



**Annual Benefit Plan Review for Members  
From the Trust Board of Directors (Vol. 8)  
October 2016**

**Look inside for a message  
from Your Trust Board  
about...**

- 2016 Trust Benefit Plan Results
- 2017 Trust Benefit Plan Updates

# Thank You...

for being a Member of the Insurance Trust for Delta Retirees (ITDR), joining over 25,000 other Delta retirees, spouses, and survivors. Your Trust Board welcomes you to your 2017 Annual Enrollment.

As “Retirees Looking Out for Retirees,” your Board closely manages the Trust’s Plan to bring current and future Members the most competitive package of group retiree benefits and services available.

Following is a summary of the changes you will see to your Plan for 2017. We are pleased to announce that they are not significant this year. Where increases were needed, they are modest, in part due to steps we’ve taken in the past to position our program for the future.

**1. There will be no change to any of the Trust’s insurance carriers for 2017.**

Our insurance and service providers have been selected and are managed to build partnerships for the long term.

**2. Combined Medical and Prescription Drug Plan Premiums will increase by 2.6%, or \$5.38 per Member per month.**

- **There will be no changes to Medical Plan benefits.**
- **Two updates will be made to the Drug plan**, anticipated to impact approximately 300 of our 20,000 Members, to continue to manage plan expense.

**3. There will be no changes to Dental Plan premiums or benefits.**

**4. There will be a 2.5%, or \$0.15 increase to monthly Vision Plan Premiums.** Members will see an enhancement to materials allowances and reduction in copays.

**5. All value added services provided to Medical Plan Members remain unchanged** - including unlimited access to your Personal Health Advocate, your Silver Sneakers Fitness Membership, Travel Assistance, and much more.

The healthcare landscape continues to change rapidly. Planning for 2017 required continued focus on the intense challenges currently facing all Prescription Drug Plans. Just pick up the paper or tune in to the radio or television to hear the day’s most current story on incredible cures and advances, as well as soaring costs.

Most of these market forces are outside of the Trust’s ability to influence, but we work diligently to position our Plan to face these challenges. We must aggressively protect our program for the future, and ensure our Members have continued access to the care and medications needed, along with the additional support, benefits, and services that you’ve come to expect from The Trust.

**Read this high-level overview, and the individual summaries for each of your plans that follow, to learn what’s impacting us most, and how we are responding.**

### Trust Plan Fast Facts– 2016 Year-to-Date

#### Membership is strong:

- **Trust Membership is over 25,000 as of August 1, 2016.** We welcomed back over 98% of our 2015 members on January 1, 2016.

Additionally, your Trust Plan has added 488 brand new Members from January through July of this year. Losses due to deaths have increased as our Membership ages. ITDR's negotiating power remains strong with our membership's stability.

#### Members continue to count on personalized service:

- **Members and their families using their Personal Health Advocate Benefit: 4,676 cases for Medical Plan Members and their families have been managed by a Personal Health Advocate™, with 12,023 interactions on their behalf.** This represents **over 20%** of our Medical Plan Members' households, for whom Advocates spent **4,989** hours providing personal support and saving our Members time, stress, and money.

Some of the most common Member calls are for benefits and Medicare education, claims assistance, prescription drug support, and help locating specialty care.

Many Members have shared their experience by sending in comments. Some of these are included on page 15 of this review.

- **Members receiving support from The Retiree Service Center: 18,620 Member calls were placed to the Service Center through July 2016,** for support with medical benefits, eligibility, enrollment, billing, and other administrative questions.
- **Members working with Specialized Pharmacists at Express Scripts:** This team provides compassionate care based on highly focused specialization and training in specific conditions such as cancer, diabetes, cardiovascular, and rare and special conditions.

**1,869 (9.3%) Members engaged with the Express Scripts clinician team** (specialty pharmacist or nurse)

**8,961 (44.6%) received a clinical safety alert** (includes safety, adherence and omission alerts via phone, web, fax and app)

**5,686 (28.3%) had at least one clinical gap closed** (gaps in care like omission of important therapy such as prescribing a kidney protection drug for a diabetic, refills, and alerts)

## MESSAGE FROM YOUR ITDR BOARD OF DIRECTORS (CONTINUED)

### Medical Plan Members continue to use the additional benefits and services provided under the plan, including:

- **Healthways SilverSneakers® Fitness Program Membership:** Over 3,600 Trust Plan Members were enrolled as of June 2016. Congratulations to current participants who averaged 7 visits to their facility per month. Trust Plan Members continue to share their positive comments about using their membership at local facilities including gyms and community centers to work out, swim, walk, and attend fitness classes.

As we age, regular exercise is more important than ever to overall health, even if you are just starting as a senior, or are currently managing a disease or condition:

- » building strength and stamina, prevents loss of bone mass and improves balance, actually reducing your risk of falling, and helping you maintain independence.
- » reducing the impact of illness and chronic disease, improving your immune function, blood pressure, bone density, and digestive functioning.
- » lowering the risk of chronic conditions including Alzheimer's, diabetes, obesity, heart disease, osteoporosis, and certain cancers.
- » offering you a social outlet, improving your confidence and sleep, and helping with sadness and depression.

Call SilverSneakers® today to learn more about using your Membership 1-888-423-4632, or visit [www.silversneakers.com](http://www.silversneakers.com).

- **Travel Assistance:** **93** Medical Plan Members took advantage of the Trust's Travel Assistance benefits, available when travelling 100 or more miles from home, including internationally.
  - **3** seeking help with in or outpatient medical support in another country, including 1 air ambulance transport, and
  - **90** Members needing assistance with personal services such as eyeglass or prescription replacement, emergency travel arrangement assistance, or pre-travel information about a destination.

### Members are taking advantage of new online tools for convenience, and to reduce paper:

- **Online enrollment has gone live!** Starting in April, new Members have had the option to enroll online, and survey feedback has been very positive from those responding - 95% reporting "good" or better ratings. This year, for 2017 annual enrollment, all Members may use the system to make any desired benefit changes. No action is required if you are not making changes; your 2016 elections will be continued for 2017, and you will receive your Benefits Confirmation Statement in the mail in December.

Paper enrollment forms remain available for those who prefer them, by calling the Retiree Service Center at 1-877-325-7265, Option 1. See your Annual Enrollment packet for more information.

## MESSAGE FROM YOUR ITDR BOARD OF DIRECTORS (CONTINUED)

- **The Trust's website, [www.itdr.com](http://www.itdr.com) was visited at least once by over half of Trust Plan Members.**
- **Members are using the "Live Chat" feature on [www.itdr.com](http://www.itdr.com).** Nearly 1,000 Members have used this feature, available from a link at the top of the Home Page, and also found within the Online Enrollment system.

Members are emailing their online questions to the Retiree Service Center ([thetrust.service@mercer.com](mailto:thetrust.service@mercer.com)) and to Health Advocate ([answers@healthadvocate.com](mailto:answers@healthadvocate.com)).

- **Registrations for online access to insurance benefits and claims information are increasing:**

	<b>% of Members Registered</b>
Medical Plan ("MyAccount")	47%
Prescription Drug Plan	46%
Dental: MetLife	16%
Cigna	32%
Vision	16%

- **New options have become available to reduce paper:**

**Your Explanation of Benefits (EOB's) For Prescription Drug, Medical, and Dental are all now available online.** Check your Member portal to sign up, or call the insurance company for assistance.

**Express Scripts offers the option of electronic plan materials**, so you can receive your Annual Notice of Change packet, including the Formulary, via email each year, rather than through the mail. Check your Member portal, or call Express Scripts for more information.

### **The Trust has a new insurance partner and advisor: EPIC Insurance Brokers**

EPIC's role is to help design, implement, manage, and enhance the Trust Plan's benefits program where possible. As a Top 20 Brokerage and Consulting firm nationally, along with its deep Atlanta-based presence, EPIC provides a full spectrum of specialized services for the Trust.

EPIC is known for their independence, client focus, and innovative approach, focused on integrity, professionalism, creativity and client satisfaction. Their goal is to always put ITDR's best interests first, and their service philosophy centers on the goal of how they can best provide innovative and customized solutions for our members.

### **The Delta Subsidy was continued:**

The Trust Board was advised by Delta Air Lines, Inc. of the continuation of 2016 premium subsidies into 2017, for those eligible under the 1114 Retiree Committee Agreements.

## The Impact of Pharmacy to the Trust Plan in 2017 and Beyond

### 6 Essential Facts About Medicare and Prescription Drug Spending

1. Medicare accounts for a growing share of the nation's prescription drug spending: 29% in 2014, compared to 18% in 2006.<sup>1</sup>
2. Medicare Part D spending, per person, is projected to grow more rapidly in the next decade, than in the previous decade.<sup>1</sup>
3. Prescription drugs account for \$1 out of every \$6 in Medicare spending.<sup>1</sup>
4. **96.6% of Trust Plan Members are using their pharmacy benefit, and fill an average of 3.5 prescriptions per month.**
5. In 1990, only 10 Specialty Drugs were on the market. Approximately 300 are now available, and **nearly 700 more are in development.**<sup>2</sup>  
For 2017, Medicare identifies Specialty Drugs, as those costing \$670 or more per month.
6. In 2015, **23.9% of Trust Prescription Drug Plan costs came from Specialty Drugs.** \$10,311,066 was the Total Specialty plan cost for **534 patients.**

Improvements in medical technology, new and alternative treatments, improved long-term outcomes for life threatening diseases, exponential growth in the release of new drugs, and soaring drug costs are having a significant impact on all Prescription Drug Plans, and the Trust's plan is no different.

In 2016, The Trust Plan implemented several new measures to control costs. The addition of a deductible, and new rules about how and when the plan covers certain drugs were difficult, but these changes were necessary to help control overall costs and keep drug coverage more affordable, and better position the Plan for the future of pharmacy.

Also beginning in 2016, the Trust Plan, like most other drug plans, began to exclude non-FDA approved Compound Drugs. These are drugs combined or mixed by a pharmacist to create a medication (often a topical or an ointment), that frequently includes a commercially available FDA-approved alternative at a much lower cost. **As a result of this change, the Trust Plan's Compound Drug costs dropped 76% between January and July of 2016, as compared to the same period in 2015.** In 2017, additional restrictions will apply to non-medically necessary Compounds.

The largest factor driving Trust Plan cost is what is coming down the Specialty Drug pipeline. The following drugs led the way with the greatest per patient costs to the Plan in 2015:

Drug	Indication	Patients	Trust Plan Cost
Harvoni	Hepatitis C	10	\$1,077,878
Revlimid	Multiple Myeloma	18	\$1,086,385

In 2016, Specialty Drugs are covered under the plan at 25% coinsurance with the exception of Generic Specialty Drugs, which also cost a minimum of \$600 per month. **In 2017, all covered Specialty Drugs will have 25% coinsurance.** This change is necessary to position the Plan for the rapid growth of new Specialty Drugs to come.

Aggressive management of the Trust's Prescription Drug Plan allows us to continue to provide our Members access to the drugs they need, at the lowest costs possible for the present and the future.

### Group Medical and Medicare Part D Prescription Drug (Rx) Plan

#### 2017 Monthly Combined Medical and Prescription Drug Plan Premium

**\$215.90 Per Member Per Month**

#### For 2017:

- Premium will increase by 2.6%, or \$5.38 per Member per month.
- There will be no changes in insurance carriers for 2017.
- Members should continue to use their current ID cards. Cards will not be reprinted.

*Pages 9-13 of this review provide details about each plan individually.*

#### 2017 Medical and Prescription Drug Plan Update:

Your Trust's primary goal is to provide the strongest package of benefits possible, for the present, and the future, at the lowest possible costs for our Members. Several factors, most beyond the Trust's control, began to significantly impact those costs beginning in 2014, and continue to do so.

Plan updates for 2017 are minimal – the premium change at only 2.6% is more modest than the changes seen for 2015 and 2016, and minimal changes are being made to the Prescription Drug Plan. This stability is due in part to the Trust's ongoing active management of the Plan.

On the following page is a summary of premium and change history to the combined Medical and Prescription Drug Plan.

Medical and Prescription Drug Plan Combined Premium History

Premium and Plan Changes 2014 - 2017			
2014	2015	2016	2017
<p><b>Monthly Premium: \$174.04</b></p> <p><b>No change over prior year</b></p> <p>The Impact of the Affordable Care Act (ACA) signed into law March 2010 was just beginning to be felt by insurers, drug manufacturers, and insurance plans.</p> <p>Specialty drug development and approval was beginning to explode - in the mid-1990s there were fewer than 30, and by the end of 2014 there were 300. Both of these factors began to significantly impact the Trust Plan's costs.</p>	<p><b>Monthly Premium: \$197.39</b></p> <p><b>13.4% increase, no benefit changes</b></p> <p>The impact of federal mandates to the Plan became significant in 2014 with the start of the ACA's annual Health Insurer fees, and reduction in Medicare's subsidy to Medicare Part D Plans of over 30%.</p> <p>The Trust was no longer able to protect Members from these costs by premium negotiation alone and costs began to be passed through to Members in premiums.</p> <p><b>In 2015, costs from the ACA and other Federal mandates represented \$15.60 of Members' combined Medical and Drug Plan Premiums.</b></p>	<p><b>Monthly Premium: \$210.52</b></p> <p><b>6.7% increase, Prescription Drug Plan changes</b></p> <p>The cumulative impact of skyrocketing drug costs and compounding Federal mandates continued to impact Plan costs significantly. Specialty drugs accounted for 24% of Plan costs, for 534 Members (2.7%).</p> <p>A premium increase and Drug Plan changes to implement a deductible and utilization management were required.</p> <p>These Drug Plan changes better positioned the Plan to manage costs for the future given the pipeline full of new Specialty Drugs being released in record numbers.</p> <p><b>In 2016, costs from the ACA and other Federal mandates represented \$25.91 of Members' Medical and Drug Plan Premiums.</b></p>	<p><b>Monthly Premium: \$215.90</b></p> <p><b>2.6% increase, minimal Prescription Drug Plan changes</b></p> <p>Specialty drugs and new biologics continue to hit the market in record numbers, however the Drug Plan changes implemented in 2016 better positioned the Plan to manage costs.</p> <p>Additionally, for 2017, Congress placed a temporary freeze on Insurer Fees, helping overall Plan costs. This fee is scheduled to resume in 2018.</p> <p>No benefit changes will be made to the Medical Plan. Two updates will be made to the Prescription Drug Plan. Members using Specialty Drugs, whether Generic or Brand, have the same cost-share, <b>and</b> the current exclusion on non-FDA approved Compound Drugs will be expanded.</p> <p>These changes are anticipated to impact just over 300 Members, and will result in all Members using Specialty or Compound Drugs having consistent benefits and cost share.</p> <p><b>Plan costs due to the ACA and other Federal mandates represent \$27.13 of Members combined Medical and Drug Plan Premiums in 2017.</b></p>

Please see the following pages for details and updates specific to the 2017 Medical and Prescription Drug Plans.



### Group Retiree Medical Insurance Plan

#### 2017 Monthly Medical Plan Premium

Retiree/Surviving Spouse/Spouse	\$ 112.28
Retiree + Spouse	\$ 224.56

#### For 2017:

- The Plan will continue to be insured by The Hartford in 2017.
- Medical Plan premiums will **decrease** by \$2.96, or 2.6%.
- Mercer will continue to pay claims and handle customer service for the Plan.

#### 2017 Medical Plan Updates:

The Trust's Medical Plan premium will decrease slightly in 2017. A modest premium **increase was called for** based on the 2015-2016 claims experience of the Plan, however **that increase was offset by two factors, causing needed premiums for 2017 to decrease:**

1. Congress' decision to temporarily suspend the Affordable Care Act's tax on health insurers for one year in 2017. **This tax is scheduled to be reinstated in 2018.**
2. HealthAdvocate services are now provided through EPIC, ITDR's new Insurance Broker.

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**Trust Medical Plan Members will continue to receive all of these additional benefits and services in 2017. Continue to take advantage of them!**

- **Preventive Medical Care Benefit:** \$120 per Year for care beyond what Medicare covers.
- **A Personal Health Advocate™**, for you, your spouse, parents, parents-in-law, and any dependent children.
- **Healthways SilverSneakers® Fitness Membership:** over 11,000 locations nationwide, including: Curves, LA Fitness, Anytime Fitness, Youfit, 24 Hour Fitness, Gold's Gym, YMCAs, and local community centers, plus free kits to help you get started working out at home.
- **Hearing Aid Programs:** hi Healthinnovations™ and Epic HSP.
- **Medical and Dental Bill Saver™**, to negotiate bills and payment terms.
- **Travel Assistance Services**, when you are traveling more than 100 miles away from home, or internationally.
- **EstateGuidance® Online Will Services**
- **Identity Theft Recovery Support Service**
- **GuidanceResources® Online:** interactive services with expert content, support, and easy-to-use tools.

## 2017 BENEFIT PLANS REVIEWED (Prescription Drug Plan)

### Group Medicare Part D Prescription Drug (Rx) Plan

#### 2017 Monthly Prescription Drug Plan Premium

Retiree/Surviving Spouse/Spouse \$ 103.62

Retiree + Spouse \$ 207.24

#### For 2017:

- The Plan will continue to be insured by Express Scripts in 2017.
- Prescription Drug Plan premiums will increase by \$8.34, or 8.8%.
- Generic Specialty drugs will move to the Specialty coinsurance of 25%.
- Additional restrictions will apply to Compound drugs.

#### 2017 Prescription Drug Plan Updates:

The Prescription drug marketplace continues to see soaring costs with the incredible advances in healthcare and the blockbuster specialty drug pipeline releasing new drugs at a record pace. This combined with the cumulative impact of the Affordable Care Act and other federally mandated changes are significantly impacting costs for all Prescription Drug Plans.

Many factors that cannot be managed by the Trust continue to increase the Plan's and Member's costs, including:

- **Increasing numbers of new specialty drugs entering the marketplace** - over the past 12 months, over 25 new Specialty Drugs were approved, with at least 18 more near-term approvals pending. 2016 is slated to have the highest number of approvals in oncology (cancer) drugs ever, with 12 expected, costing as much as \$270,000 or more per year, per patient.<sup>3</sup> **In 2015, oncology plan costs for 4% of Trust Plan Members accounted for more than 16% of total plan cost.**
- **The impact of the Affordable Care Act (ACA)**, such as:
  - » The ACA's requirement to close the coverage gap, alone shifting more drug cost to the Plan for Brand Drugs, and **represents \$4.27 of ITDR's 2017 Plan cost alone**; however,
  - » Congress' decision to temporarily suspend the Affordable Care Act's tax on health insurers for one year in 2017 reduced the overall potential impact of the ACA for next year. **This tax is scheduled to be reinstated in 2018.**
- **The impact of other Federal mandates**, including the decreasing Medicare Subsidy provided to the Plan. **Reduction of this subsidy translates to a dollar for dollar increase in Plan cost, and between 2015 and 2017 it has been reduced by \$16.89.**

### Trust Prescription Drug Plan Changes for 2017:

#### Why are changes being made?

##### To:

- **protect and position the plan for the future** given the explosion of new classes of Specialty drugs in the pipeline, and rapidly rising costs.
- **manage costs most effectively for all 20,000+ Members.**
- **provide consistency in Member cost-share across Specialty and Compound Drugs.**

#### What are the changes?

1. **Update the Member cost share for Generic Specialty Medications to the Specialty coinsurance level of 25%.** In 2017, Specialty Drugs (Brand or Generic) are drugs identified by Medicare as costing \$670 or more per month. (270 total Members estimated effected, based on current 2016 claims results).
2. **Expansion of the Compound Drug exclusion list** (30 total Members estimated affected, based on 2016 current claims results). Compound medications are drugs that are mixed by a pharmacist to create a medication. **These drugs are not approved by the Food and Drug Administration (FDA)**, so their quality, safety and effectiveness can't be verified. Most health plans do not cover compounds for this reason, and because of their often dramatically high costs.

**If a drug you are taking in 2016 is impacted by one of these two updates, you will receive a letter from Express Scripts by December 31<sup>st</sup> notifying you of the change.**

Review the change and any alternatives with your doctor, and Express Scripts at 1-844-470-1529.

Contact a Personal Health Advocate to discuss any additional resources that may be available to assist you at 1-877-325-7265, Option 2.

#### ITDR Low Cost Generic Plan Update for 2017:

Due to the recent CVS acquisition of Target pharmacies, CVS has advised Express Scripts that these pharmacies within Target will no longer participate in the Low Cost Generic network program effective January 1, 2017. Affected Members will receive a letter from Express Scripts prior to the end of 2016 with a listing of the three closest alternate pharmacies that do participate in the program.

## 2017 BENEFIT PLANS REVIEWED (Prescription Drug Plan)

### Medicare's Required Changes for 2017:

Each year, Medicare provides updates that affect all Medicare Part D Plans. These changes reflect Medicare's closing of the coverage gap, as called for under the Affordable Care Act (ACA).

These changes reduce Medicare beneficiaries' cost-share during the coverage gap for Brand and Generic drugs, by shifting costs to drug manufacturers, and the Plan. This cost shifting translates to **decreased Member cost share** during the Coverage Gap, and also to **increased drug and plan costs**, which ultimately impact premiums.

	Current 2016	2017
<b>Initial Coverage Stage</b> Total of what you pay and the plan pays before you reach the Coverage Gap.	\$3,310	\$3,700
<b>Coverage Gap Stage (Donut Hole)</b> After the Initial Coverage Stage, you will stay in the Coverage Gap stage until you reach the <b>Coverage Gap limit</b> .	\$4,850	\$4,950
<b>- Member cost share of Brand Drugs</b> during the Gap will decrease and costs to the Trust Plan will increase as the coverage gap closes, under the Affordable Care Act (ACA)	Brand Drug Coverage in the Gap	
	Member cost share 45% Manufacturer discount 50% Paid by the Plan 5%	Member cost share 40% Manufacturer discount 50% Paid by the Plan 10%
<b>Catastrophic Coverage</b> <b>Reduced copays begin</b> once your yearly out-of-pocket drug costs (what you and others pay on your behalf) reach the Coverage Gap Limit.	Catastrophic Copays after the Coverage Gap	
	The greater of 5%, or a copay: Generic: \$2.95 All other covered drugs: \$7.40	The greater of 5%, or a copay: Generic: \$3.30 All other covered drugs: \$8.25

### IMPORTANT:

**ALL MEMBERS** should look up their drugs on the **Express Scripts 2017 covered drug list "Formulary" before the start of the new year.** Current members will receive the Formulary in the mail from Express Scripts in October, and you may also find it on [www.itdr.com](http://www.itdr.com).

Drugs may have changed tiers, up or down, due to Centers for Medicare/Medicare Services (CMS) changes, and other factors such as new generics becoming available, or moving to Specialty Drug status.

Drugs may be subject to one of the two Plan updates noted on the prior page of this review.

Call Express Scripts for any questions 24/7: 1-844-470-1529 (TTY 1-800-716-3231)

### Get the most from your Prescription Drug Plan in 2017:

Save your money, and your time!

#### ITDR Low Cost Generics Program

Your ITDR drug plan gives you access to many of our Members' most commonly used drugs with copays of \$2 or \$4 for a 31-day supply. There are over 90 participating grocery and retail chains with more than 19,000 pharmacies for your convenience, currently including WalMart, Kroger, Publix, Safeway, Sam's Club, Costco, Winn-Dixie, Hannaford, and Shopko Pharmacy.

The ITDR Low Cost Generics Program includes many of the most commonly prescribed generic drugs such as:

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

97% of Members have access to a participating pharmacy within 10 miles of their home zip codes. More Members than ever are using the program, especially with the addition of several new statins in 2016!

#### Home Delivery Program

Save a half-copay on a 90-day supply of your prescription, delivered to your door!

Home delivery offers convenience and savings for Members, when compared to using a retail pharmacy for medications you take on an ongoing basis, such as those used to treat chronic conditions like high blood pressure or diabetes.

#### New in 2017! "My Rx Choices" Online

Available on the Express Scripts mobile app now, and coming to the online Member portal for 2017!

Quickly and easily find the lowest price for your prescription by using [www.Express-Scripts.com](http://www.Express-Scripts.com).

New enhancements will bring you more information with a single drug-specific request, instead of having to search by each individual pharmacy.

Just enter your zip code and drug to view pricing at local retail pharmacies including ITDR Low Cost Generic options, other grocery store and retail chain-specific discounts, and home delivery!

Visit [www.itdr.com](http://www.itdr.com) for details on the ITDR Low Cost Generic covered drugs and participating pharmacies, and the Express Scripts Home Delivery program.

Go to the **Benefit Plans** tab, click on Prescription Drug Plan, and see the brochures under **Learn More**.

**Or call Express Scripts Customer Service 24/7, at 1-844-470-1529. TTY users 1-800-716-3231.**

### Health Advocate™

#### Your Lifeline • Your Confidential Resource • Your Negotiator

Health Advocate is dedicated to helping you, your spouse, parents or parents-in-law, or any dependent children successfully navigate the health care system. This benefit is as essential as your Medical and Prescription Drug coverage.

**Through July of this year, over 4,600 Trust Medical Plan Members and their families have used this benefit.**

#### How can Health Advocate help you?

Your Personal Health Advocate will take as much time as you need to assist with your questions or concerns. Over 50% of assistance provided to our Members is related to benefits and Medicare education.

##### Other top reasons include:

- help with questions during annual enrollment
- medical and dental claims assistance
- help with Medicare
- help locating specialists and specialty care
- learning more about medical conditions, drugs, test results, and treatments
- helping prepare Members for their healthcare appointments, and
- assisting with locating eldercare and support services

##### Save Health Advocate's number in your phone's contact list.



**1-877-325-7265.  
Option 2.**



**Or Email:**

[answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

**Your request will be assigned within 24 hours. Provide your name, phone number, and identify yourself as a Trust Plan Member.**

### What have some of our Trust Plan Members said about their experience with Health Advocate this year?

**Thank you for your patience to help me register on the website.** I'm not computer saavy, but now I can see my claims online. This is a great service for those of us who need a little extra help! (January 2016)

**Thank you for your empathy, understanding and follow through.** This is the first time I've used Health Advocate, and I will not hesitate to recommend it to my many Delta friends! (January 2016)

**My Advocate got me referrals for extremely qualified doctors,** and now I understand my unique condition and have options. Many thanks! (February 2016)

**I would never have been able to find a Primary Care doctor so quickly if it were not for her.** She went 'above and beyond' to assist me, and deserves all the praise that can be given. (March 2016)

**If I could hug you through this phone I would!** (March 2016)

**I really don't think I could have made it through without your help.** Thank you so much for all you've done in the past year. (March 2016)

**I have used Health Advocate often, and always have both excellent & prompt service.** You guys can handle anything – I cannot thank you enough. (April 2016)

**This was a complicated issue that needed much research with allied organizations.** My Advocate did a great job. (May 2016)

**Health Advocate has been a 'God Send' to me since my illness.** Thank you! (May 2016)

**In this most confusing era in medical services and costs,** I am deeply grateful for Health Advocate to assist with finding the right solutions for our care. Thank you. (June 2016)

**Health Advocate is a real benefit added to our insurance plan.** They have the ability to immediately identify the problem and get to answers, which if doing it on our own, could be very stressful. (July 2016)

## 2017 BENEFIT PLANS REVIEWED (Dental Plan)

### Dental Insurance - MetLife Dental PPO Plan

#### 2017 Monthly Premium

##### Ground/Flight Attendant

Retiree/Surviving Spouse/Spouse \$47.71

Retiree + Spouse \$96.45

##### Pilot

Retiree/Surviving Spouse/Spouse \$56.49

Retiree + Spouse \$114.14

#### For 2017:

- The Plan will continue to be insured by MetLife in 2017.
- ★ There will be no premium changes for 2017.
- ★ There will be no benefit changes for 2017.
- The monthly administrative fee for ITDR dental or dental/vision only Members without Medical will change from \$1.00 to \$2.00.

#### Impact of Health Care Reform:

Congress suspended the Affordable Care Act's tax on health insurers for one year, so there is no tax addition to Dental Premiums for 2017. **This tax is scheduled to be reinstated in 2018.**

#### MetLife Benefit Summary:

Available online at [www.itdr.com](http://www.itdr.com), under the "Benefit Plans", "Dental Insurance", and click on the "MetLife Dental PPO" tab, or call MetLife Customer Service with questions: **1-855-837-6382**, Mon-Fri 8:00am – 11:00pm EST.

#### Important Notes for MetLife Members:

1. When calling MetLife with questions, you may use your Delta employee ID number, or your Social Security number. **Each covered individual's ID number must be used for identification.** In the case of a spouse or survivor, **the ID number of the patient must be used.**
2. If your Dental expenses exceed your annual benefit, some network dentists may be required to continue **the MetLife network discounts for subsequent claims for the balance of the year.** This may vary by state, so check with MetLife and your dentist. **If discounts are not available, contact Health Advocate™ about Medical and Dental Bill Saver™, ideally in advance of your procedure, to see if options to reduce cost or to obtain a payment plan may be available.**



### Dental Insurance (continued)- Cigna Dental HMO Plan:

#### 2017 Monthly Premium

Retiree/Surviving Spouse/Spouse \$ 27.44

Retiree + Spouse \$ 54.83

#### For 2017:

- The Plan will continue to be insured by Cigna in 2017.
- ★ There will be no premium changes for 2017.
- ★ There will be no benefit changes for 2017.
- The monthly administrative fee for ITDR dental or dental/vision only Members without Medical will change from \$1.00 to \$2.00.

#### Impact of Health Care Reform:

Congress suspended the Affordable Care Act's tax on health insurers for one year, so there is no tax addition to Dental Premiums for 2017. **This tax is scheduled to be reinstated in 2018.**

#### Cigna Benefit Summary:

Available online at [www.itdr.com](http://www.itdr.com), under the "Benefit Plans", "Dental Insurance", and click on the "Cigna Dental HMO" tab, or call Cigna Customer Service with questions: **1-800-244-6224**.

#### Important Notes about the Cigna Dental HMO:

This plan offers the strongest plan of dental benefits at the lowest cost of the two plans offered, with no calendar year maximum benefit limitation.

#### Because this plan is an HMO:

You must use Cigna network dentists to receive a benefit.

There is no coverage if you use Dentists outside the HMO network.

Please be sure you are comfortable with these two conditions before enrolling for the 2017 plan year.

Cigna's customer service department is available at 1-800-244-6224, to help you review your network options prior to enrolling.

**Note:** the Cigna Plan is not available in AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV and WY.

### Vision Insurance

#### 2017 Monthly Premium

Retiree/Surviving Spouse/Spouse \$ 6.21

Retiree + Spouse \$ 11.54

#### For 2017:

- The Plan will continue to be insured by Superior Vision in 2017.
- Vision premiums will increase by \$0.15, (\$0.28 Retiree + Spouse), or 2.5%.



#### Benefit Enhancements!

**The materials copay for lenses and frames will reduce from \$15 to \$10.**

**The materials allowance for both frames and contact lenses will increase:**

- frames allowance increasing from \$125 to \$130
- contacts allowance increasing from \$120 to \$130

#### Impact of Health Care Reform:

Congress suspended the Affordable Care Act's tax on health insurers for one year, so there is no tax addition to Vision Premiums for 2017. **This tax is scheduled to be reinstated in 2018.**

### Thank you for reading the Trust's 2016 Annual Review.

Did you notice our new look? We've made this year's Review more concise, and easier for you to find the information you need.

For additional details on the Affordable Care Act (ACA), or the long-term outlook for Medicare and Social Security, please see the "Message Center" on [www.itdr.com](http://www.itdr.com).

We are working hard for ITDR, and look forward to continuing to deliver on our mission in 2017.

Your Board of Directors,

**Insurance Trust for Delta Retirees**

#### References

1. Kaiser Family Foundation, "10 Facts About Medicare and Prescription Drug Spending" (July 2016)
2. American Pharmacists Association, "Specialty Drug Approvals: Review of 2014 and a Forecast for 2015" (January 2015)
3. 2015 Diplomat Pharmacy Inc., "Specialty Drug Approvals 2015 Highlights + 2016 Projections"; 2016



*All material included in this 2017 Annual Review is presented as informational only. Refer to each carrier's or service provider's summary plan description and/or other policy materials for the exact terms, conditions, and scope of coverage, including all exclusions and limitations. In the event of discrepancy, the terms of the carrier's policy materials will apply.*

*The Insurance Trust for Delta Retirees is a non-profit, non-political, and non-partisan organization.*