancillary	None
Intensive Care Unit; Coronary Care Unit	\$75 per day
Emergency Room	\$75 (in-state) \$75 (BlueCard provider) 20% worldwide

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
<b>SURGICAL SERVICES</b>	<b>IN-NETWORK COPAYMENT</b>
Surgical Procedures	None (outpatient surgical center) \$15 (outpatient professional charges) None (hospital operating room) None (inpatient professional charges)
Anesthesia	\$15 (outpatient professional charges) None (inpatient professional charges)
<b>LABORATORY AND RADIOLOGY</b>	<b>IN-NETWORK COPAYMENT</b>
Diagnostic Testing	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
Laboratory and Pathology	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
X-Ray and Other Radiology	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
Radiation Therapy for Malignancies and Non-malignancies	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
<b>MENTAL HEALTH SERVICES</b>	<b>IN-NETWORK COPAYMENT</b>
Hospital/Facility Services	None (hospital outpatient) \$75 per day (hospital inpatient)
Physician Services – Inpatient	None
Physician Services – Outpatient	\$15
<b>OTHER MEDICAL SERVICES</b>	<b>IN-NETWORK COPAYMENT</b>
Allergy Testing	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Ambulance (air or ground)	20%
Blood and Blood Products	None
Chemotherapy	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Dialysis and Supplies	10% (hospital outpatient) None (hospital inpatient)
Hospice	None
Injections	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Inter-Island Transportation <sup>1</sup>	None

<sup>1</sup> Copayments will not count toward the annual copayment maximum.

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
Medical Equipment, Appliances and Supplies	None (internal devices) 50% (external devices)
Organ Donor Services	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Organ and Tissue Transplant <sup>2</sup>	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Physical and Occupational Therapy	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Speech Therapy	\$15 (outpatient) None (inpatient)
Vision Exam	\$15 (One exam per calendar year)
SPECIAL BENEFITS	
BENEFITS FOR CHILDREN	YOUR COPAYMENT
Newborn Circumcision	Regular Plan Benefits
Well Child Care Immunizations	None
Well Child Care Laboratory	Regular Plan Benefits
Well Child Care – Physician Office Visits	None
BENEFITS FOR MEN	YOUR COPAYMENT
Prostate Specific Antigen Test	Regular Plan Benefits
Vasectomy	Regular Plan Benefits
BENEFITS FOR WOMEN	YOUR COPAYMENT
Contraceptives <sup>1</sup> ( <i>See Limited Rx section for additional contraceptive benefits</i> )	
Implants	50%
IUD	50%
Injectables <sup>3</sup>	50%
Mammography (screening)	None
Pap Smears (routine)	None
Total Maternity Care	Regular Plan Benefits
Well Woman Exam	None
PHYSICAL EXAMS	
Physical Exams	None

<sup>2</sup> This benefit includes transplants such as bone marrow, heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. You must receive services from a provider that is under contract with Health Plan Hawaii for the specific type of transplant you will receive for these benefits to apply. Refer to your Guide to Benefits for information on other transplants.

<sup>3</sup> A separate copayment may be charged for administration of the injection.

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
<b>ONLINE CARE</b>	
Online Care	As an HMSA member, you and your covered dependents may access HMSA's Online Care through <a href="http://www.hmsa.com">www.hmsa.com</a> . Your copayment is \$10 for up to 10 minutes, and \$5 for an additional 5-minute extension. Each session is limited to a total of 15 minutes.
<b>HEALTH ASSESSMENT</b>	
HealthPass	As an HMSA member, you and your covered dependents age 14 and older are entitled to HealthPass, a free annual health assessment from a contracted HealthPass provider that evaluates your health and lifestyle. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.
<b>DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS</b>	
<b>HE HAPAI PONO – The Good Pregnancy</b> (Prenatal Care Management Program)	A program that offers guidance in receiving the appropriate care throughout the duration of your pregnancy and up to six weeks after the baby is born. You will receive specialized telephone support from clinicians as needed to enhance traditional office-based care, along with links to other resources in the community. Includes written information specific to your needs, as well as a free pregnancy or baby care book.
<b>Positively Pregnant</b> (Pregnancy Workshop)	Free workshops open to all pregnant women and their partners, or women thinking about starting a family. You will be given information on appropriate prenatal care, taught how to look for signs and symptoms of complications and informed what to do if they occur. Includes a free pregnancy guide for all members.
<b>HMSA's Care Connection</b> (For Asthma, COPD, Diabetes, Heart Disease and CKD)	Chronic disease management support services including regular care calls from a team of specially trained clinicians; medication review; educational newsletters; reminders for important tests and screenings; and strategies to engage in a healthy, active life. Members with diabetes are eligible to attend diabetes education classes from select participating providers at no additional cost.
<b>Behavioral Health</b> (Mental Health & Substance Abuse)	Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and case management services if needed.
<b>READY, SET, QUIT!</b> (Stop-Smoking Program)	Personalized stop-smoking program including free private telephone counseling for up to 18 months, education on therapies and strategies from a care specialist, plus referrals to community resources.

HEALTH PLAN HAWAII PLUS (XT)		
Plan Provisions	HMSA Contracted Providers	Non-Participating Providers
<b>LIMITED Rx BENEFITS<sup>4</sup></b>		
<b>Diabetic Drugs</b>		
- Generic	20%	20%
- Preferred Brand Name	20%	20%
- Other Brand Name	30%	30%
<b>Diabetic Supplies</b>		
- Preferred Brand Name	50%	50%
- Other Brand Name	50%	50%
<b>Insulin</b>		
- Preferred Brand Name	20%	20%
- Other Brand Name	30%	30%
<b>Oral Contraceptives &amp; Other Contraceptive Methods</b>		
- Generic	50%	50%
- Preferred Brand Name	50%	50%
- Other Brand Name	50%	50%
- Diaphragms/Cervical Caps	50%	50%
NOTE: Each drug dispensed is limited to a 30-day supply. A 30-day supply is defined as a supply lasting the member for a period consisting of 30 consecutive days.		
<b>MAIL SERVICE PRESCRIPTION PROGRAM<sup>5</sup> (90-day supply)</b>		
<b>Diabetic Drugs</b>		
- Generic	20%	Not covered
- Preferred Brand Name	20%	Not covered
- Other Brand Name	30%	Not covered
<b>Diabetic Supplies</b>		
- Preferred Brand Name	50%	Not covered
- Other Brand Name	50%	Not covered
<b>Insulin</b>		
- Preferred Brand Name	20%	Not covered
- Other Brand Name	30%	Not covered
<b>Oral Contraceptives &amp; Other Contraceptive Methods</b>		
- Generic	50%	Not covered
- Preferred Brand Name	50%	Not covered
- Other Brand Name	50%	Not covered
- Diaphragms/Cervical Caps	50%	Not covered

NOTE: If you have an HMSA drug rider with similar benefits, your drug rider benefits apply. There shall be no duplication or coordination of benefits between this plan and your HSA drug plan.

<sup>4</sup> Copayments will not count toward the annual copayment maximum.

<sup>5</sup> To utilize the mail order program, only credit card payments are accepted.

### Northwest Medical Plan

- There are no plan changes to the Northwest Medical Plan in 2010, although medical and pharmacy benefits will be administered by UHC. Refer to the Northwest Retiree Summary Plan Description located on Benefits Direct for details
- Premiums for the Northwest Medical Plan are increasing for 2010, as indicated on your online Enrollment Worksheet. Any subsidy provided by the Northwest Retiree VEBA is also reflected on your online Enrollment Worksheet

### Republic Medical Plan

- There are no plan changes to the Republic Medical Plan in 2010, although medical and pharmacy benefits will be administered by UHC. Refer to the applicable Republic Retiree Summary Plan Description located on Benefits Direct for details
- Due to the federally mandated "Mental Health Parity" laws, the 130-hour limitation on outpatient substance abuse treatment will be eliminated for 2010
- Premiums for the Republic Medical Plan are increasing for 2010, as indicated on your online Enrollment Worksheet

#### Details About 2010 Healthcare Options

For a detailed summary plan description (SPD) of the Delta Family-Care Medical Plan or the Delta Pilots Medical Plan options, refer to Delta's Healthcare Benefit Handbook available online at Benefits Direct and on the Retiree Connection Web site under the Benefits tab on DeltaNet (<http://dlnet.delta.com>). Note that this SPD is effective as of January 1, 2008, so the 2009 and 2010 changes detailed earlier are not outlined in that document.

Northwest and Republic retirees should consult their applicable Summary Plan Description located on Benefits Direct for plan details.

For more information about your covered medical services, contact UHC at **877-683-8555** or log on to [www.myhealthcareview.com](http://www.myhealthcareview.com). (Note that this Web site replaces [www.myuhc.com](http://www.myuhc.com). You may use your current [www.myuhc.com](http://www.myuhc.com) log-in information on [www.myhealthcareview.com](http://www.myhealthcareview.com).)



## Dental Coverage

2010 dental coverage for Delta and Northwest plans, including the Republic plan, will be administered by Delta Dental of Minnesota (DDMN). DDMN has one of the largest national provider networks. If you receive care from a network provider, you will benefit from much better network discounts.

### DFCMP Dental Options

- You may elect either the Comprehensive Dental Option or the Preventive Dental Option
- There are no changes to covered services, copay or coinsurance amounts for the Comprehensive Dental Option or the Preventive Dental Option for 2010
- 2010 premiums will slightly decrease for both of these dental options

### CIGNA Dental Care Option (a Dental HMO)

- Pre-merger Delta retirees may enroll in the CIGNA Dental HMO if you live in an area that is served by the CIGNA network
- Premiums are increasing for 2010 as a result of higher participant utilization and costs

### DPMP Dental Coverage

- In the DPMP, medical and dental are bundled in the healthcare plan. You cannot elect medical coverage without also electing dental coverage, and vice versa
- Because medical and dental are a bundled package, you must choose the same coverage tier for both medical and dental coverage
- There are no changes to covered services, copay or coinsurance amounts for the Comprehensive Dental Option or the Preventive Dental Option for 2010
- 2010 premiums will slightly decrease for the DPMP dental option

### Northwest Dental PPO Plan

- The Northwest Dental PPO Plan option continues to be available to eligible Northwest retirees in 2010
- Premiums for the Northwest Dental PPO Plan option are slightly decreasing for 2010

### Republic Dental Plan

- The Republic Dental Plan option continues to be available to eligible Republic retirees in 2010
- Premiums for the Republic Dental Plan option are slightly increasing for 2010

## Vision Coverage

- You may elect vision coverage through Davis Vision if you are eligible to enroll in the DFCMP or DPMP medical options
- No changes to covered services, copay or coinsurance amounts have been made to the 2010 vision plan
- Premiums for Davis Vision are slightly decreasing for 2010

## Life Insurance and Accident (AD&D) Insurance Benefits

If you are currently enrolled in Optional Life Insurance, Spouse Life Insurance, Child Life Insurance, Group Accident Insurance and/or Private Pilots Accident Insurance, you have the option to maintain your current level of coverage, decrease your current level of coverage or elect the "No Coverage" option. If you decrease your level of coverage, you cannot resume your 2009 coverage level at a later time. You should review your coverage carefully before deciding to decrease coverage or elect the "No Coverage" option. *Keep in mind that retirees may not newly enroll in voluntary insurance coverage or increase their current level of coverage.*

### Basic, Optional, Spouse and Child Life Insurance

- MetLife is the administrator for all pre-merger Delta and pre-merger Northwest life insurance coverage effective January 1, 2010
- Pre-merger Northwest retiree basic life beneficiary designations on file with Minnesota Life will automatically be transferred to MetLife
- Retired pre-merger Delta pilots and their spouses who do not use tobacco may qualify for non-tobacco rates for Optional Life and Spouse Life Insurance
- Additional Child Life Insurance coverage options of \$2,500 and \$5,000 are available for pre-merger Delta retirees

### Group Accident Insurance and Private Pilots Accident Insurance

- The Prudential is the administrator for all pre-merger Delta accident (AD&D) insurance coverage effective January 1, 2010
- Pre-merger Delta retiree beneficiary designations on file with The Hartford will automatically be transferred to The Prudential
- Pre-merger Delta retirees can choose 2010 Group Accident Insurance coverage in the following increments:
  - For benefit amounts up to \$250,000, choose coverage in \$25,000 increments
  - For benefit amounts over \$250,000, choose coverage in \$50,000 increments
- Coverage is limited to 50% of the amount in effect immediately before retirement
- At age 80, coverage is further reduced by 50% (rounded to the next higher increment). Reduction occurs on the first day of the month that the retiree turns 80

## Long-Term Care Insurance

### Long-Term Care Insurance

You may enroll in Long-Term Care Insurance at any time of year directly with The Prudential. Proof of good health is always required for retirees, survivors and their family members. You cannot enroll for Long-Term Care Insurance on Benefits Direct because this is not a Delta-sponsored benefit.

To enroll in Long-Term Care Insurance, log on to <http://www.prudential.com/gltcweb> using Group Name *deltaltc* and Access Code *airline* (both lowercase). If you have questions, call The Prudential at **877-232-3561**.

Prudential Long Term Care Insurance is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. (Contract series: 83500)

## HOW TO ENROLL

### STEP 1: ENROLL ONLINE VIA BENEFITS DIRECT

Enrolling is easy! Go online to <http://dlnet.delta.com>. You can use any computer with Internet access. You will need a valid Delta Passport password. (If you can access TravelNet or if you have home access to DeltaNet, you have a valid Passport password.) If you do not know your Passport password, go to <http://register.delta.com>.

- After going to <http://dlnet.delta.com>, the Delta Extranet home page will be displayed. Enter your 9-digit employee number (Username), along with your Delta Passport password to get to the DeltaNet home page
- Once on the DeltaNet home page, go to "Employee Info" on the top toolbar and select the "Self Service" link. [Note: if you are entering DeltaNet at work at Delta, you will be required to enter your 9-digit Passport ID (Username) at this time]
- On the Self Service home page, go to "Benefits" on the top toolbar and click on the "Benefits Direct" link
- Once in Benefits Direct, click the link for "Health, Disability & Insurances " on Benefits Direct

If you have questions about online enrollment, or if you experience difficulty enrolling online, contact the Delta Employee Service Center (ESC) at **1-800 MY DELTA (1-800-693-3582)** Monday through Friday – 8 a.m. to 5 p.m. Eastern time. International callers should dial **404-677-8000**.

### STEP 2: REVIEW YOUR OPTIONS

Details about your benefit options, coverage levels and plan costs are available on Benefits Direct. Be sure to review the online Enrollment Worksheet to determine the default coverage you will receive if you don't make any elections during Annual Open Enrollment. Default coverage may require you to pay employee contributions, so review your options carefully.

In the same area of Benefits Direct where you enroll, you will find links to administrator Web sites. This makes it easy to learn if your doctor, dentist or provider is in the medical or dental plan's network.

### STEP 3: UPDATE YOUR ELECTIONS

Once you have determined which benefits are available and best meet your needs, make your elections by midnight Eastern time on November 17, 2009.

#### *Married to an Active Delta Employee?*

Your active employee spouse has through November 10, 2009 to make changes to his or her 2009 active employee enrollment elections. This approximate two-week overlap in the enrollment periods allows you and your active employee spouse time to consider the effect of your available retiree coverage and his/her active options.

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**Your annual open enrollment period for 2010 benefits is  
October 28 – November 17, 2009.  
New coverage becomes effective January 1, 2010.**

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**STEP 4: SUBMIT ELECTIONS**

After you have updated your elections, click “Submit Changes” to ensure that any changes you have made are received by Delta. **If you do not see a message confirming that your elections have been saved, your changes will not be effective.**

**STEP 5: CONFIRM, REVISE IF NEEDED**

Be sure to print the online confirmation page so you have a record of the elections you have made.

If you want to change those elections before the end of the enrollment period, go back to the enrollment area of Benefits Direct and make new elections. When you are done, click “Submit Changes” and reprint your confirmation page. Remember, when you make a change, you should print your confirmation page so you have a record of your 2009 elections.

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### **Do You Have Questions About Enrollment?**

If you have questions about enrollment, you may call the ESC at **1-800 MY DELTA (1-800-693-3582)**. International callers should dial **404-677-8000**.

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## Not Changing Your Benefits?

If you are enrolled in benefits and you do not actively make a benefit election during Annual Open Enrollment, you are automatically enrolled in the coverage shown in the default coverage chart on your online Enrollment Worksheet. Default coverage may be different from your current election and require you to pay premium contributions. If you wish to decline coverage and avoid incurring such costs, **you must actively enroll in the “No Coverage” option** during the annual open enrollment period. Before deciding not to actively enroll, be certain the default coverage meets your needs. Also, remember that pre-merger Delta retirees have the option to “opt in” and to “opt out” of benefit coverage each year during the annual open enrollment period, as long as you remain eligible for retiree/survivor benefits. Retirees, dependents and survivors are eligible for DFCMP and vision coverage only until age 65.

**You will not have another opportunity to change your elections until the next annual open enrollment period, unless you experience a qualified life event (marriage, birth of a child, divorce, etc.), as explained earlier in this guide.**

**If you are a Northwest or Republic retiree and you waive coverage, you must provide proof of continuous coverage in order to be allowed re-enrollment rights in the future.**

## A Note About Paying Premiums

You must continue to pay all required premiums in full on a timely basis to be eligible for future enrollment opportunities, including Annual Open Enrollment. If benefits are cancelled for non-payment of premiums, you **cannot** re-enroll in retiree/survivor benefits during a future annual open enrollment period.

### No Additional Enrollment Opportunity or Opportunity to Change Elections

You must make your 2009 benefit elections during the annual open enrollment period, October 28 – November 17, 2009. There will not be an additional enrollment opportunity or any opportunity for you to correct or change your 2010 elections before your elections or default coverage become effective on January 1, 2010. You will not be able to enroll or make any changes after the annual open enrollment deadline — midnight Eastern time on November 17, 2009 — unless you experience a qualified life event.

## Changing Your Elections Online

The online site/functionality described below is available to active and inactive employees as well as to retirees and survivors. International callers should contact the ESC by dialing **404-677-8000**.

On Benefits Direct, click on the “Change Coverage” link to learn about or report a qualified life event change. If you are eligible, you can make benefit elections according to plan rules.

You may be asked to provide documentation confirming your dependents’ eligibility for any events that you report online via Benefits Direct. Therefore, you should maintain all documentation as described on Benefits Direct. If you are unable to provide requested documentation, your life event change may be retroactively terminated, and you may be liable for claim costs paid by the plans for the ineligible family members.

**Step 1:** Go to <http://dlnet.delta.com>; the Delta Extranet home page will be displayed. Enter your 9-digit employee number (Username), along with your Delta Passport password to get to the DeltaNet home page

**Step 2:** Once on the DeltaNet home page, go to “Employee Info” on the top toolbar and select the “Self-Service” link

**Step 3:** On the Self-Service home page, go to “Benefits” on the top toolbar and click on the “Benefits Direct” link

**Step 4:** Once in Benefits Direct, click the link for “Health, Disability & Insurances.” This site allows you to review your current coverage and dependents, and make your elections

It is your responsibility to maintain complete and accurate dependent data with Delta. Your failure to do so may result in the denial of eligibility and repayment of claims costs.

## WHERE TO GET MORE INFORMATION

Benefits Contact Information			
Benefit	Provider	Phone	Web
Medical	UnitedHealthcare (UHC)	877-683-8555	<a href="http://www.myhealthcareview.com">www.myhealthcareview.com</a> If you are not currently enrolled, enter the following to log on to the site: User Name: <i>delta</i> Password: <i>delta</i>
	Health Plan Hawaii	808-948-6372	<a href="http://www.hmsa.com">www.hmsa.com</a>
	Humana Health Plan of Puerto Rico	787-282-7900 ext. 5500	<a href="http://www.pr.humana.com">www.pr.humana.com</a>
Dental	Delta Dental of Minnesota	877-810-4023	<a href="http://www.deltadentalmn.org/dal">www.deltadentalmn.org/dal</a>
	CIGNA Dental Care	800-367-1037	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Davis Vision	800-947-9955	<a href="http://www.davisvision.com">www.davisvision.com</a>
Life Insurance	Metropolitan Life Insurance Company (MetLife)	866-939-7409	<a href="http://www.metlife.com">www.metlife.com</a>
Group Accident & Private Pilots Accident Insurance	The Prudential Insurance Company of America (Prudential)	877-232-3561	<a href="https://giselfservice.prudential.com">https://giselfservice.prudential.com</a>  If you are not currently enrolled, enter the following to first-time user log on to the site: Control Number: 50002
Long-Term Care Insurance	The Prudential Insurance Company of America (Prudential)	877-232-3561	<a href="http://www.prudential.com/gltcweb">www.prudential.com/gltcweb</a> Group Name: <i>deltaltc</i> Access Code: <i>airline</i>
Delta Benefits Eligibility	Employee Service Center (ESC)	1-800 MY DELTA (1-800-693-3582)	<a href="http://dlnet.delta.com">http://dlnet.delta.com</a>

## OTHER PROGRAMS

### Delta Employee & Retiree Care Fund

Delta employees and retirees are doing great things for each other through the Delta Employee & Retiree Care Fund, a nonprofit 501(c)(3) charitable organization run by Delta people for the benefit of Delta people. The Care Fund provides assistance to eligible Delta employees, retirees and their survivors who suffer a severe financial hardship from an unforeseen and unavoidable crisis, including loss due to a catastrophic event.

The Fund's success and growth are dependent on financial support from Delta people. Pre-merger Delta retirees can help people in crisis through pension deductions. Recycling efforts benefiting this fund include office, household and electronic device recycling. All retirees can make a donation by check payable to the Delta Care Fund and mail to the Delta Care Fund, Dept. 950, P.O. Box 20706, Atlanta, GA 30320-6001. Planned giving options are also available by contacting the Care Fund office at **404-715-1726**. All donations are tax-deductible.

By each of us giving a small amount, we will be ready to help Delta people in crisis. Employee- and retiree-led fundraising events held throughout the year are encouraged to support this fund. For more information, including a Champion Toolkit to help you sponsor fundraising events, visit the Delta People Care and Care Fund sites on DeltaNet under Employee Info.

### Delta Scholarship Fund

Delta employees and their eligible dependents pursuing higher education can apply for an award from Delta's nonprofit 501(c)(3) Scholarship Fund. Awards are based on various criteria including academic performance, leadership and financial need. Pre-merger Delta retirees can pledge a small pension deductible donation now and throughout the year. All retirees can make a donation by check payable to the Delta Scholarship Fund and mail to the Delta Scholarship Fund, Dept. 950, P.O. Box 20706, Atlanta, GA 30320-6001. Planned giving options also are available by contacting the Scholarship Fund office at **404-715-1726**. All donations are tax deductible.

The Fund's success and growth to offer more scholarships are dependent on financial support from Delta people. A Champion Toolkit is available from the portal site on DeltaNet to help you learn how you can help us grow this fund. For more information, visit the Delta People Care and Scholarship Fund sites on DeltaNet under Employee Info.

This brochure only provides a summary of the benefit plans available to eligible Delta Air Lines, Inc., Northwest, and Republic employees, retirees and survivors. In all cases, the plan documents will govern all aspects of each benefit. In the event of a discrepancy between this brochure and the plan documents, the terms of the plan documents will govern. Delta Air Lines, Inc. and its affiliates reserve the right to amend, modify or terminate all or any part of its employee benefit plans at any time for any reason. Any such amendment, modification or termination may apply to active employees, inactive employees, furloughed employees, former employees, retirees, survivors, COBRA participants, and any other participant or dependent covered under the plan. Any amendment or modification may be applied prospectively or retroactively and may be applied only to one group of participants, such as retirees, and not to another group of participants. An individual who participates in the High Value Medical Option is participating in a high-deductible health plan sponsored by Delta, and accordingly, may be eligible to establish a Health Savings Account (HSA) account for his or her own benefit. The HSA is not an employee benefit plan sponsored or maintained by Delta. This brochure is not a contract or guarantee of your benefits.