

# SUMMARY OF BENEFITS & PLAN PREMIUMS

## MEDICAL & PRESCRIPTION DRUG PLANS

| Plan Option                      | Medical & Prescription Drug Coverage |
|----------------------------------|--------------------------------------|
| Supplement-Type Standard         | \$239.99                             |
| Supplement-Type Enhanced         | \$335.67                             |
| Medicare Advantage Standard      | \$108.52                             |
| Medicare Advantage Enhanced      | \$141.81                             |
| Medicare Advantage Enhanced Plus | \$163.44                             |

Monthly premiums are for one person. For married couples, multiply the costs, in the table to the left, by two. Premiums apply to Delta Air Lines retirees, spouses of current or former Delta Air Lines employees, surviving spouses of former Delta Air Lines employees, and those with a Delta Air Lines pension.

## DENTAL PLANS

|  |                           |
|--|---------------------------|
| Delta Dental PPO (Ground & Flight Attendant) | \$49.76/\$100.60 w/spouse |
| Delta Dental PPO (Pilots)                    | \$58.92/\$119.26 w/spouse |
| Delta Dental HMO-Type                        | \$25.41/\$50.71 w/spouse  |

You do not have to purchase medical and prescription drug coverage through the Insurance Trust in order to purchase Dental or Vision coverage. However, members who only purchase Dental and/or Vision coverage pay a \$2 per month administration fee.

## VISION PLANS

|                    |                         |
|--------------------|-------------------------|
| EyeMed Vision Plan | \$6.44/\$11.96 w/spouse |
|--------------------|-------------------------|