BENEFITS & RESOURCES GUIDE 2017

INSURANCE TRUST for Delta Retirees

RETIREES LOOKING OUT FOR RETIREES
WELCOME TO THE TRUST PLAN!!

The Insurance Trust for Delta Retirees (ITDR) Benefit Plan offers a comprehensive package of group benefit choices to help you meet your financial needs. Your Trust Board is confident that our program offers benefits and value-added services that set the standard for retiree packages.

Expect more financial security and additional benefits and services with our managed group insurance plans, including:

- Medicare Supplement, Prescription Drug, Dental and Vision plan options
- Premiums that are the same for our Members of all ages, regardless of state of residence
- 24/7 personal phone support before and after enrollment from a Personal Health Advocate™, in addition to strong online resources, benefits including a Low Cost Generic Drug Program, and a SilverSneakers Fitness Membership
- Many additional services like travel assistance, online will services, ID theft support, and hearing aid discounts.

About the Trust

Your Trust is a non-profit organization, created and working solely to provide the very best in group benefits and services for age 65 and over retirees, spouses, survivors, and active employees of Delta, subsidiary, and pre-merger retirees.

Our membership is now over 25,000 retirees strong!

Your Trust’s mission is to provide:

- The strongest and widest array of benefits possible,
- at the most appropriate costs possible,
- for the greatest number of people, for the future as well as the present,
- with professional communication of benefits, services, objectives, and results,
- so that all Members always have the best opportunity to understand, participate and benefit.

Don’t Miss a Thing

Review this guide carefully to help you make informed choices, and take full advantage of all that is available to you, whether you are an employee approaching age 65, already there and exploring new options, or one of our current Trust Plan Members!
Transitioning to Medicare and annual enrollment time can be overwhelming. Let us help you get started!

Your Personal Health Advocate™ - one-on-one help when you need it most:

Since 2009, the Trust has ensured you and your family receive unlimited support before and after enrollment, by providing you the unlimited support of a Personal Health Advocate. As Delta retirees, we made a career of providing personal and exceptional service to others, and we expect nothing less for ourselves.

As you review this Benefits Guide and other materials, and prepare to make your benefits decisions, help from your Personal Health Advocate is just a call away!

How can your Health Advocate help?

For a smooth transition to Medicare, enrollment support to:

- Understand how Medical and Prescription Drug benefits change as you turn 65.
- Know how and when to enroll to avoid costly penalties.
- Compare the Trust Plan and any other plans you are looking at, so you can make the best long-term decisions for yourself and/or your spouse, regardless of the coverage you choose.

Help with any healthcare or insurance-related issue, after enrollment, such as:

- Questions about your benefits
- Making sense of a diagnosis, complex health issue, or test results
- Locating services and specialists for yourself, or a loved one
- Negotiating discounts or payment terms.
- And so much more! See page 18 for details.

Health Advocate™ is not affiliated with any insurance company or plan, or third party provider. Your Trust Board is pleased to bring you this unique and invaluable resource, and we encourage you to use it often!

What do our Members say?

“I am so glad you called me today, this could not have been at a better time. I have been bombarded with information since turning 65 and your assistance is great.”

“Your customer service is just wow. You guys are always so helpful and your call always gets directly to a live person.”

“You were truly amazing. I have been so upset about this medication and the expenses that I have not been taking it. Your willingness to listen to me, your determination to figure out the problem and your follow-up are truly commendable. Thanks for your support.”

Your Personal Health Advocate™ is available 24/7. 1-877-325-7265, Option 2.
A MESSAGE FROM YOUR TRUST BOARD

Retirement does not mean you have to go it alone.
Just like you, your Insurance Trust for Delta Retirees Board Members are current and future Delta retirees.
We have volunteered to serve on the Trust Board because of our strong belief that we need the support of each other, and that the benefit plans the Trust provides are one of the most important financial aspects of our retirement.

We are working hard for you, and look forward to continuing to serve you and delivering on our mission in 2017.

Your Board of Directors,
Insurance Trust for Delta Retirees

Our motto:
Retirees Looking Out for Retirees
What’s Inside?

A Message from Your Trust Board
Welcome to the Trust Plan ........................................ 2
Transitioning to Medicare ....................................... 3
Your **Personal Health Advocate™** ........................ 3
Our Motto: Retirees Looking Out for Retirees .......... 4

Trust Plan Enrollment
Who is Eligible to Enroll in 2017? ............................ 6
When To Enroll ....................................................... 6
How To Enroll ......................................................... 6
Updating Contact Information ................................. 7
“My Account” ............................................................ 7
Why Do Members Choose ITDR? ............................. 8

Medical Plan
Your Trust Group Retiree Medical Plan .................... 9
Medicare Supplement Plan- Part A Services ............ 10
Medicare Supplement Plan- Part B Services ............ 11
Medicare Supplement Plan- Other Services .......... 12
FAQ- Medical and Prescription Drug Plan ............... 16

Prescription Drug Plan
Your Trust Prescription Drug Benefits ..................... 13
ITDR Low Cost Generics Program ......................... 13
Prescription Drug Plan Benefit Overview .............. 14
FAQ- Medical and Prescription Drug Plan ............... 16

Additional Benefits Provided to Medical Plan Members
Your Personal **Health Advocate™** ...................... 18
**Health Advocate™** is Your Negotiator ............. 18
**Health Advocate™** is Your Confidential Resource 19
SilverSneakers® Fitness Program ......................... 20
Travel Assistance Services ................................. 21
Identity Theft Support Services .......................... 21
EstateGuidance® Online Will Services .............. 22
GuidanceResources® Online ............................. 22
Hearing Aid Programs ........................................ 23

Vision Plan
Vision Plan Coverage ............................................. 24
Frequently Asked Questions ................................. 25

Dental Plans
Dental Plan Options ............................................. 27
Dental Plan Comparison ....................................... 28
Frequently Asked Questions ................................. 29

2017 ITDR Plan Premiums
Medical and Prescription Drug Premiums ............. 30
Dental Plan Premiums ......................................... 30
Vision Plan Premiums ......................................... 30

Other Services for Trust Plan Members
Help with Prescription and Medical Plan Costs ...... 32
MetLife Voluntary Retiree Life Insurance ............... 33
MetLife Auto & Home Insurance ......................... 33

Where to Get Help
Go Online! ............................................................ 34
The Trust’s Retiree Service Center (Mercer) .......... 36
Health Advocate™ ................................................. 37
Insurance and Service Company Contacts .......... 38
Enrollment

Who is Eligible to Enroll in 2017?
Age 65 or over retirees, active employees, spouses, or survivors of:
- Delta Air Lines, Inc. (“Delta”),
- Delta subsidiaries, or
- Any entity and its subsidiaries acquired by, or merged with Delta where Delta is the surviving entity, who were retired prior to the effective date of the merger or acquisition (includes pre-merger Northwest and Republic retirees).

When To Enroll:
Turning 65 during 2017?
Your enrollment period follows the same timeline as your enrollment in Medicare. Your Delta insurance terminates on the last day of the month prior to the month of your 65th birthday. You may enroll in Medicare and the Trust Benefit Plans up to 3 months before your 65th birthday, and no later than 3 months after the month of your birthday.

Annual Enrollment for 2017:
October 17th – December 31st, 2016

Already 65 and new to the Trust Plan?
Submit your enrollment by November 11th, 2016 to assure your policy materials and ID cards are received before January 1, 2017.

Current Trust Plan Members:
Not making any changes? No action is needed. Your annual enrollment packet will include your 2016 Summary of Current Elections. If you want to keep these same choices for 2017, and the email address, mailing address, and phone number shown are correct, you don’t need to do a thing. If you do have updates or changes, submit them by November 11th, 2016 to assure processing by January 1, 2017.

How To Enroll or Make Benefit Changes:
- Visit the Home Page of www.itdr.com, and click on “Enrollment” on the blue menu bar, and select “Online Enrollment.”
- Review the important information on the “Welcome” page, and then click on “Enroll Now” to begin.
- Or for paper enrollment, call the Retiree Service Center at 1-877-325-7265, Option 1.

NOTE: Interested in Voluntary Retiree Life Insurance or Auto & Home Insurance? Learn more about how to apply for these coverages on page 33 of this Guide.
How To Update Your Contact Information:

Need to change your mailing address, email address, or phone number? Visit ‘My Account,’ available on the home page of www.itdr.com.

To register for “My Account”:
Click on the My Account link on the top right side of the screen. Follow the easy instructions to create a user name and password. You may also call the Retiree Service Center at 1-877-325-7265, Option 1.

Forgot your “My Account” user name or password?
Call the Retiree Service Center at 1-877-325-7265, Option 1, for assistance, or have your password reset via Live Chat with a Retiree Service Center representative. Find the Live Chat link on the top right of the www.itdr.com Home Screen.

Important Note!
If you are enrolled in a Trust Benefit Plan, and your coverage in that plan terminates, future re-enrollment in that plan is not allowed.

Need Help?
- **Enrollment:** For help, or a paper enrollment form, call the Retiree Service Center at 1-877-325-7265, Option 1, available 7:30 a.m. - 8:00 p.m. CT, Monday-Friday or use the “Live Chat” feature on www.itdr.com, available 7:30 a.m. - 5:00 p.m. CT, Monday-Friday.
- **Benefits Questions:** Have a question about a benefit, or want help to compare the Trust Plan to other plans you are considering? Call a Personal Health Advocate 1-877-325-7265, Option 2.
Why do Members choose ITDR?

The Trust’s True Group Insurance package includes unique features and benefits you won’t find elsewhere:

The same premium rates for all Trust Plan Members regardless of:

- Age
- Gender
- State of residence.

_Individual and some group plans will charge a higher premium as you age!_

Active plan management to control premium costs for our entire membership of over 25,000 Delta retirees, spouses and survivors.

_Under an Individual plan, you must shop each year and try to determine what is best for you as your premiums and health care provider options change._

Over 25,000 Delta retirees, spouses, and survivors have chosen the Trust Plan to meet their insurance needs

Unique benefits and services selected to enhance our Members health and financial wellbeing that you won’t find included in a retiree Medical and Prescription Drug Plan elsewhere:

- A Personal Health Advocate™ for you, your spouse, your parents and parents-in law, and dependent children,
- SilverSneakers® Fitness Club Membership nationwide, or Steps Program to get active from home, many benefits for items not covered by Medicare including hearing aids and additional Preventive Care,
- Travel Assistance, online will services, and ID Theft Recovery Services,
- Access to Retiree Life and Auto & Home insurance programs,

_And much more!_
THE HARTFORD GROUP RETIREE HEALTH PLAN

Making It Easy For You to Get the Care You Need

The Trust’s Medical Plan, insured by The Hartford, is available to Medicare-eligible retirees and their eligible spouses and survivors. The plan is true group insurance to supplement your existing Medicare Part A (hospital) and Part B (doctor and outpatient care) coverage. It is designed to pay for some or all of the expenses that Medicare does not cover.

Simple as 1-2-3

1. **No Networks** – Visit any doctor or licensed medical professional that accepts Medicare. Since there are no restrictions, referrals are not necessary.

2. **No Complex Paperwork** – Eligible Part A and Part B benefits are paid by Medicare. Then, Medicare submits any remaining charges directly to The Hartford, which insures the Trust’s Group Retiree Health Plan. No claims for you to file.

3. **Reduces Your Expenses** – Depending on the service, The Hartford pays either all or a portion of the balance. It’s that easy.

Exceeding Your Expectations

The Trust’s Medical Plan also includes many value added benefits that can help you securely live your retirement to the fullest.

<table>
<thead>
<tr>
<th><strong>ADDITIONAL 2017 TRUST MEDICAL PLAN MEMBERSHIP BENEFITS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health Advocate™</td>
</tr>
<tr>
<td>Medical and Dental Bill Saver</td>
</tr>
<tr>
<td>SilverSneakers® Fitness Membership</td>
</tr>
<tr>
<td>Travel Assistance Services</td>
</tr>
<tr>
<td>GuidanceResources® Online</td>
</tr>
<tr>
<td>EstateGuidance® Online Will Services</td>
</tr>
<tr>
<td>Identity Theft Support Services</td>
</tr>
<tr>
<td>Hearing Aid Discount Programs</td>
</tr>
</tbody>
</table>

Help may be available. Please see page 32 for more information.

See page 17 in this Guide for more information.
Medicare Supplement Plan - **PART A SERVICES**

**HOSPITAL CONFINEMENT BENEFIT**
A benefit period begins on the first day you receive service as an inpatient in a Hospital and ends after you have been out of the Hospital and have not received skilled care in any other facility for 60 days in a row. Semi-private room and board, general nursing and miscellaneous services and supplies.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 60 days</td>
<td>All but Part A Deductible</td>
<td>100% of the Part A deductible</td>
<td>$0</td>
</tr>
<tr>
<td>61 - 90 days</td>
<td>All but a daily coinsurance charge equal to 25% of the Part A Deductible</td>
<td>100% of Balance Remaining after Medicare</td>
<td>$0</td>
</tr>
<tr>
<td>91 - 150 days (60 day lifetime reserve period)</td>
<td>All but a daily coinsurance charge equal to 50% of the Part A Deductible</td>
<td>100% of Balance Remaining after Medicare</td>
<td>$0</td>
</tr>
<tr>
<td>Once Lifetime Reserve days used (or would have ended if used) additional 365 days of confinement per lifetime</td>
<td>$0</td>
<td>100% for additional 365 days.</td>
<td>$0 until 365 days</td>
</tr>
<tr>
<td>Beyond 365 days</td>
<td>$0</td>
<td>$0</td>
<td>All charges</td>
</tr>
</tbody>
</table>

**SKILLED NURSING FACILITY CARE BENEFIT**
A benefit period begins on the first day you receive service as an inpatient in a Hospital and ends after you have been out of the Hospital and have not received skilled care in any other facility for 60 days in a row. Semi-private room and board, general nursing and miscellaneous services and supplies.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 20 days</td>
<td>All approved amounts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>21 - 100 days</td>
<td>All but a daily coinsurance charge equal to 12.5% of the Part A Deductible</td>
<td>100% of Balance Remaining after Medicare</td>
<td>$0</td>
</tr>
<tr>
<td>Beyond 100 days</td>
<td>$0</td>
<td>$0</td>
<td>All charges</td>
</tr>
</tbody>
</table>

**HOSPICE CARE BENEFIT**
Pain relief, symptom management, and support services for the terminally ill.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>As long as a physician certifies the need</td>
<td>All costs, but limited to coinsurance for outpatient drugs and inpatient respite care</td>
<td>100% of remaining coinsurance charges approved by Medicare</td>
<td>$0</td>
</tr>
</tbody>
</table>

**BLOOD DEDUCTIBLE BENEFIT**
Hospital Confinement expenses when furnished by a hospital or skilled nursing facility during a covered stay.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 3 pints</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td>Additional amounts</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
**MEDICAL PLAN**

**Medicare Supplement Plan - PART B SERVICES**

**$300 CALENDAR YEAR DEDUCTIBLE:**
Applies to Part B services only and must be satisfied before Medicare Part B benefits are paid by The Hartford plan. The Medicare Part B deductible counts toward this $300 calendar year deductible.

**$1500 ANNUAL OUT-OF-POCKET MAXIMUM:**
Applies to Medicare Part B services only. Amounts you incur for covered expenses, such as your calendar year deductible and any Part B coinsurance, count toward meeting the annual out-of-pocket maximum for this plan.

**OUTPATIENT MEDICAL EXPENSES:**
Includes services such as physician services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part B Deductible</td>
<td>$0</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Remainder of Medicare-approved amounts</td>
<td>Generally 80%</td>
<td>50% of the 20% coinsurance until your out-of-pocket expenses reach $1,500 (including the calendar year deductible of $300), then the Plan pays the full 20%</td>
<td>50% of the 20% coinsurance until your out-of-pocket expenses reach $1,500 then you pay 0%</td>
</tr>
<tr>
<td>Clinical laboratory services, blood tests, urinalysis and more</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Part B Excess Charges: covers the difference between the Medicare Part B approved amount and Medicare's 115% limiting fee</td>
<td>$0</td>
<td>100%</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Medicare Supplement Plan - OTHER SERVICES**

**FOREIGN TRAVEL EMERGENCY:**
Medically necessary emergency care services performed by a physician/hospital or other approved medical facility. Benefit includes only prescription drugs that are covered under Medicare Part B. (Refer to your Medicare D Plan for other prescription coverage information.)

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services necessary during the first 60 days of each trip outside the United States</td>
<td>$0</td>
<td>80% after $250 deductible (to a lifetime maximum of $100,000) 0% thereafter</td>
<td>$250 deductible and then 20% of expenses incurred (to a lifetime maximum of $100,000) 100% thereafter</td>
</tr>
</tbody>
</table>
### PREVENTIVE MEDICAL CARE

Covers non-Medicare approved preventive medical services. For example, an annual routine physical exam is not a covered Medicare benefit. Your Preventive Medical Care benefit can be used to help pay for this exam.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage for expense incurred for physical exams, preventive screening</td>
<td>$0</td>
<td>Maximum Benefit $120 per Calendar Year</td>
<td>All expenses over the $120 calendar year</td>
</tr>
<tr>
<td>tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare.</td>
<td></td>
<td></td>
<td>maximum</td>
</tr>
</tbody>
</table>

### PREVENTIVE SCREENING TESTS AND PREVENTIVE SERVICES

Includes examinations and screening tests tailored to an individual’s age, health, and family history to prevent diseases (or injuries) rather than curing them or treating their symptoms.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
<th>ITDR PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Welcome to Medicare” Physical Exam: - Within first 12 months of Part B enrollment</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Vaccinations – covered by Medicare Part B only:</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- Pneumonia shot: one shot per lifetime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Flu shot: one per season</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hepatitis B shot: only for individuals of medium to high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Refer to your Medicare D Plan for other vaccine coverage information.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening:</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- Mammogram once per year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Breast exam once every 2 years, or once per year if at high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon Cancer Screening:</td>
<td>100% for Fecal Occult Blood Test and Colonoscopy</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- Fecal occult blood test once per year;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Colonoscopy once every 10 years, or every two years if high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon Cancer Screening:</td>
<td>80% after deductible for Barium Enema</td>
<td>100% of balance remaining</td>
<td>$0</td>
</tr>
<tr>
<td>- Barium enema once every 4 years, or once every 2 years if at high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening:</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- Pap Smear and Pelvic exam once every 2 years, or once per year if high risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Screening:</td>
<td>100% for PSA Test</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>- PSA Test once per year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Screening:</td>
<td>80% after deductible for Digital Rectal exam</td>
<td>100% of balance remaining</td>
<td>$0</td>
</tr>
<tr>
<td>- Digital Rectal exam once per year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Trust Prescription Drug Benefits

Express Scripts Medicare® Prescription Drug Plan (PDP)

Your participation in the Trust's Medical Plan also includes a Medicare Part D Prescription Drug Plan, insured and administered by Express Scripts. Millions of Medicare beneficiaries rely on Express Scripts for affordable medications, convenient services and excellent customer care. The Plan gives you access to special features and services that help you get better care and find lower-cost drug options.

Express Scripts Medicare® Prescription Drug Plan (PDP)

Commonly used drugs. The Trust Plan's drug list includes 100% of the drugs covered by Medicare Part D.

Convenient Pharmacy Choices.

- Fill your prescriptions at more than 68,000 pharmacies. Your nationwide network includes national, regional and local chains, as well as thousands of independent neighborhood pharmacies. Choose one that’s near you whether you’re home or traveling in the U.S.
- Convenient Home Delivery Service. Have your drugs delivered to you by mail with reduced copays.

The ITDR Low Cost Generics Program: Pay only $2 or $4 for a 31-day supply of some of the most commonly prescribed generic drugs such as:

- Alendronate Sodium
- Atorvastatin Calcium
- Carvedilol
- Clopidogrel
- Donepezil HCL
- Furosemide
- Hydrochlorothiazide
- Levotyroxine Sodium
- Lisinopril
- Losartan Potassium
- Metformin Hcl
- Pravastatin Sodium
- Simvastatin

Select from 95 participating Low Cost Generic grocery and retail chains, currently including:

- Hannaford
- Walmart
- Rite Aid
- Costco
- Safeway
- Sam's Club
- Kroger

Easily Find the Lowest-Cost Option for Your Prescription With My Rx Choices® online from Express Scripts:

Compare brand vs. generic alternatives and costs for filling your prescriptions at a retail network pharmacy, to home delivery or the ITDR Low Cost Generics program.

Dedicated Personalized Service available 24 hours a day, 7 days a week from ExpressScripts with a designated toll-free line for the Trust, for access to help with your medications, claims, home delivery, or anything related to your prescription benefits.

Talk to Express Scripts specialist pharmacists who are specially trained in the medications used to treat high blood pressure, Hepatitis C, high cholesterol, asthma, depression, diabetes or cancer. Specialist pharmacists offer personalized care, information, and counseling to achieve healthier outcomes.
Prescription Drug Plan Benefit Overview
Express Scripts Medicare® (PDP) for the Insurance Trust for Delta Retirees (ITDR)

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through the home delivery service.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MEDICARE PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible: Stage 1</td>
<td>You pay a $100 yearly deductible.</td>
</tr>
<tr>
<td><strong>Initial Coverage: Stage 2</strong></td>
<td>After you pay your yearly deductible, you will pay the following* until your total yearly drug costs (what you and the plan pay) reach $3,700:</td>
</tr>
<tr>
<td>Tier</td>
<td>Retail One-Month (31-day) Supply</td>
</tr>
<tr>
<td>Tier 1: Generic Drugs</td>
<td>$15 copayment</td>
</tr>
<tr>
<td>ITDR Low Cost Generics Program</td>
<td>$2 or $4 copay where applicable</td>
</tr>
<tr>
<td>Tier 2: Preferred Brand Drugs</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Tier 3: Non-Preferred Brand Drugs</td>
<td>$50 copayment</td>
</tr>
<tr>
<td>Tier 4: Specialty Tier Drugs**</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Retail Three-Month (90-day) Supply</td>
</tr>
<tr>
<td></td>
<td>$45 copayment</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Home Delivery Three-Month (90-day) Supply</td>
</tr>
<tr>
<td></td>
<td>$37.50 copayment</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>$75 copayment</td>
</tr>
<tr>
<td></td>
<td>$62.50 copayment</td>
</tr>
<tr>
<td></td>
<td>$150 copayment</td>
</tr>
<tr>
<td></td>
<td>$125 copayment</td>
</tr>
<tr>
<td></td>
<td>25% coinsurance</td>
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<tr>
<td></td>
<td>25% coinsurance</td>
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<tr>
<td></td>
<td>25% coinsurance</td>
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</tbody>
</table>

* If the actual cost of a drug is less than the copay for that drug, you will pay the actual cost, not the higher cost-sharing amount. If your doctor prescribes less than a full month’s supply of certain drugs, you will pay a daily copay or coinsurance rate based on the actual number of days of the drug that you receive.

** The Specialty tier also includes generic specialty drugs.

<table>
<thead>
<tr>
<th><strong>Coverage Gap: Stage 3</strong></th>
<th>After your total yearly drug costs reach $3,700, you will pay the following until your yearly out-of-pocket drug costs reach $4,950:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand Drugs:</td>
<td>40% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 50% discount and the plan pays the difference.)</td>
</tr>
<tr>
<td>Generic Drugs:</td>
<td>The copayments remain the same as in the Initial Coverage stage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Catastrophic Coverage: Stage 4</strong></th>
<th>After your yearly out-of-pocket drug costs (what you and others pay on your behalf*) reach $4,950, you will pay the greater of 5% coinsurance or:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a $3.30 copayment for covered generic drugs (including brand drugs treated as generics)</td>
</tr>
<tr>
<td></td>
<td>an $8.25 copayment for all other covered drugs (including specialty generic drugs).</td>
</tr>
<tr>
<td>For generic drugs in the ITDR Low Cost Generic Drug Program (described later), you will pay no more than the Program’s copayment in the Initial Coverage stage.</td>
<td></td>
</tr>
<tr>
<td>* Including manufacturer discounts but excluding payments made by your Medicare prescription drug plan.</td>
<td></td>
</tr>
</tbody>
</table>
IMPORTANT PLAN INFORMATION

• The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, long-term care or home delivery.

• To find a network pharmacy near you, visit the Express Scripts website at www.Express-Scripts.com.

• This plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug’s tier and on the coverage stage that you’ve reached. To access the plan’s list of covered drugs, visit www.Express-Scripts.com.

• The ITDR Low Cost Generic Drug Program includes many generic medications. For a list of drugs covered under this program, visit www.itdr.com. Go to the “Benefit Plans” tab and click “Prescription Drug Plan.” You can also call your Personal Health Advocate at 1.877.325.7265, Option 2, or Express Scripts Medicare Customer Service at 1.844.470.1529. The list of pharmacies in the Plan’s network is subject to change.

• You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.

• Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs, when required to do so by Medicare. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

• If your medication has restrictions (such as prior authorization, step therapy or quantity limits), Medicare guidelines allow at least a one-month, temporary supply of that drug, to give you time to speak with Express Scripts and/or your doctor about switching your drug or requesting an exception.

• The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate.

This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
Frequently Asked Questions: Medical & Prescription Drug

Can I elect Medical and Prescription Drug coverages separately?
No. You must elect them together, unless you are covered by the VA or TRICARE.
If you are currently receiving your prescription benefits through the VA or TRICARE, you may be eligible to waive the Trust Plan’s Prescription Drug coverage. Please call the Retiree Service Center at 1-877-325-7265, Option 1 for details.

As a new enrollee, when will I receive ID cards for these plans?
You will receive separate ID cards from The Hartford’s administrator Mercer (for your Medical Plan) and Express Scripts (for your Prescription Drug Plan) within 6 weeks of receipt of your complete enrollment.

Can my spouse enroll in the Trust Plan if I am not yet 65, or if I do not choose to participate?
Yes, your spouse may enroll if he or she is 65 or older.

Can I reside or travel outside of the United States, am I eligible to participate in the Trust Plan?
The Trust Plan is designed to supplement Medicare. The plan will not cover expenses incurred by residents of a foreign country as Medicare does not cover people living outside of the U.S. However, the Trust’s Group Retiree Health Plan provides emergency coverage for U.S. residents, traveling outside the U.S. for no more than 90 days. The Trust’s Group Retiree Health Plan also provides you with a Travel Assistance Service that is detailed elsewhere in this guide and for which you will receive information upon Medical Plan enrollment.

What happens if I or my spouse is under age 65?
Any qualified retiree or spouse who is under age 65 will remain in the Delta plans or other active plans until he or she turns 65 and becomes eligible for Medicare. An under age 65 spouse or survivor of a Member who participates(ed) in the Trust Medical Plan may utilize Health Advocate™ and MetLife’s Voluntary Life and Auto and Home insurance programs.

If I decide not to enroll in this plan now, may I enroll later?
Yes, but you can only enroll during annual enrollment periods, which typically take place in October and November each year. You also may be eligible to enroll outside of annual enrollment if you experience a life event that affects your health coverage. However, once you enroll in the plan, if your coverage terminates for any reason you will not be able to re-enroll in the plan in the future.

Do I need to use a network or request a referral to see a Specialist?
No. There is no medical network under this plan. You may use any provider you choose who accepts Medicare patients.

Do I need to call for prior authorization of a service?
No prior authorization or referral is required for any services covered under the plan.
IMPORTANT NOTE FOR CURRENT MEMBERS:
You will **not** receive new Medical (The Hartford) and Prescription Drug (Express Scripts) ID cards for 2017. Please keep your current cards and continue to use them in 2017.

Helpful Value Added Services for Medical Plan Members
Your Trust Medical Plan Membership includes many additional benefits and services selected to support you and your family - contributing to your health and wellbeing, and saving you time and money.

- A Personal Health Advocate
- Medical and Dental Bill Saver
- SilverSneakers Fitness Club Membership
- Travel Assistance
- Online Will Service
- ID Theft Recovery Service
- Hearing Aid Discount Programs
- And more....

Are pre-existing conditions covered?
Yes. Medicare-covered conditions are covered by the plan with no limitations for pre-existing conditions.

Which retirees qualify for the subsidy from Delta?
Please see page 31 of this Guide for this information.

Are there penalties for late enrollment?
The Trust Plan does not have a late enrollment penalty. However, Medicare will assess a late enrollment penalty (LEP) if you do not enroll during your initial Medicare enrollment period and had no other creditable coverage. It will increase your premiums. Contact a Personal Health Advocate™ with questions, 1-877-325-7265, Option 2.
Your Personal Health Advocate™

Health Advocate™ is your Lifeline
The sole purpose of Health Advocate™ is to help you and your family to successfully navigate the healthcare system.

How can my Personal Health Advocate assist?
- Help with understanding Medicare and ANY of your Trust Plan Benefits
- Help to resolve insurance claims
- Work with insurance companies on your behalf
- Find the right doctors for your specific needs
- Assist in the transfer of medical records
- Schedule appointments with hard-to-reach providers
- Assist with eldercare
- Help with understanding a diagnosis or test results
- Get cost estimates for procedures

Health Advocate™ is Your Negotiator

Save Money with Medical and Dental Bill Saver™
This Health Advocate service can lower your out-of-pocket costs on your medical and dental bills not covered by your insurance, and help you become a more savvy consumer.

Experienced negotiators will work with your physicians, dentists, hospitals, surgery centers and other providers on your behalf to lower the balance on any uncovered medical or dental bill over $400. You keep 100% of any savings! When possible, contact Health Advocate™ before services are provided to maximize negotiated savings and terms of payment.

What happens the first time I contact Health Advocate™?
You are connected with a Personal Health Advocate™ (PHA), who is a specialist in your matter: a registered nurse or an administrative specialist. Your PHA will stay with you for the life of your inquiry or issue.

How will my PHA address my matter?
- Your PHA takes charge until resolution, letting you get back to living your life, while they do the legwork.
- Your PHA arranges and participates in any conference calls between you and the parties needed to resolve your matter – including providers, insurance companies, Medicare, or anyone else involved.
- Your PHA takes whatever time is necessary at each step to assure resolution.
- Your PHA spends as much time as you want to answer questions and make sure you have a full understanding.

Will I work with the same PHA in the future?
Yes, your PHA remains your point person with Health Advocate™.
What is HIPAA?
The Health Insurance Portability and Accountability Act (HIPAA) is the law that protects the privacy of every individual’s Protected Health Information (PHI).

Safeguarding your Protected Health Information (PHI)
Health Advocate™ provides personalized and professional assistance with any healthcare related question. A Personal Health Advocate™ is equipped to handle your PHI appropriately, and will help you to obtain the best healthcare and healthcare service. Health Advocate™ is an independent support service for you. It is not affiliated with any insurance or third party vendor.

The Trust Board cannot accept PHI. The Board Members of the Insurance Trust for Delta Retirees oversee the Medical and other Health & Welfare plans that the Trust sponsors. That is their only function, and legally they cannot accept your PHI. If you contact the Board with a matter including PHI, the contact will be deleted or terminated, and they will refer you to a Personal Health Advocate who can assist you adequately and appropriately.

Establish Your Relationship with Your Personal Health Advocate™
Your Lifeline • Your Confidential Resource • Your Negotiator

Call 1-877-325-7265 toll-free and press 2 for Health Advocate™. The first time you call you will speak with a Personal Health Advocate™ (PHA) who then becomes “your” PHA to personally assist you for the duration of your issue.

Or email a Personal Health Advocate™ at answers@HealthAdvocate.com. Your request will be assigned based on your specific needs within 24 hours. Be sure to provide your name, phone number, and to identify yourself as a Trust Plan Member.

Health Advocate™ is available to Trust Medical Plan Members 24/7. Normal business hours are Monday – Friday between 8:00am and 12:00am (midnight) EST. After hours and during weekends, staff is available for assistance with issues that need to be addressed during non-business hours.

Health Advocate™, Inc., a subsidiary of West Corporation, is the nation’s leading healthcare advocacy and assistance company. Health Advocate is not affiliated with any insurance company or third party vendor, and does not provide medical care or recommend treatment. HealthAdvocate.com.
SilverSneakers® Fitness Program

Fitness when, where and how you want it!

As a Trust Medical Plan Member, you have a SilverSneakers® Fitness program membership. SilverSneakers is the nation’s leading wellness program designed exclusively for Medicare beneficiaries.

Work out on your time, the way you want and at the venue of your choice.

- **At a fitness location.** Achieve your health and fitness goals with access to more than 13,000 fitness locations. Use amenities such as fitness equipment, pools and saunas, and take SilverSneakers classes designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination. Classes are led by certified instructors, while a Program Advisor™ provides guidance and assistance. (Amenities and classes vary by location.)

- **In your community.** Try SilverSneakers FLEX™ classes such as yoga, tai chi, dance and walking groups led by certified instructors at parks, recreation centers and other favorite neighborhood locations. You can take FLEX classes and also continue to attend your favorite fitness location.

- **At home or on the go.** Sign up for SilverSneakers Steps® if you can’t get to a fitness location. Select a general fitness, strength, walking or yoga kit that you can use at home or on the go.

- **Online.** SilverSneakers® member website is a complete, easy-to-use wellness resource. Be part of a secure member community where you can:
  - Download meal plans,
  - View exercise demonstrations, and
  - Find health articles, recipes, and more.

For more information, to find SilverSneakers fitness locations and FLEX classes, or to get started with SilverSneakers Steps®, Trust Medical Plan Members should visit silversneakers.com or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8:00am to 8:00pm EST.

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ADDITIONAL BENEFITS AND SERVICES

Travel Assistance

Travel with confidence.

The best laid travel plans can still go awry, leaving you vulnerable and, possibly, unable to communicate your needs. If the unexpected happens, we can help you get the assistance you need. As a Member of the Trust Medical Plan, you have access to Travel Assistance Services anytime you’re more than 100 miles from home for 90 days or less.

This service, provided by Europ Assistance USA, can give you, your eligible spouse and survivors, up to $1 million in covered services, as long as you contact them at the time of need. With a local presence in 200 countries and territories around the world, and multilingual 24/7 assistance centers, Europ Assistance USA is available to help.

<table>
<thead>
<tr>
<th>PRE-TRIP INFORMATION</th>
<th>EMERGENCY MEDICAL ASSISTANCE</th>
<th>EMERGENCY PERSONAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visa and passport requirements</td>
<td>• Medical referrals and monitoring</td>
<td>• Medication and eyeglass prescription assistance</td>
</tr>
<tr>
<td>• Inoculation and immunization requirements</td>
<td>• Medical evacuation</td>
<td>• Emergency travel arrangements</td>
</tr>
<tr>
<td>• Foreign exchange rates</td>
<td>• Repatriation</td>
<td>• Emergency cash</td>
</tr>
<tr>
<td>• Embassy and consular referrals</td>
<td>• Traveling companion assistance</td>
<td>• Locating lost items</td>
</tr>
<tr>
<td></td>
<td>• Dependent children assistance</td>
<td>• Bail advancement</td>
</tr>
<tr>
<td></td>
<td>• Visit by a family member or friend</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency medical payments</td>
<td></td>
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<tr>
<td></td>
<td>• Return of mortal remains</td>
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</tbody>
</table>

Identity Theft Support Services

DON’T LET IDENTITY THEFT HAPPEN TO YOU.

Identity theft, America’s fast growing crime, affected over 16 million American consumers in 2015. As a member of the Trust Medical Plan, you have access to identity theft support from Europ Assistance USA while at home or traveling. You will receive prevention education, advice and help with administrative tasks related to resolution of an identity theft.

To learn more now, simply call the Trust’s Retiree Service Center toll free at 1-877-325-7265, and select Option 3. Members receive a brochure from the Trust’s Service Center after enrollment which includes additional information.
EstateGuidance® Online Will Services

Creating a simple will just got easier

As a Member of the Trust Medical Plan, you have no-cost access to an easy-to-use online will tool. You can use this to build your own legally binding state-specific will in a secure online environment.

You’ll get access to content and resources such as:

• Confidential free online assistance from licensed attorneys to help answer your estate planning and will preparation questions.
• The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven’t already printed or downloaded it.
• Additional estate planning services are also available for purchase, including the creation of living will, trust or designation of a power of attorney.

These online services, provided by ComPsych, can be accessed safely and securely – when you need it, day or night using your computer or smartphone.

GuidanceResources® Online

NAVIGATE LIFE’S TWISTS AND TURNS.

The Group Retiree Health Plan offers you access to GuidanceResources® Online where you will find a comprehensive array of interactive services providing expert content and easy-to-use tools.

Through GuidanceResources® Online you’ll get access to content and resources such as:

• Expert-reviewed HelpSheetsSM on thousands of topics related to retirement
• Interactive online chats, online message boards, and confidential online one-on-one expert assistance
• Directories and personalized content recommendations
• Multi-lingual and culturally specific global resources
• Multimedia streaming video and audio clips
• My Lifebook: A unique feature that allows you to create a personal area on the site to save articles that you choose. The area is secure so that only you have access to the articles you save.

Topics include:

• Estate planning checklist
• Understanding living trusts
• How much can I spend each month in retirement?
• Understanding Social Security
• Is a reverse mortgage for you?
• Durable power of attorney for finances

To learn more now, simply call the Trust’s Retiree Service Center toll free at 1-877-325-7265, and select Option 3. Members receive a brochure from the Trust’s Service Center after enrollment which includes additional information.
Don’t let hearing loss affect your quality of life!

If you’ve started to notice a change in your hearing, you know that hearing loss can impact how you connect with your friends, family and the world around you. Not only are you missing out on conversations, but untreated hearing loss can lead to additional health problems such as depression, anxiety and dementia.

Hearing loss is the third most common chronic health condition, impacting 1 in 9 Americans.

The ITDR Plan makes two hearing aid discount programs available to you. Discuss your needs with each to learn how much you may be able to save!

**hi HealthInnovations™ Hearing Aid Program**

Trust Plan Members have access to affordable hearing aids starting as low as $699, potentially saving you thousands of dollars. ITC (in-the-canal) and BTE (behind-the-ear) models are available. hi HealthInnovations™ will help you choose the style that best fits your specific needs.

Each hearing aid comes with:
- 70 day money-back guarantee,
- One-year manufacturer’s warranty,
- Two battery 10-packs, and many accessories.

**For More Information**

Contact hi HealthInnovations customer service toll free at 1-877-706-1737, and mention you are a Member of ITDR to receive the Trust’s special pricing, or you can learn more online at [www.hihealthinnovations.com/page/hi100](http://www.hihealthinnovations.com/page/hi100).

**EPIC Hearing Service Plan (HSP)**

The EPIC HSP features a national network of Ear Physicians and licensed Audiologists.

It offers brand name hearing aids representing all manufacturers, models, and technology with savings of 30% to 60% on all levels of technology and hearing aid styles, with pricing starting at $495.

**EPIC Hearing Service Plan Includes:**
- Hearing Aid Evaluation & Fitting
- Single payment to EPIC - no payments to providers, no balance billing or copays
- One-Year warranty covering repair, damage, and one time loss.

Trust Plan Members also have access to EPIC’s online hearing wellness program, "Listen, Hear, Live Well," providing up to an additional $400 in rewards coupon savings. Visit [www.listenhearlivewell.com](http://www.listenhearlivewell.com) and complete the four fun, educational hearing health activities to receive your reward coupon for redemption on your hearing purchase through EPIC.

**For More Information:**

Call EPIC toll free at 1-866-956-5400 to speak with a Hearing Counselor who will provide you detailed information about the program, and provide you the HSP member booklet, or you can visit [www.epichearing.com](http://www.epichearing.com).
Vision Plan Coverage

Administered by Superior Vision Services, underwritten by National Guardian Life

The chart below provides a brief summary of the Trust’s Vision Plan for retirees, spouses, and survivors who are age 65 or older.

Your benefits are greatest if you seek services from a Superior Vision PPO network provider. To find a participating provider, call Superior Vision at 1-800-507-3800 or visit superiorvision.com.

For even greater value and additional discounts, look for providers listing “Discount Features” for:

- additional glasses
- additional contact lenses
- lens add-ons or upgrades
- frame expenses exceeding benefit allowance

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam (every 12 months)</td>
<td>Covered in full after $10 copay</td>
<td>Up to $42 / Up to $37</td>
</tr>
<tr>
<td>Ophthalmologist (MD) / Optometrist (OD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses (every 12 months)</td>
<td>Covered in full after $10 copay</td>
<td>Up to $32</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after $10 copay</td>
<td>Up to $46</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after $10 copay</td>
<td>Up to $61</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after $10 copay</td>
<td>Up to $84</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in full after $10 copay</td>
<td></td>
</tr>
<tr>
<td>Frames (every 24 months)</td>
<td>Covered up to $130 after $10 copay</td>
<td>Up to $68</td>
</tr>
<tr>
<td>Retail Allowance</td>
<td>($10 copay is not required if lenses are purchased at the same time as frames.)</td>
<td></td>
</tr>
<tr>
<td>Contact Lens Fitting (every 12 months)*</td>
<td>Covered in full after $25 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard</td>
<td>Covered up to $50 after $25 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (every 12 months)*</td>
<td>Up to $130</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Non-Cosmetic Prescription Contact Lenses</td>
<td>Covered in full</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Medically Necessary Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Correction Procedures</td>
<td>15% discount</td>
<td>No benefit</td>
</tr>
<tr>
<td>LASIK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Contact lenses are in lieu of eyeglass lenses and frames benefit.
Frequently Asked Questions: Vision Plan

What kind of frame can I select for my insured benefit?
You can select any frame in the in-network provider’s frame inventory up to $130 retail without any additional out-of-pocket cost. If you select frames greater than $130 retail you pay the difference to the provider.

Do the discounts apply to my covered eyeglass lenses?
Yes, there is a 20% discount that applies to the purchase of upgrades to your covered eyeglass lenses, from selected providers. This can include add-on items, such as: Transitions, Polaroid, Polycarbonate, High Index, Coatings, and more. Please contact Superior Vision with questions at 1-800-507-3800.

Does the plan cover both glasses and contact lenses?
No, the contact lenses benefit is paid in lieu of eyeglass lenses and frames.

Do both my spouse and I have to enroll in Vision coverage?
No, it is not necessary for both of you to enroll in the Vision plan. You, your spouse, or both may elect to participate in the plan.

Do I give Superior Vision Services the name of the provider that I have selected to receive my vision care services?
No, unlike some benefit plans, it is not necessary to pre-select your provider or to give Superior Vision the name of your provider prior to receiving services as long as they are a Superior Vision provider.

Call Superior Vision at 1-800-507-3800 or visit www.superiorvision.com to find a participating provider. You need only to select your provider, make your appointment, and identify yourself to the provider as a Superior Vision Plan member.

What if there are no in-network providers close to me?
There are two options for your convenience. One, select an out-of-network provider and use your out-of-network benefits (see next question). Two, nominate a provider in your area to join the Superior Vision Plan Provider Panel.

Is there a form or voucher needed prior to receiving services?
There are no vouchers or pre-authorization forms to obtain prior to receiving services. Call our customer service department for out-of-network procedures at 1-800-507-3800.

Under what situations do I pay anything directly to the in-network provider?
You pay the provider directly for the following:
- A $10 copay for your exam,
- A $10 copay for your materials,
- A $25 copay for your contact lens fitting exam fee,
- Any charges over and above your $130 contact lens allowance, $130 frame allowance or $50 specialty contact lens fitting exam fee allowance,
- Any additional charges for products or services that are not fully covered under the plan.

Call Superior Vision at 1-800-507-3800 or visit www.superiorvision.com to find a participating provider. You need only to select your provider, make your appointment, and identify yourself to the provider as a Superior Vision Plan member.
Frequently Asked Questions: Vision Plan (continued)

What does “covered in full” mean in regards to my prescription lens benefit?

The vision plan is designed to cover “basic” lenses and eye frames. Additional charges for specialty lenses and lens add-ons or upgrades are not covered. These extra charges are paid directly to the provider by the member and may be subject to additional discounts if services are received from a participating provider. Items requiring additional charges are listed under the Exclusions section of your certificate.

Are progressive power lenses a fully covered benefit?

Progressive power lenses are covered up to the retail value of the provider’s standard trifocal lenses. You pay the provider the difference between the provider’s retail price for standard trifocal lenses and the retail price for the style of progressive lenses you have selected.

All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your Vision Plan. The Superior Vision Plan is underwritten by National Guardian Life Insurance Company, which is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.
Dental Plan Options

Two dental plan options are available to choose from, based on your dental needs as well as your budget. Below is a brief summary of each, and additional details on each plan follow on the next three pages.

Dental PPO: MetLife

The MetLife Dental PPO (preferred dentist program) lets you visit any licensed dentist either in or out of their Preferred Provider network, giving you full freedom of choice.

- The MetLife Dental PPO covers most preventive procedures at no cost or a reasonable cost to you.
- If a planned dental service is expected to cost more than $300, you have the option of requesting a pretreatment estimate of benefits. Your Dentist can work with MetLife to obtain the estimate.
- Using in-network dentists lets you take advantage of lower negotiated fees for services, so your annual benefit maximum dollars stretch further, and your out-of-pocket costs are lower.
- When your dental expenses in any year exceed your annual benefit, some dentists may be required to continue all or some of the MetLife network discounts for subsequent claims you incur with a network provider for the balance of the year. Others may continue the discount if you ask them to. This is a significant special benefit of your MetLife Dental Plan. Plan provisions vary based on rules set by individual State Insurance Departments. Be sure to check with MetLife and your dentist to see what discounts may be available by contract or as a courtesy by the dentist.
- If discounts are not available, and you are a Trust Medical Plan Member, contact Health Advocate™ about the Medical and Dental Bill Saver™ service (ideally in advance of your procedure) for assistance with other options to reduce cost or to obtain a payment plan.
- You don’t have to file a claim form when you visit an in-network dentist. You don’t need a referral to see a specialist.

Dental HMO (DHMO): Cigna

This plan offers the strongest plan of dental benefits at the lowest cost of the two plans offered, if you are comfortable using only HMO network dentists. There is no coverage if you use a dentist outside the Cigna network. Please be sure you are comfortable with these two conditions before enrolling for the 2017 plan year.

The plan is easy to use:

- No balance billing to you (dentists agree to perform services for covered fee negotiated by Cigna)
- No deductibles
- No annual benefit limits
- No claim forms to file

As a DHMO member, you must select and visit a network general dentist for all your dental care needs. No benefits are payable for treatment provided by a non-network dentist. If you require specialty care, your network general dentist will refer you to a network specialist.

Please note: there is an Office Visit Fee of $5 per patient, per office visit in addition to any other applicable patient charges.

Availability: The DHMO is not available to you if you reside in the states of AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV and WY.
Dental Plan Comparison
The comparison summary below highlights some of the benefits available under each of the plans.

<table>
<thead>
<tr>
<th></th>
<th>METLIFE PPO</th>
<th>CIGNA HMO*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td>Dental Network Benefits</td>
<td>Benefits Available</td>
<td>Benefits Available</td>
</tr>
<tr>
<td>Calendar Year Maximum Benefit</td>
<td>$2,000 per person</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$60 per person</td>
<td>$60 per person</td>
</tr>
<tr>
<td></td>
<td>(does not apply to Class 1 services)</td>
<td>(does not apply to Class 1 services)</td>
</tr>
<tr>
<td>Office Visit Fee</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Class 1: Preventive and Diagnostic Services</td>
<td>100% of the network dentist contracted amount (subject to frequency limits)</td>
<td>100% of reasonable and customary charge</td>
</tr>
<tr>
<td>Class 2: Basic and Restorative Services</td>
<td>70% of the network dentist contracted amount after deductible</td>
<td>70% of reasonable and customary charge after deductible</td>
</tr>
<tr>
<td>Class 3: Major Restorative Services</td>
<td>50% of the network dentist contracted amount after deductible</td>
<td>50% of reasonable and customary charge after deductible</td>
</tr>
<tr>
<td>Dentures Repairs and Adjustments Initial Installation (Full or Partial) Replacement Limit</td>
<td>Covered as Class 2 Covered as Class 3 Once every 60 months</td>
<td>Covered as Class 2 Covered as Class 3 Once every 60 months</td>
</tr>
<tr>
<td>Class 4: Orthodontic Services Lifetime Maximum</td>
<td>50% of the network dentist contracted amount after deductible $2,500</td>
<td>50% of reasonable and customary charge after deductible $2,500</td>
</tr>
</tbody>
</table>

*Copies of benefit plan materials are available to you via mail or email, and may be requested by calling 1-877-325-7265, Option 1.
Dental Plan Comparison (continued)

All dental plans contain a list of excluded services. These exclusions are found in the insurance certificate. Both plans offered by the Trust contain the common industry standard exclusions found in dental plans.

There will sometimes be exclusion differences between plans. Usually these differences are found when comparing different types of plans, like a Dental HMO “DHMO” (the Cigna plan is a DHMO), and a non-DHMO plan (like the MetLife PPO plan).

In addition to the common exclusions found under both plans, the Cigna plan excludes the following:

- Any services not provided by a Cigna network provider (MetLife plan offers both in-network and out-of-network benefits).
- The Cigna plan is available in all states except the following: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY (the MetLife plan is available in all states).

A complete description of terms of coverage, exclusions and limitations, including legislated benefits, is provided in your insurance certificate you receive after you enroll. For a copy of this certificate, benefits schedule, or to ask questions about these plans, call Health Advocate™ at 1-877-325-7265, Option 2.

Frequently Asked Dental Plan Questions

Will I receive a new dental ID card at enrollment?

Current Members should continue to use your current ID card, unless you switch dental plans, or add new covered dependents. New Members should receive their ID card within 6 weeks of receipt of their completed enrollment.

Do both my spouse and I have to enroll in the Dental Coverage?

No, it is not necessary for both of you to enroll in the Dental plan. You or your spouse can elect to participate in the plan without the other having to enroll. If you both enroll, you and your spouse may elect the same plan or you may each participate in a different plan.

Do I file a claim or does the dentist?

- **MetLife PPO**: Network dentists electronically file claim forms for our Members. MetLife will determine what benefits are payable, and payment will be made to the dentist or to you. You may have to file a claim form for a non-network dentist.
- **Cigna DHMO**: There are no claim forms to file.

How do I find a network dentist?

- **MetLife PPO**: Visit www.metlife.com/mybenefits, or call MetLife toll free at 1-855-837-6382.
- **Cigna DHMO**: Visit www.myCigna.com, or call Cigna at 1-800-244-6224. Remember: you MUST use a network dentist to receive benefits.
2017 ITDR Plan Premiums

Medical and Prescription Drug Plan Premiums

<table>
<thead>
<tr>
<th>2017 MONTHLY MEMBER PREMIUMS</th>
<th>MEDICAL</th>
<th>PRESCRIPTION DRUG</th>
<th>TOTAL MEDICAL AND RX PREMIUM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree/Surviving Spouse/Spouse</td>
<td>$112.28</td>
<td>$103.62</td>
<td>$215.90</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$224.56</td>
<td>$207.24</td>
<td>$431.80</td>
</tr>
</tbody>
</table>

Premiums above do not reflect any Delta Subsidy. See the following page of this Benefit Guide, and/or your Summary of Current Elections in your enrollment packet for subsidy eligibility details.

Dental Plan Premiums

<table>
<thead>
<tr>
<th>2017 MONTHLY MEMBER PREMIUMS</th>
<th>MEDICAL PLAN MEMBERS</th>
<th>DENTAL ONLY &amp; DENTAL/VISION MEMBERS**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground and Flight Attendant</td>
<td>MetLife</td>
<td></td>
</tr>
<tr>
<td>Retiree/Surviving Spouse/Spouse</td>
<td>$47.71</td>
<td>$49.71</td>
</tr>
<tr>
<td>Retiree+Spouse</td>
<td>$96.45</td>
<td>$98.45</td>
</tr>
<tr>
<td>Pilots</td>
<td>Cigna</td>
<td></td>
</tr>
<tr>
<td>Retiree/Surviving Spouse/Spouse</td>
<td>$56.49</td>
<td>$58.49</td>
</tr>
<tr>
<td>Retiree+Spouse</td>
<td>$114.14</td>
<td>$116.14</td>
</tr>
</tbody>
</table>

Vision Plan Premiums

<table>
<thead>
<tr>
<th>2017 MONTHLY MEMBER PREMIUMS</th>
<th>Vision Plan Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree/Surviving Spouse/Spouse</td>
<td>$6.21</td>
</tr>
<tr>
<td>Retiree+Spouse</td>
<td>$11.54</td>
</tr>
</tbody>
</table>

IMPORTANT NOTE FOR CURRENT 2016 TRUST PLAN MEMBERS:
You will not receive new Medical or Prescription Drug ID cards for 2017. Please keep your current cards and continue to use them in 2017.
2017 ITDR PLAN PREMIUMS

Trust Board Administrative Fees:
Administrative fees are included in Trust premiums to cover reasonable administrative/operating expenses including printing and mailing of Member communication materials, legal, audit, and accounting expenses, reimbursement of travel and other appropriate expenses of Trust Board Members, annual Road Show, and other obligations of the Trust undertaken for the benefit of Members.

No compensation is paid to Trust Board Members for their work, by the Trust or by any other organization.

* Medical and Prescription Drug Plan cost includes a $11.73 administrative fee.

**Costs for Dental only and Dental/Vision Members include a $2.00 administrative fee.

Premium Subsidy for Eligible Retirees
From Delta Air Lines, Inc.:
Subsidy for medical and prescription drug plan premiums applies to a closed group of both non-pilot and pilot retirees, and their respective spouses and survivors, under the agreement between Delta Air Lines, Inc. and the separate Section 1114 Committees representing retirees in Delta’s bankruptcy cases.

To be eligible for a subsidy, a retiree, spouse, or survivor must meet both of the following qualifications:

• The Delta retiree’s retirement date was January 1, 2006, or before, and
• The retiree, spouse, or survivor turned age 60 by January 1, 2007.

2017 Subsidy amounts provided by Delta Air Lines, Inc.:

- **Ground/Flight Attendants**: $58.77 per month
- **Pilots (Post 1997)**: $76.41 per month
- **Pilots (Pre 1997)**: $94.02 per month

Notes:

• No eligible, Age 65+ retiree may receive more than one Age 65+ Subsidy. Each eligible retiree will receive one subsidy per month, applied directly to Medical and Prescription Drug Plan premiums.

• Delta Air Lines will maintain the Age 65+ Subsidy in 2017, plus a cost of living adjustment. Delta will review the subsidy annually and will notify the Trust prior to annual open enrollment should the subsidy be discontinued.

• Enrolled ERMO and PensionPLUS retirees, spouses, and/or survivors are eligible for a one-year credit for the purpose of determining age and eligibility for the Age 65+ Subsidy.

• Enrolled Pilot retirees: please see your Section 1114 Pilot Retiree Committee Agreement Term Sheet.

For details or questions about the Delta Subsidy, call the Retiree Service Center at 1-877-325-7265, Option 1.
Medicare’s Program for Extra Help with Medicare Prescription Drug Plan Costs

You may be able to get assistance with monthly premiums, annual deductibles, and copayments related to your Medicare prescription drug costs. Social Security provides the Program for Extra Help with Medicare Prescription Drug Plan Costs, also called the “Low Income Subsidy” (LIS) for people who have limited income and resources.

The Extra Help is estimated by Medicare to be worth about $4,000 per year.

You should apply for Extra Help if:

- Your combined savings, investments, and real estate are not worth more than $27,250, if you are married and living with your spouse, or $13,640 if you are not currently married or not living with your spouse. (Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.)

NOTES:

- If you have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid you automatically will get the extra help, and need not apply.
- Your qualification and Social Security’s requirements for LIS are reviewed annually and may change.
- To learn more about this program or to apply online, please visit ssa.gov/prescriptionhelp or you can call Social Security at 1-800-772-1213 (available 24/7).

The Trust Hardship Plan

As part of the bankruptcy settlement, Delta provided a one-time payment to the Trust to help offset the cost of insurance for Delta non-pilots who retired on or before January 1, 2007, establishing the Insurance Trust for Delta Retirees Hardship Plan.

Receiving Benefits from the Trust Hardship Plan

- An eligible Trust Plan Member automatically qualifies for the Trust Hardship Plan if they are awarded the Social Security Program for Extra Help with Medicare Prescription Drug Plan Costs Low Income Subsidy (LIS). The Trust’s plan administrator automatically receives proof of the LIS award.
- Medicare will advise the Trust’s plan administrator of your LIS approval, no application is required.
- Hardship Plan Grants, like the LIS, are provided on a calendar year basis.
- Pre-merger retirees are eligible to participate in ITDR insurance plans, but are not eligible for Hardship Plan Benefits, as per the terms of the Hardship Plan.

For additional information about other Delta Community resources that may be available for Members in need, please call a Personal Health Advocate™ at 1-877-325-7265, Option 2.
MetLife Voluntary Retiree Life Insurance

You have a one-time opportunity to enroll in MetLife’s Voluntary Retiree Life (VRL) insurance plan when you first become eligible for the Trust Plan.

Who is eligible?
Delta retirees, spouses of retirees, or survivors, ages 65 to 79, may apply. You must apply before you turn 80 years old.

What coverage amounts are available?
You may apply for $25,000, $75,000, or $150,000 of coverage. Coverage amounts decrease from age 66 to age 80 and will remain level thereafter to age 100.

Are there additional benefits?
- The Hyatt face-to-face Will Prep Service enables you to have a will prepared for you and your spouse, free of charge by a covered attorney, or a set reimbursement limit for a non-covered attorney.
- The Hyatt Estate Resolution Services program provides for certain probate services to be made available in the event of your death or your spouse’s death, free of charge by a covered attorney, or a set reimbursement limit for a non-covered attorney.

Premiums:
The premiums for this coverage are based on your age at the time your coverage becomes effective and are expected to remain level.*

Please note your one-time opportunity is time-sensitive. Details about this limited time offer are outlined in the MetLife enrollment kit mailed to your home when you first become eligible for the Trust Plan.

Who can I call for more information?
For more information regarding rates, coverage or other questions, please contact MetLife at 1-866-492-6983 Monday-Friday, 8:00 a.m. to 11:00 p.m. (EST).

*MetLife reserves the right to modify pricing in accordance with the policy.

MetLife Auto & Home
A Value Added Service for ALL Trust Plan Members.

Programs Available*:
MetLife Auto & Home provides a voluntary group auto and home benefit program. Personal insurance policies available include: auto, home, renters, RV, boat, and personal excess liability (“umbrella”) policies.

Take advantage of money-saving group discounts. Plus with the Deductible Savings Benefit, each year of claim-free driving earns you a $50 credit, up to $250, to apply to your deductible in the event of an accident.

Convenient Payment Options:
You have the option of monthly premium payment, and enjoy a discount when you choose bank account deduction. Other payment options are offered. If you receive a pension from Delta Air Lines, request a quote under “Delta’s” Auto and Home program, as payment may be directly deducted, and an additional discount allowed.

Free Premium Quotes
Get a no obligation, free quote. Call 1-877-491-5089 and mention your Group Program Code: BRC. Have your current insurance policy(ies) with you when you call.

*NOTE: Not all coverages or payment options available in all states. Some discounts apply to certain coverages.
Go online! Visit the ITDR website!

Now it is easier than ever for you to stay in touch with us – visit your Trust website at the new, shorter address: www.itdr.com

The Live Chat feature at www.itdr.com allows you to “chat” with a Retiree Service Center representative in real time.

Access Live Chat from the link located in the upper right hand corner at www.itdr.com.

www.itdr.com gives you easy access to:

- Information and Links for all the Trust’s Plan Benefits
- Online Enrollment
- Access to LiveChat with the Retiree Service Center during regular business hours
- Member Message Center

- ‘My Account’ – a self-service online tool that provides you 24-hour access to your information. View the most current status of your eligibility, enrolled benefits, and premium payment. Use ‘My Account’ to update your email or mailing address and sign up for Electronic Funds Transfer (EFT) to pay your monthly premium.
WHERE TO GET HELP - ONLINE

Email and the ITDR website!
Important for you...important for us.

We must focus on the best use of financial resources as a not-for-profit retiree organization. The majority of the Trust’s communication, outside of Annual Enrollment, is via email and website postings. Visit our website regularly for news and updates, at www.itdr.com, and save us to your “favorites”. Look for the blue Message Center button on the homepage to see the most recent news.

Our website has information about our benefit plans, as well as quick links to your insurance carriers and other websites important to our Members such as Medicare, Social Security, and the Delta Extranet.

Your Current Email Address

Please share your current email address with us.

- Go to www.itdr.com, and
- Look for the “Email Profile Center” box on the left side of the homepage.

You will receive information first. We email advance copies of mailed communications, information about the Trust Plan Benefits, Trust newsletters, current events, and activities of the Trust Board.

Your email address will not be shared with any insurance company or outside party.

Don’t use email regularly?

We send communications only when important, generally no more than twice per month. If you have a relative or friend who could share them with you, please consider that option.
WHERE TO GET HELP - RETIREE SERVICE CENTER

The Trust’s Retiree Service Center
Your Central Assistance Connection

Start with a call: 1-877-325-7265

Option 1: For premium payment, eligibility, or enrollment questions

Option 2: To speak with a Personal Health Advocate for help with any benefit or Medicare

Option 3: For medical claims or medical benefit information (The Hartford*)

Option 4: For prescription drug claims or benefit information (Express Scripts*)

Option 5: To find out more about SilverSneakers, or find a location

Option 6: For more options, including dental*, vision*, and MyDelta

EMAIL US: thetrust.service@mercer.com (response within 48 hours, weekdays)

*To save a step, you may call the carrier directly at the number on the back of your ID card.
When Should I Call Health Advocate?

Your Personal Health Advocate™ is there to help you and your family with:

Pre-Enrollment Support: providing confidential, unbiased personal assistance to help you make a smooth transition to Medicare, answer your questions, and easily compare the Trust Plan to any other insurance you are considering.

Any healthcare or insurance-related issue after enrollment (Medical Plan Members, and their parents, parents-in-law and any dependent children).

Let your PHA help with:
- Help understanding Plan benefits and services
- Billing and claim concerns
- Making sense of a complex health issue, or test results
- Locating services, specialists, or eldercare
- Negotiating discounts or payment terms

How do I get started with a Personal Health Advocate™?

Call 1-877-325-7265, Option 2. Normal business hours are Monday - Friday, 8:00am to midnight EST. After hours and during weekends, staff is available for assistance with issues that need to be addressed during non-business hours.

Email answers@HealthAdvocate.com. Your request will be assigned based on your specific needs within 24 hours. Be sure to provide your name, phone number, and to identify yourself as a Trust Plan Member.
WHERE TO GET HELP - DIRECT INSURANCE CONTACTS

Insurance and Service Company – Direct Contacts

Retiree Medical – Insured by The Hartford, Administered by Mercer
Retiree Service Center: 1-877-325-7265, Option 3
Mon-Fri 7:30am - 8:00pm CST
Call the Retiree Service Center for your questions about:
- The Hartford Group Retiree Health Plan, including benefit plan details and claims.
- Travel Assistance Services.
- GuidanceResources® Online.
- EstateGuidance® Online Will Services.
- Identity Theft Support Services.
Email: thetrust.service@mercer.com (Response within 48 hours, weekdays)
Website: www.itdr.com
Click on ‘My Account’ and log in to:
- Review paid and pending medical claims.
- See medical benefit plan details and eligibility status.

SilverSneakers® Fitness Program
Customer Service: 1-888-423-4632, TTY: 711
Mon-Fri 8:00am - 8:00pm EST
Website: www.silversneakers.com
Log in to print a Member card, search for fitness center locations, and order a Steps kit.

Vision – Superior
Customer Service: 1-800-507-3800
Mon-Fri 8:00am - 9:00pm, Sat 11:00am - 4:30pm EST
Website: superiorvision.com
Log in to see benefits/claims information and print ID cards.

Dental - Cigna Dental HMO
Cigna Customer Service: 1-800-244-6224
24 hours a day, 7 days a week
Website: www.myCigna.com
Log in to see details of your dental benefit plan and claims history/payment status.

MetLife Dental PPO
Mon-Fri 8:00am - 11:00pm EST
Website: www.metlife.com/mybenefits (employer name = “insurance trust”)
Log in to see details of your dental benefit plan and claims history/payment status.
*Important note: If you are a Spouse/Survivor, you must identify yourself with your own SSN, not your spouse’s SSN for MetLife to access your benefit plan and eligibility.

Prescription Drug Plan – Express Scripts
Customer Service: 1-844-470-1529
24 hours a day, 7 days a week
Website: www.express-scripts.com
Log in to:
- View, refill or renew your prescriptions and check order status.
- View claims history.
- Locate nearby network pharmacies including ITDR Low Cost Generics program pharmacies!
WHERE TO GET HELP - DIRECT INSURANCE CONTACTS

Hearing - hi HealthInnovations™
Customer Service: 1-877-706-1737
Mon-Fri 9:00am - 5:00pm CST
Website: www.hihealthinnovations.com/page/hi100
Visit the website to find a hearing professional and order hearing aids. Use promo code hi100 for the Trust's special pricing.

EPIC Hearing Healthcare
Customer Service: 1-866-956-5400
Registration representatives: Available 24/7
Hearing Counselors: Mon-Fri 9:00am - 9:00pm EST
Website: www.epichearing.com
Visit the website to learn how the plan works and to learn about hearing loss.

Voluntary Retiree Life Insurance – MetLife
Customer Service: 1-866-492-6983
Mon-Fri 8:00am - 11:00pm EST

Auto & Home Insurance – MetLife
Customer Service: 1-877-491-5089
Group Program Code: BRC – Available 24/7
Website: www.metlife.com/mybenefits
Log in to view your policy information.
ITDR has made every attempt to ensure the accuracy of the information described in this benefits guide. Any discrepancy between it and the insurance contracts or other legal documents that govern the plans of benefits described here will be resolved according to the insurance contracts and legal documents. Nothing in this guide will amend, modify, increase, expand, enhance or in any other way alter the terms of the underlying benefit plans as set forth in the insurance contracts and other legal documents that govern them.