



# BENEFITS & RESOURCES GUIDE 2018

DELTA RETIREES LOOKING  
OUT FOR DELTA RETIREES



# **WELCOME TO THE TRUST PLAN!!**

## **The Choice is Yours!**

The Insurance Trust for Delta Retirees (ITDR) Benefit Plan offers a comprehensive package of group retiree benefit options to help you meet your financial needs. **Our Plan is available ONLY to Delta retirees, spouses, survivors and age 65 and over employees of Delta Air Lines Inc.**

**Our membership is over 24,000 Delta retirees, spouses and survivors strong!**

Your Trust Board is confident that our program offers benefits and value-added services that set the standard for retiree packages.

## **Expect More!**

**The Trust Plan offers the financial security and additional benefits and services of a managed group insurance plan, including:**

- Two Retiree Medical plan options (Medicare supplement-type, and Medicare Advantage) including a Medicare Part D prescription drug plan, Dental and Vision plan options, and more
- 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 our Retiree Service Center, and a Personal Health Advocate™ for you and your family
- strong online resources, support, and tools
- special 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.

## **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!

## **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.**



## A MESSAGE FROM YOUR TRUST BOARD

### 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:

Anyone becoming eligible for Medicare, and eligible for or enrolled in the Trust Plan

- 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:

All Trust Medical Plan Members, spouses, parents and parents-in-law, and dependent children

- 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 25 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 have used several times in the last few years. **Always appreciate the professionalism and willingness to help** as well as sticking with me until the question is resolved. Truly a great benefit.

"Well you were wonderful. I no longer feel like I'm drowning, **I feel like my feet have touched bottom.**"

"We are new to this insurance, **I'm glad I can talk to you with any questions I have.** It is always good to talk to a human being and I thank you for explaining to me."

**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 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 2018.

Your Board of Directors,  
**Insurance Trust for Delta Retirees**

**Our motto:**

***Delta Retirees Looking Out for Delta Retirees***



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### Enrollment

#### Who is Eligible to Enroll for 2018?

Age 65 or over retirees, active employees, spouses, or survivors of:

- Delta Air Lines, Inc. ("Delta")
- Delta subsidiaries
- 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 2018?

Your enrollment period follows the same timeline as your enrollment in Medicare. If you are retired, 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 2018:

**October 16th – December 31st, 2017**

##### Already 65 and new to the Trust Plan?

Submit your enrollment by November 10th, 2017 to assure your policy materials and ID cards are received before January 1, 2018.

##### Current Trust Plan Members:

Not making any changes? No action is needed. Your annual enrollment packet will include your 2017 Summary of Current Elections. If you want to keep these same choices for 2018, 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 10th, 2017 to assure processing by January 1, 2018.

**Important  
Note!**

Medical Plan and Dental Plan elections are made on a calendar year basis. **Members may change Medical or Dental Plan Insurance company options annually;** however, if coverage in a Trust insurance plan such as Medical, Dental, and/or Vision is terminated entirely, you may not re-enroll in the future.

**NOTE:** Interested in Voluntary Retiree Life Insurance or Auto & Home Insurance? Learn more about how to apply for these coverages on page 38 of this Guide.

## ENROLLMENT

### 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

Everything you need is available at **www.itdr.com**.

We make it **EASY** for you, whether you are an existing Member or new to the Trust’s Plans!

### 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? Call a Personal Health Advocate 1-877-325-7265, Option 2.

**Are you registered for “My Account?” My Account is a self-service tool that gives you 24-hour online access to your Trust Plan information.**

**Here is a quick look at what you can do in My Account:**

#### **ALL** Plan Members:

- Review insurance coverage
- View current billing/payment status
- Update your address, email, phone number
- Add secondary address
- Access links to Trust carrier websites
- “Live Chat” with the Retiree Service Center

#### **The Hartford** Medical Plan Members:

- View Medical Plan claims information
- View and print medical explanation of benefits (EOB)
- Print temporary medical ID card
- Request duplicate medical ID card
- Request duplicate medical plan summary

**Find out how on the following pages...**



## ENROLLMENT - MY ACCOUNT

### What is “My Account?”

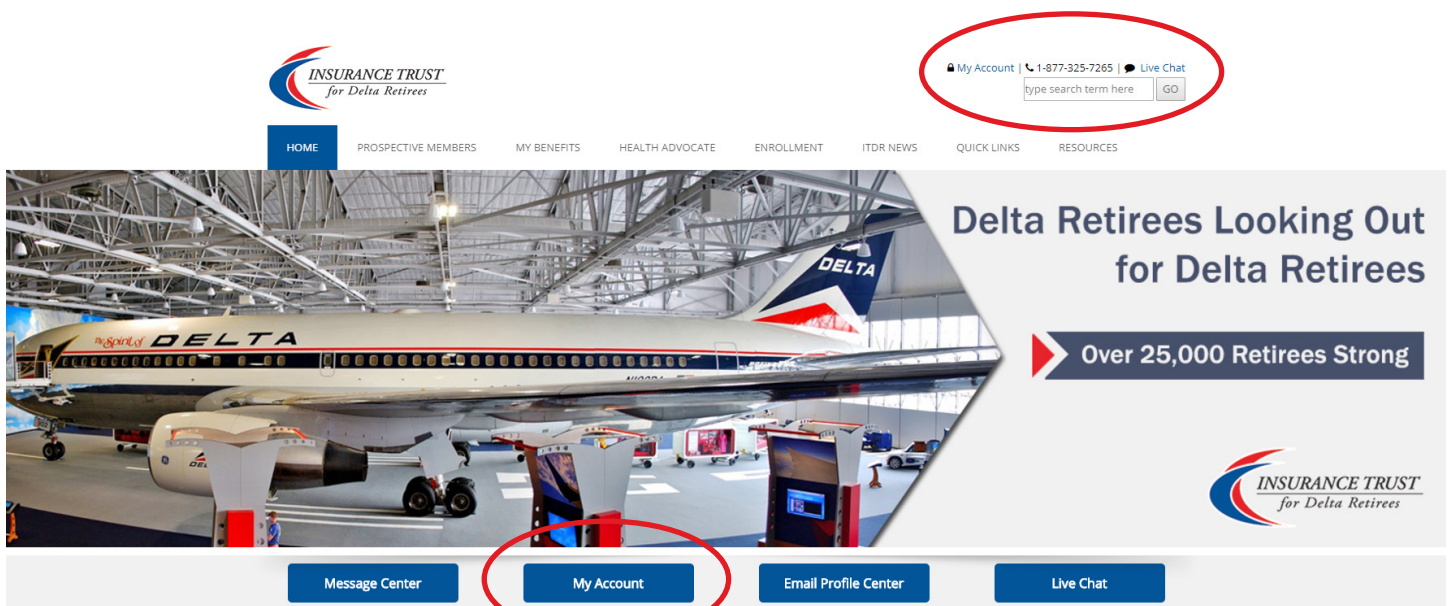
**My Account** is a self-service tool that gives you 24-hour online access to your Trust Plan information.

### How do I access “My Account”?

**My Account** is conveniently located at the top right corner of the **ITDR.com** home page and also on the new “easy access” banner under the picture of The Spirit of Delta photo.

### Need to register for “My Account”?

- Click on the **My Account** link on the home page of the **ITDR.com** website via the top right side of the screen or in the new “easy access” banner under the Spirit of Delta photo.
- 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
- Reset your password via Live Chat with a Retiree Service Center representative.
- Find the **Live Chat** link on the top right or in the new “easy access” banner under the picture of The Spirit of Delta photo of the **www.itdr.com** Home Screen



## TRUST RETIREE MEDICAL PLAN OVERVIEW

### The Choice is Yours

The Trust now offers you **two** true group retiree medical insurance package options, each including unique features and benefits you won't find elsewhere:

- **Retiree Medical Plan to supplement Medicare (The Hartford)**
- **Medicare Advantage PPO Blue Cross and Blue Shield of Georgia (BCBSGa)**

**Over 24,000 Delta retirees, spouses, and survivors have chosen the Trust Plan to meet their insurance needs**

**Your Membership in either plan also includes a Medicare Part D Prescription Drug Plan (Express Scripts), and access to a Personal Health Advocate™.**

#### Both of ITDR's retiree medical plan options offer:

- Group insurance coverage in all 50 states and Puerto Rico
- Ability to use or keep any provider who accepts Medicare and the plan
- Same plan premium regardless of age, gender, or residence
- **Insurance coverage to help fill Medicare's gaps**



*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 24,000 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.*

**Unique benefits and services not found elsewhere**, are included with your ITDR medical plan, and have been selected to enhance your health and financial wellbeing:

- 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
- Benefits for items not covered by Medicare including hearing aids and additional Preventive Care
- Travel Assistance, online will services, funeral concierge support and ID Theft Recovery Services
- Access to Retiree Life and Auto & Home insurance programs
- And much more!



### THE HARTFORD GROUP RETIREE HEALTH PLAN TO SUPPLEMENT MEDICARE

#### Making It Easy For You to Get the Care You Need

The Hartford Group Retiree Health 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.**

With a low out-of-pocket maximum designed to help keep your overall costs down, and with flexible physician choice, you can preserve your financial and physical wellness while helping maintain control over your healthcare decisions.

#### 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.

#### ADDITIONAL PLAN MEMBERSHIP BENEFITS

SilverSneakers® Fitness Membership

Travel Assistance Services

GuidanceResources® Online

EstateGuidance® Online Will Services

Funeral Planning Concierge Service

Identity Theft Support Services

Limited  
financial  
resources?

Help may be available.  
Please see page 37 for  
more information.

See the enclosed brochure from The Hartford for additional details. To learn more, call the Retiree Service Center at 1-877-325-7265, Option 3.

## MEDICAL PLAN

### BLUE CROSS AND BLUE SHIELD OF GEORGIA (BCBSGa) MEDICARE ADVANTAGE PPO PLAN

The BCBSGa Medicare Advantage PPO plan offers comprehensive benefits with clear out-of-pocket costs, and backed by people who truly care. It includes Medicare Part A (hospital benefits) and Part B (doctor and outpatient care benefits), as well as other benefits not offered by Original Medicare.

**NEW FOR  
2018**

#### Options and Choices – Life is Better Because of Them

You won't have to choose a PCP (primary care provider) under this plan. You'll enjoy the freedom to **see any provider who accepts Medicare** – doctors, specialists and hospitals – without a referral. You can keep the ones you know and trust, as long as they accept Medicare and the plan.

With the BCBSGa Medicare Advantage plan, you'll have **coverage in all 50 states**, Washington, D.C. and Puerto Rico. You'll receive outpatient emergency and urgent care, and inpatient hospital care coverage inside and outside of the U.S. You'll also have coverage for preventive care and screening tests with a \$0 copay.

#### Simplifying Your Benefits

You will have a **single ID card** for your Medicare and the Medicare Advantage plan, and receive a **single Explanation of Benefits** (EOB) when a claim is filed. Less to keep up with, and one place to go for the information you need.

**Here are some of the key benefits you'll enjoy with the BCBSGa Medicare Advantage Preferred PPO:**

- **No annual deductible to meet**
- 100% coverage for comprehensive, annual routine physical exam
- Comprehensive, personalized care management to help you stay your healthiest
- And much more

#### ADDITIONAL PLAN MEMBERSHIP BENEFITS

Doctors anytime, anywhere with LiveHealth Online

24/7 NurseLine

SilverSneakers® Fitness Membership

SpecialOffers Discount Programs

Travel Assistance

Member Assistance Program, including Legal and Financial Consultation, Funeral Concierge Support, Identity Theft and Credit Monitoring Services

**See the enclosed brochure from BCBSGa for additional details. To learn more, call the BCBSGa First Impressions Welcome Team at 1-844-889-6356.**



## MEDICAL 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.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT-TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
<b>First 60 days</b>	All but Part A Deductible	100% of the Part A deductible	\$0	All but \$95 copay per day for days 1-5 per admission	\$95 copay per day for days 1-5 per admission
<b>61 - 90 days</b>	All but a daily coinsurance charge equal to 25% of the Part A Deductible	100% of Balance Remaining after Medicare	\$0	100%	\$0
<b>91 - 150 days</b> (60 day lifetime reserve period)	All but a daily coinsurance charge equal to 50% of the Part A Deductible	100% of Balance Remaining after Medicare	\$0	100%	\$0
<b>Once Lifetime Reserve days are used</b> (or would have ended if used) <b>additional 365 days of confinement per person per lifetime</b>	\$0	100% for additional 365 days	\$0 until 365 days	100% No limit to the number of days covered by the plan	\$0
<b>Beyond 365 days</b>	\$0	\$0	All charges	100% No limit to the number of days covered by the plan	\$0

## MEDICAL PLAN

### PART A SERVICES, CONT'D

#### 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.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT-TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
<b>First 20 days</b>	All approved amounts	\$0	\$0	100%	\$0
<b>21 - 100 days</b>	All but a daily coinsurance charge equal to 12.5% of the Part A Deductible	100% of balance remaining after Medicare	\$0	All but the \$50 copay per day	\$50 copay per day
<b>Beyond 101 days</b>	\$0	\$0	All charges	\$0	All charges

#### HOSPICE CARE BENEFIT:

Pain relief, symptom management, and support services for the terminally ill.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT-TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
<b>As long as a physician certifies the need</b>	All costs, but limited to coinsurance for outpatient drugs and inpatient respite care	100% of remaining coinsurance charges approved by Medicare	\$0	Original Medicare pays all costs (limited to coinsurance for outpatient drugs and inpatient respite care), Plan pays \$0	100% of remaining coinsurance for outpatient drugs and inpatient respite care

## MEDICAL PLAN

### PART B SERVICES

PLAN FEATURE	HARTFORD SUPPLEMENT-TYPE PLAN	BCBSGa MA PLAN
<b>Calendar Year Deductible</b>	<p>\$300</p> <p>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 <b>counts toward</b> this \$300 calendar year deductible.</p>	<p>\$0</p>
<b>Annual Out-of-Pocket Maximum</b>	<p>\$1,500</p> <p>Applies to Medicare Part B services only. Amounts you incur for covered expenses, such as your calendar year deductible and any Part B coinsurance, <b>count toward</b> meeting the annual out-of-pocket maximum for this plan.</p>	<p>\$5,000</p> <p>All copays and coinsurance <b>count toward</b> the medical plan out-of-pocket maximum with the exception of the foreign travel amounts (emergency and urgently needed care deductible or coinsurance).</p>



## MEDICAL PLAN

### PART B SERVICES, CONT'D

#### OUTPATIENT MEDICAL EXPENSES:

Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT-TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
<b>Medicare Part B Deductible</b>	\$0	0%	100%	100%	\$0
<b>Remainder of Medicare-approved amounts</b>	Generally 80%	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%	The remaining 10% coinsurance until your out-of-pocket expenses reach \$1,500 then you pay 0%	100% after copay or 90%  **See list on the next page	Copay, varies by service or 10%**
<b>Clinical laboratory services, blood tests, urinalysis and more</b>	100%	Medicare pays 100%	\$0	90%	10%
<b>Part B Excess Charges: covers the difference between the Medicare Part B approved amount and Medicare's 115% limiting fee</b>	\$0	100%	\$0	90% of the additional 15% for out-of-network coinsurance services*	10% of the additional 15% for out-of-network

### PART B SERVICES, CONT'D

#### \*How does the BCBSGa MA plan pay?

You may visit in-network or out-of-network providers and your copay and coinsurance percentage will be the same. With in-network providers, the coinsurance percentage is applied to contracted rate agreed to by BCBSGa and the provider. With out-of-network providers, the coinsurance percentage is applied to the Medicare allowable charge. Out-of-network providers can charge 15% above the Medicare allowable rate – this is called the limiting or excess charge. In the rare situation that this occurs, Trust Plan Members would be responsible for 10% of the additional amount.

#### \*\*BCBSGa MA Plan Copays and Coinsurance:

• Primary Care Physician	\$10 copay
• Specialist	\$25 copay
• Medicare-Covered Chiropractic Services	\$20 copay
• Outpatient Mental Health and Substance Abuse	\$25 copay
• Outpatient Hospital Surgery/Ambulatory Surgical Center	\$100 copay
• Emergency Care	\$75 copay
• Urgently Needed Services	\$30 copay
• Outpatient Physical/Occupational/Speech Therapy	\$25 copay
• Radiation Therapy	\$25 copay
• Outpatient Dialysis	\$10 copay
• Part B Drugs/Part B Chemotherapy Drugs	10% coinsurance
• DME/Prosthetics, Diabetic Supplies, X-ray/Diagn. Test/Radiology, Ambulance	10% coinsurance

#### Provider Networks

##### Hartford Supplement-type Plan

This plan requires no provider network. Use any provider that accepts Medicare.

##### BCBSGa Medicare Advantage PPO Plan

The BCBSGa Medicare Advantage Plan has a network, as is required by Medicare. The Medicare Advantage plan offered by BCBSGa allows members to use both in-network and out-of-network providers, and copays and coinsurance percentages are the same with either. Network providers are contracted with BCBSGa, and go through a rigorous credentialing process to help ensure the best possible outcomes for patients. BCBSGa works closely with these providers on any follow-up items that would help provide comprehensive care when there is a chronic or critical care need for a patient, such as discharge planning.

## MEDICAL 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.)

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT-TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
Services necessary during travel outside the United States	\$0	80% after \$250 deductible (to a lifetime maximum of \$100,000) 0% thereafter on services during the first 60 days of each trip	\$250 annual deductible  20% of expenses incurred for emergency care during the first 60 days of each trip  Lifetime maximum of \$100,000 100% thereafter	80% after \$250 deductible (to a lifetime maximum of \$100,000) 0% thereafter for any trip that is less than six months in duration	\$250 lifetime deductible  20% coinsurance for emergency care (waived if admitted within 72 hours)  20% coinsurance for urgently needed services (waived if admitted within 72 hours)  20% coinsurance per admission for emergency inpatient care  Lifetime maximum of \$100,000 100% thereafter



## MEDICAL PLAN

### OTHER SERVICES, CONT'D

#### 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.

#### BCBSGa MEDICARE ADVANTAGE PLAN:

Medicare guidelines apply for limitations/maximums.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT- TYPE PLAN PAYS	YOU PAY		BCBSGa MA PLAN PAYS	YOU PAY
<b>"Welcome to Medicare" Physical Exam:</b> Within first 12 months of Part B enrollment	100%	\$0	\$0		100%	\$0
<b>Annual Wellness Visit</b>	100%	\$0	\$0		100%	\$0
<b>Vaccinations – covered by Medicare Part B only:</b> <ul style="list-style-type: none"> <li>• Pneumonia shot: one shot per lifetime</li> <li>• Flu shot: one per season</li> <li>• Hepatitis B shot: only for individuals of medium to high risk</li> </ul> (Refer to your Medicare D Plan for other vaccine coverage information.)	100%	\$0	\$0		100%	\$0
<b>Medicare-Covered Preventive Services</b> *See list on the next page	100%	Medicare pays 100%	\$0		100%	\$0

## MEDICAL PLAN

### OTHER SERVICES, CONT'D

#### 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.

SERVICE	MEDICARE PAYS	HARTFORD SUPPLEMENT- TYPE PLAN PAYS	YOU PAY	BCBSGa MA PLAN PAYS	YOU PAY
Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare.	\$0	Maximum Benefit \$120 per Calendar Year	All expenses over the \$120 calendar year maximum	Maximum Benefit \$120 per Calendar Year	All expenses over the \$120 calendar year maximum
Annual Physical Exam	\$0	*Use the preventive service benefit above for your Annual Physical Exam	All expenses over the \$120 calendar year maximum	100% for Annual Routine Physical Exam (does not apply to annual limit above)	\$0 copay for Annual Routine Physical Exam (does not apply to annual limit above)

#### \*Medicare-covered Preventive Services:

Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Breast Cancer Screening (Mammograms), Cardiovascular Disease Risk Reduction Visit, Cardiovascular Disease Testing, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening, Colorectal Services, Depression Screening, Diabetes Screenings, Diabetes Self-Management Training, Diabetic Retinopathy Screening, Glaucoma Screening, HIV Screening, Medical Nutrition Therapy, Medicare Diabetes Prevention Program, Obesity Screening and Therapy to Promote Sustained Weight Loss, Prostate Cancer Screening Exams, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, Screening for Lung Cancer, Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs, Smoking Cessation (counseling to stop smoking)

## PRESCRIPTION DRUG PLAN

### 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, and maximize your benefits by using the Medicare Preferred Value Network. Your 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 at a Medicare Preferred Value pharmacy, including:

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

Select Low Cost Generics from over 31,000 pharmacies in the Medicare Preferred Value Network including grocery and retail chains, such as:



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

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

### 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.

SERVICE	MEDICARE PAYS	
<b>Deductible: Stage 1</b>	You pay a \$100 yearly deductible.	
<b>Initial Coverage: Stage 2</b>	After you pay your yearly deductible, you will pay the following* until your total yearly drug costs (what you and the plan pay) reach \$3,750:	
	Tier	2018
	<b>Tier 1: Generic Drugs</b>	
	31-day supply filled at a retail network pharmacy	<b>Preferred cost-sharing (Medicare Preferred Value Network):</b> You pay \$15 per prescription or the cost of the drug, whichever is lower. <b>Standard cost-sharing:</b> You pay \$20 per prescription or the cost of the drug, whichever is lower.*
	90-day supply filled through home delivery	You pay \$37.50 per prescription or the cost of the drug, whichever is lower.
	<b>Tier 2: Preferred Brand Drugs</b>	
	31-day supply filled at a retail network pharmacy	<b>Preferred cost-sharing (Medicare Preferred Value Network):</b> You pay \$25 per prescription or the cost of the drug, whichever is lower. <b>Standard cost-sharing:</b> You pay \$30 per prescription or the cost of the drug, whichever is lower.
	90-day supply filled through home delivery	You pay \$62.50 per prescription or the cost of the drug, whichever is lower
	<b>Tier 3: Non-Preferred Brand Drugs</b>	
	31-day supply filled at a retail network pharmacy	<b>Preferred cost-sharing (Medicare Preferred Value Network):</b> You pay \$50 per prescription or the cost of the drug, whichever is lower. <b>Standard cost-sharing:</b> You pay \$55 per prescription or the cost of the drug, whichever is lower.
	90-day supply filled through home delivery	You pay \$125 per prescription or the cost of the drug, whichever is lower.

## PRESCRIPTION DRUG PLAN

SERVICE	MEDICARE PAYS	
Initial Coverage: Stage 2 (continued)	Tier	2018
	<b>Tier 4: Specialty Tier Drugs**</b> 31-day supply filled at a retail network pharmacy  90-day supply filled through home delivery	<b>Preferred cost-sharing (Medicare Preferred Value Network):</b> You pay 25% of the total cost. <b>Standard cost-sharing:</b> You pay 30% of the total cost.  You pay 25% of the total cost.
	<p>* 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.</p> <p>** The Specialty tier also includes generic specialty drugs.</p>	
Coverage Gap: Stage 3	<p>After your total yearly drug costs reach \$3,750, you will pay the following until your yearly out-of-pocket drug costs reach \$5,000:</p> <p><b>Brand Drugs:</b> 35% 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.)</p> <p><b>Generic Drugs:</b> The copayments remain the same as in the Initial Coverage stage.</p>	
Catastrophic Coverage: Stage 4	<p>After your yearly out-of-pocket drug costs (what you and others pay on your behalf*) reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> <li>• a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics)</li> <li>• an \$8.35 copayment for all other covered drugs (including specialty generic drugs).</li> </ul> <p>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, at a Medicare Preferred Value pharmacy.</p> <p>* Including manufacturer discounts but excluding payments made by your Medicare prescription drug plan.</p>	



## PRESCRIPTION DRUG PLAN

### 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 ExpressScripts website at **[www.Express-Scripts.com](http://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](http://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](http://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. Prescriptions must be filled at a Medicare Preferred Value Pharmacy.
- 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 Pharmacy<sup>SM</sup>. 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.**

## FAQ: PRESCRIPTION DRUG PLAN

### 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.

#### 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.

#### 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 Airlines plans or other 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™.

#### If I reside or travel outside of the United States, am I eligible to participate in the Trust Plan?

Like Medicare, the Trust Plan does not cover people living outside of the U.S. However, the Trust's Medical Plans provide emergency coverage for U.S. residents traveling outside the U.S. for no more than 90 days, as well as Travel Assistance Services.

#### If I decide not to enroll in this plan now, may I enroll later?

Yes, but you can only enroll during the annual enrollment period, which typically takes place mid-October through December 31st each year. You also may be eligible to enroll outside of annual enrollment if you experience a life event that affects your health coverage.

#### If I enroll in a plan now, may I change my coverage choice later?

Medical Plan and Dental Plan elections are made on a calendar year basis. **Members may change Medical or Dental Plan Insurance company options annually;** however, if coverage in a Trust insurance plan such as Medical, Dental, and/or Vision is terminated entirely, you may not re-enroll in the future.

#### Are pre-existing conditions covered?

Yes. Medicare-covered conditions are covered with no limitations for pre-existing conditions.

#### Which retirees qualify for the subsidy from Delta?

Please see page 37 for details.

#### 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.

#### IMPORTANT NOTE FOR CURRENT MEMBERS:

If you do not make enrollment changes for 2018, you will **not** receive new Medical (The Hartford) and Prescription Drug (Express Scripts) ID cards. Please keep your current cards and continue to use them in 2018.

## HEALTH ADVOCATE

### Your Personal Health Advocate™

#### Health Advocate™ Makes Healthcare Easier

Wouldn't it be great to have a caring expert by your side? That's why Health Advocate is there for you as a Trust Medical Plan Member.

Just call and a Personal Health Advocate will provide the confidential, compassionate support you need to get the right answers and take control of your health. The sole purpose of Health Advocate™ is to help you and your family to successfully navigate the healthcare system.



#### An entire team by your side – trusted support every step of the way.

- Help you better understand Medicare and ANY of your Trust Plan Benefits
- Research insurance claims concerns and work with insurance companies on your behalf
- Identify the most advanced approaches to care
- Transfer medical records, lab results, xrays
- Arrange appointments with hard-to-reach physicians and specialists
- Communicate with your doctors to ensure your needs (and those of your family) are met
- Evaluate best-in-class physicians and medical centers for second opinions
- Explain diagnoses, test results and help evaluate treatment options
- Locate and help coordinate care (including eldercare) and resources during and after a hospital stay
- Provide cost estimates for procedures

Health Advocate™ is the nation's leading healthcare advocacy company, and is not affiliated with any insurance company or third party provider. With over 10,000 clients, including many Fortune 500 companies, Health Advocate™ serves more than 40 million Americans.

**All Health Advocate™ services are available to all Trust Medical Plan Members, and their**

- Spouses
- Parents
- Parents-in-law
- Dependent children

#### Your Personal Health Advocate at work.

- taking charge until resolution, letting you get back to living your life, while they do the legwork and report back to you
- arranging and participating in any conference calls between you and the parties needed to resolve your matter – including providers, insurance companies, Medicare, or anyone else involved
- taking whatever time is necessary at each step to assure resolution
- making sure all your questions are answered, you are comfortable with next steps, and have a full understanding

## HEALTH ADVOCATE

### **Received a Surprise Medical Bill? Let Health Advocate help negotiate a discount.**

It can be overwhelming to receive a large bill for medical or dental care that you thought was going to be covered by your plan. Health Advocate's Medical Bill Saver™ service can help.

Skilled negotiators can help lower your out-of-pocket costs on bills that are not covered by insurance — at no cost to you, you keep any savings.

#### **How does it work? Just send Health Advocate the bill — they'll do the rest.**

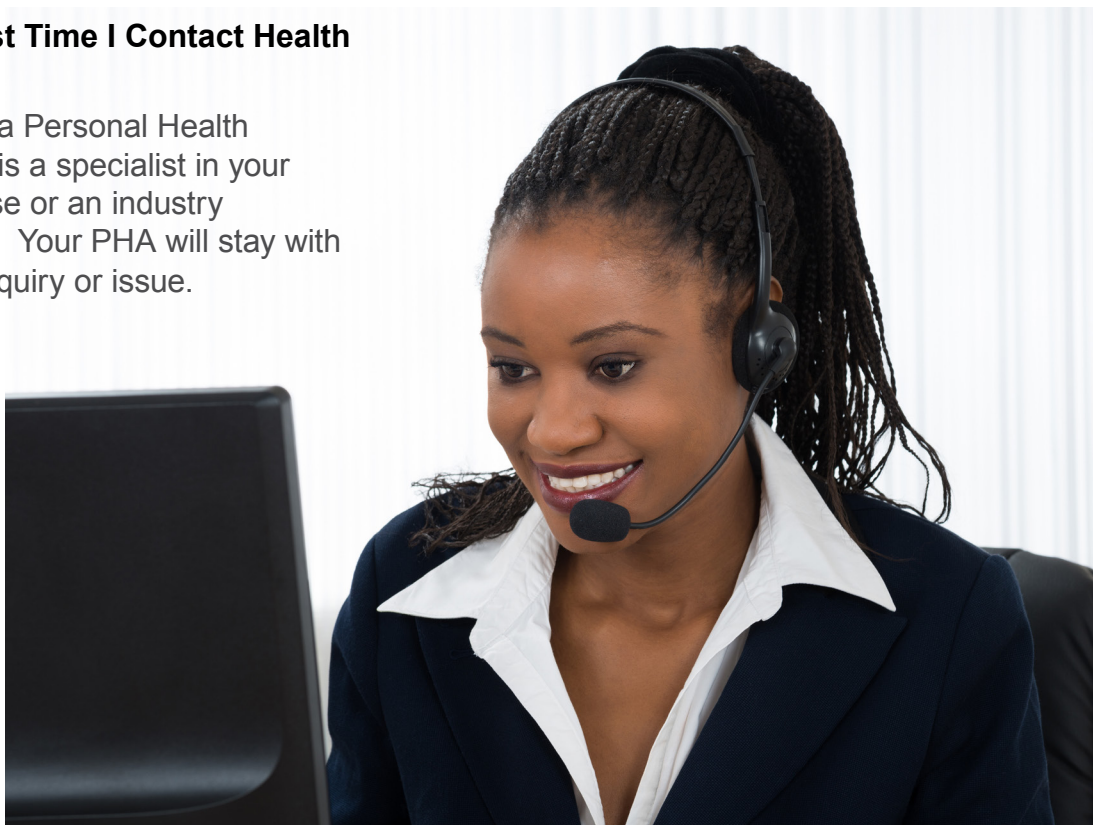
- Send them your medical or dental bill of \$400 or more
- They'll contact the provider on your behalf to work to negotiate a discount on the amount due and/or payment terms, no matter what your benefit status
- If an agreement is made, they'll get the provider's signoff on the terms and conditions
- You'll receive a Savings Result Statement summarizing the outcome and payment

### **Health Advocate™ is Your Confidential Resource**

Your Personal Health Advocate™ is equipped to handle your PHI (protected health information) appropriately, and will help you to obtain the best healthcare and healthcare service. The Trust Board cannot accept PHI. If you contact the Board with a matter including PHI, they must refer you to a Personal Health Advocate who can assist you adequately and appropriately.

### **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 industry administrative specialist. Your PHA will stay with you for the life of your inquiry or issue.





## HEALTH ADVOCATE

### Establish Your Relationship with Your Personal Health Advocate™

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

Your Personal Health Advocate™ (PHA), is a specialist in your matter - a registered nurse, medical director or an administrative professional with industry expertise. Your PHA will stay with you for the life of your inquiry or issue.



**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.

Save the number for Health Advocate™ in your phone's contact list:  
**1-877-325-7265, Option 2!**



**Email a Personal Health Advocate™ at [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com).** Your request will be assigned based on your specific needs within 24 hours. Be sure to provide your name and phone number, and identify yourself as a Trust Plan Member.

**Register and log in** to the Health Advocate Website for more personalized help, and new Wellness tools and tips:

**NEW  
beginning  
January 1,  
2018**

Just visit [healthadvocate.com/members](http://healthadvocate.com/members), type in “ITDR” and follow the easy instructions from there!

- Check the status of a case in real time; see your case history
- Send and receive secure messages from your Advocate
- Submit a billing or claims issue
- Complete a confidential health profile to better assess your health risks
- Review self-guided wellness workshops and programs
- Use health trackers compatible with a wide range of fitness devices and apps to monitor your progress toward your goals

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 provider, and does not provide medical care or recommend treatment. [HealthAdvocate.com](http://HealthAdvocate.com).

## SilverSneakers® FITNESS PROGRAM

### 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
  - Find health articles, recipes, and more



**SilverSneakers is offered at more than 13,000 fitness centers across the country, including 24 Hour Fitness®, Curves®, Gold's Gym, Anytime Fitness, LA Fitness and many 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](http://silversneakers.com)** or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8:00am to 8:00pm EST.

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## HEARING AID DISCOUNT PROGRAMS

### 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](http://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

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

\* Contact lenses are in lieu of eyeglass lenses and frames benefit.



## FAQ: VISION PLAN

### 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](http://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

### 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

### 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.**

**NEW FOR  
2018**

- **NO** Office Visit Fee
- Enhancement of the implant coverage

**Availability:** The DHMO is not available to you if you reside in 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.

	METLIFE PPO		CIGNA HMO*	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Dental Network Benefits</b>	Benefits Available	Benefits Available	Benefits Available	No Benefits Available
<b>Calendar Year Maximum Benefit</b>	\$2,000 per person	\$2,000 per person	No maximum	No Benefits Available
<b>Calendar Year Deductible</b>	\$60 per person (does not apply to Class 1 services)	\$60 per person (does not apply to Class 1 services)	Not applicable	No Benefits Available
<b>Office Visit Fee</b>	Not applicable	Not applicable	Not applicable	No Benefits Available
<b>Class 1:</b> Preventive and Diagnostic Services	100% of the network dentist contracted amount (subject to frequency limits)	100% of reasonable and customary charge	Most preventive services covered with no copay, most other services have copays, see benefit schedule for details*	No Benefits Available
<b>Class 2:</b> Basic and Restorative Services	70% of the network dentist contracted amount after deductible	70% of reasonable and customary charge after deductible	Amalgam fillings covered with no copays, most other services have copays, see benefit schedule for details*	No Benefits Available
<b>Class 3:</b> Major Restorative Services	50% of the network dentist contracted amount after deductible	50% of reasonable and customary charge after deductible	Most services have copays, see benefit schedule for details*	No Benefits Available
<b>Dentures</b> <i>Repairs and Adjustments</i> <i>Initial Installation (Full or Partial)</i> <i>Replacement Limit</i>	Covered as Class 2 Covered as Class 3 Once every 60 months	Covered as Class 2 Covered as Class 3 Once every 60 months	Services have copays, see benefit schedule for details* Once every 60 months	No Benefits Available
<b>Class 4:</b> Orthodontic Services <i>Lifetime Maximum</i>	50% of the network dentist contracted amount after deductible \$2,500	50% of reasonable and customary charge after deductible \$2,500	Services have copays, see benefit schedule for details* Maximum benefit period of 24 months	No Benefits Available

\*Copies of benefit plan materials are available to you via mail or email, and may be requested by calling the insurance company; see pages 42 and 43 for details.



## DENTAL PLAN

### 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 not available if you reside in: 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](http://www.metlife.com/mybenefits), or call MetLife toll free at 1-855-837-6382.
- **Cigna DHMO:** Visit [www.myCigna.com](http://www.myCigna.com), or call Cigna at 1-800-244-6224. Remember: you **MUST** use a network dentist to receive benefits.

## 2018 ITDR PLAN PREMIUMS

### 2018 ITDR Plan Premiums

#### ITDR Medical and Prescription Drug Plan Premiums

##### Hartford Group Plan to Supplement Medicare

2018 MONTHLY MEMBER PREMIUMS	MEDICAL	PRESCRIPTION DRUG	TOTAL MEDICAL AND RX PREMIUM*
Retiree/Surviving Spouse/Spouse	\$122.55	\$98.57	\$221.12
Retiree + Spouse	\$245.10	\$197.14	\$442.24

##### BCBSGa Group Medicare Advantage

2018 MONTHLY MEMBER PREMIUMS	MEDICAL	PRESCRIPTION DRUG	TOTAL MEDICAL AND RX PREMIUM*
Retiree/Surviving Spouse/Spouse	\$65.76	\$98.57	\$164.33
Retiree + Spouse	\$131.52	\$197.14	\$328.66

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.

2018 MONTHLY MEMBER PREMIUMS	MEDICAL PLAN MEMBERS	DENTAL ONLY & DENTAL/VISION MEMBERS**
<b>MetLife</b>		
<b>Ground and Flight Attendant</b>		
Retiree/Surviving Spouse/Spouse	\$49.59	\$51.59
Retiree+Spouse	\$100.28	\$102.28
<b>Pilots</b>		
Retiree/Surviving Spouse/Spouse	\$58.72	\$60.72
Retiree+Spouse	\$118.88	\$120.88
<b>Cigna</b>		
Retiree/Surviving Spouse/Spouse	\$26.63	\$28.63
Retiree+Spouse	\$53.20	\$55.20

#### Vision Plan Premiums

##### Superior Vision Plan Rates

2018 MONTHLY MEMBER PREMIUMS	
Retiree/Surviving Spouse/Spouse	\$6.21
Retiree+Spouse	\$11.54

**IMPORTANT NOTE FOR CURRENT 2017 TRUST MEDICAL and Rx PLAN PLAN MEMBERS:**  
Continue to use your 2017 ExpressScripts Prescription Drug Plan ID cards in 2018. If you are not changing Medical Plans, you will not receive a new Medical ID card for 2018. Continue to use your current Hartford card in 2018

## 2018 ITDR PLAN PREMIUMS

### ITDR Administrative Fees:

Administrative fees are included in Trust premiums to cover reasonable administrative/operating expenses including printing and mailing, legal, audit, and accounting expenses, travel and other appropriate expenses of Trust Board Members, annual Road Show, and other obligations of the Trust undertaken for the benefit of Members. Medical and Prescription Drug Plan cost includes an \$11.73 administrative fee. Costs for Dental/Vision Only 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.

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

#### 2018 Subsidy amounts provided by Delta Air Lines, Inc.:

- **Ground/Flight Attendants:** \$59.26 per month
- **Pilots (Post 1997):** \$77.04 per month
- **Pilots (Pre 1997):** \$94.81 per month

Delta Air Lines will maintain the Age 65+ Subsidy in 2018. Delta will review the subsidy annually and will notify the Trust prior to annual enrollment should the subsidy be discontinued. **For questions about the Delta Air Lines Subsidy, call the Retiree Service Center at 1-877-325-7265, Option 1.**

### Medicare's Program for Extra Help with Prescription Drug Costs

You may be able to get assistance with your prescription drug monthly premiums, annual deductible, and copayments from Social Security's Program for Extra Help with Medicare Prescription Drug Plan Costs, also called the "Low Income Subsidy" (LIS) for people with 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 \$27,600, if married and living with spouse, or \$13,820 if you are not currently married or not living with your spouse. (Do NOT count your home, vehicles, personal possessions, or life insurance) Qualification and requirements for LIS are reviewed annually and may change.

To learn more about this program or to apply online, please visit [ssa.gov/prescriptionhelp](https://ssa.gov/prescriptionhelp) or you can call Social Security at 1-800-772-1213 (available 24/7).

**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.**

## OTHER SERVICES FOR TRUST PLAN MEMBERS

### 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.*

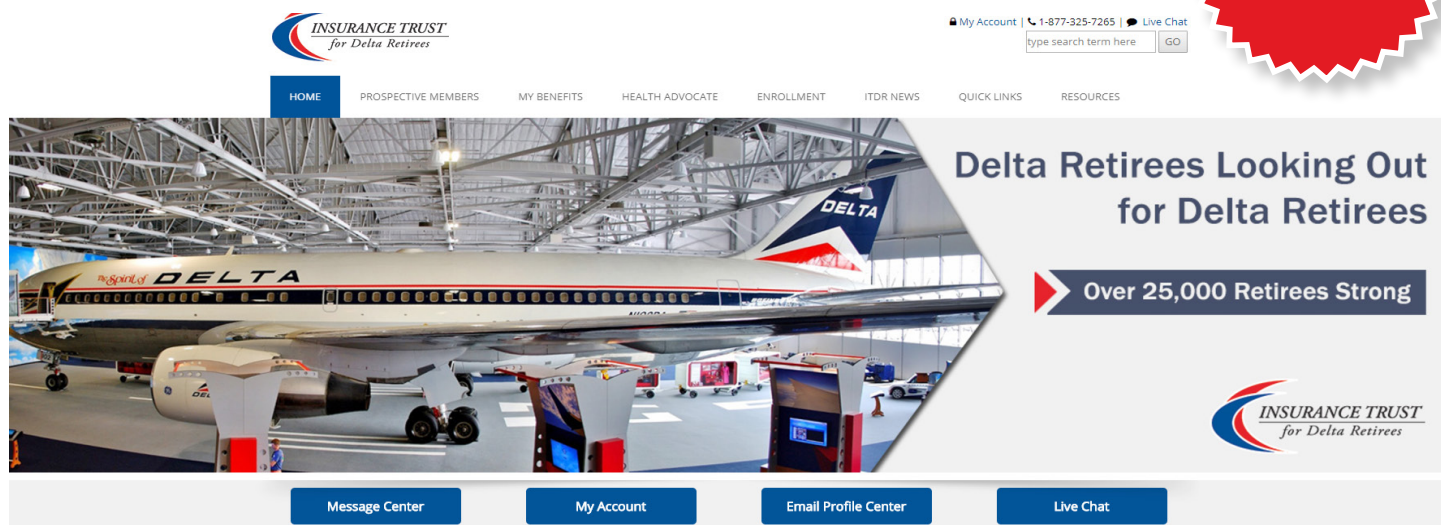
## WHERE TO GET HELP - ONLINE

**Go online! Visit the newly updated ITDR website!**

Now it is easier than ever for you to stay in touch with us.

Visit your Trust website at **[www.itdr.com](http://www.itdr.com)**.

**NEW &  
IMPROVED!**



- The Live Chat feature at **[www.itdr.com](http://www.itdr.com)** allows you to “chat” with a Retiree Service Center representative in real time.
- Live Chat and a few other commonly used functions are now located in an “easy access” banner directly under the photo of the Spirit for your convenience.
- You can access all functions from in their original location, or you can use the easy access banner to access the Message Center – My Account – Email Profile Center and Live Chat.

**It's an all new [www.itdr.com](http://www.itdr.com)**

**Call the Retiree Service Center toll-free with any questions or concerns: 1-877-325-7265, Option 1.**

**[www.itdr.com](http://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.**

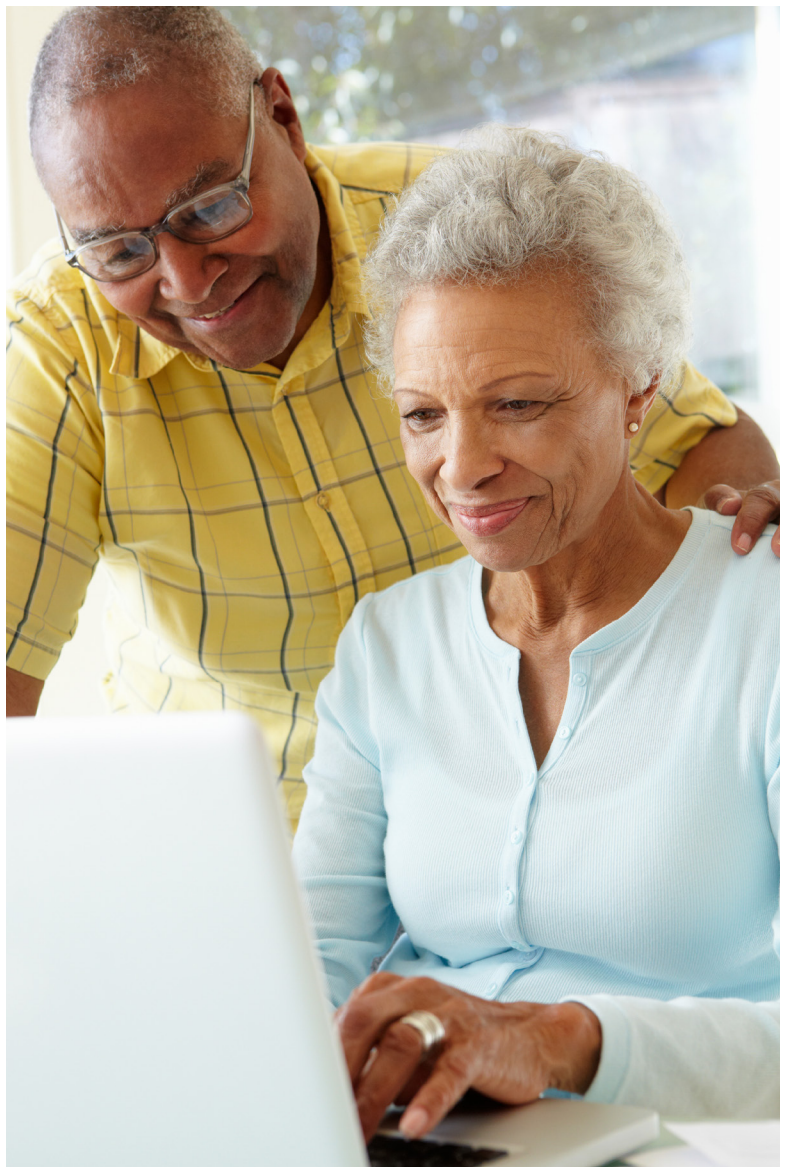
- Go to **www.itdr.com**
- Look for the "Email Profile Center" box on the left side of the homepage

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. See pages 25-27 for additional details on Health Advocate Services

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

**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](mailto: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.*

## WHERE TO GET HELP - DIRECT INSURANCE CONTACTS

### Insurance and Service Company Contacts

#### Retiree Medical Plans

##### Group Plan to supplement Medicare (The Hartford)

**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
- EstateGuidance® Online Will Services
- Identity Theft Support Services

**Email:** [thetrust.service@mercer.com](mailto:thetrust.service@mercer.com)  
(Response within 48 hours, weekdays)

**Website:** [www.itdr.com](http://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

##### Medicare Advantage PPO Plan (BCBSGa)

##### First Impressions Welcome Team:

1-844-889-6356, TTY: 711

Mon-Fri 8:00am - 9:00pm EST, except holidays.

After enrollment, call Member Services for any questions about:

- The BCBSGa Medicare Advantage Plan

##### Website and Message Center for BCBSGa:

- Log in or register at [www.bcbsga.com](http://www.bcbsga.com)
- Access the online member portal
- Review paid and pending medical claims
- See medical benefit plan details and eligibility status
- Access the Message Center (select 'Compose' in the upper right corner once logged in)

#### BCBSGa Travel Assistance (through Generali Global Assistance, Inc.)

**Member Services:** 1-866-295-4890 (by phone from the US & Canada) or +1-202-296-7482 (by phone from other countries, call collect)

24 hours a day, 7 days a week

Call for travel assistance when you are 100 miles or more from home.

#### BCBSGa Member Assistance Program

**Member Services:** 1-833-839-7920

24 hours a day, 7 days a week

**Website:** [www.BCBSGa.com/youreap](http://www.BCBSGa.com/youreap)

Call or log in to access resources on:

- Legal and financial consultations
- Identity theft and credit monitoring services
- Elder care referrals
- Funeral concierge
- Convenience services

#### 24/7 NurseLine

**24/7 NurseLine Phone:** 1-800-700-9184

24 hours a day, 7 days a week

Call to speak to a registered nurse anytime you need one or if you have a health-related question.

#### LiveHealth Online

**Website:** [livehealthonline.com](http://livehealthonline.com) or download the free mobile app. Log in or use the mobile app to visit with a doctor or therapist through live, two-way video on your computer or mobile device.

#### Prescription Drug Plan – Express Scripts

**Customer Service:** 1-844-470-1529

24 hours a day, 7 days a week

**Website:** [www.express-scripts.com](http://www.express-scripts.com)

Log in to the website to:

- View, refill or renew your prescriptions and check order status
- View claims history

## WHERE TO GET HELP - DIRECT INSURANCE CONTACTS

- Print a Member ID card
- Locate nearby network pharmacies including Preferred, and ITDR Low Cost Generics program options

### SilverSneakers® Fitness Program

**Customer Service:** 1-888-423-4632, TTY: 711  
Mon-Fri 8:00am - 8:00pm EST

**Website:** [www.silversneakers.com](http://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](http://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](http://www.myCigna.com)

Log in to see details of your dental benefit plan and claims history/payment status.

### MetLife Dental PPO

**MetLife Customer Service:** 1-855-837-6382  
Mon-Fri 8:00am - 11:00pm EST

**Website:** [www.metlife.com/mybenefits](http://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.*

### Hearing - hi HealthInnovations™

**Customer Service:** 1-877-706-1737  
Mon-Fri 9:00am - 5:00pm CST

**Website:**

[www.hihealthinnovations.com/page/hi100](http://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](http://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](http://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.***

*Insurance Trust for Delta Retirees Plan administered by Mercer Health & Benefits Administration LLC*

*The Hartford Group Plan to supplement Medicare insured by The Hartford*

*The SilverSneakers fitness program is provided by Tivity Health, Inc., an independent company. Tivity Health, SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.*

*LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of this plan.*

*Blue Cross and Blue Shield of Georgia, Inc., is an LPPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Georgia, Inc. depends on contract renewal. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region. Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.*

*Prescription Drug Plan insured by Express Scripts*

*Travel Assistance and Identity Theft Support Services provided by Europ Assistance USA*

*GuidanceResources® Online and EstateGuidance® Online Will Services provided by ComPsych*

*Vision Plan underwritten by National Guardian Life Insurance; administered by Superior Vision*

*Dental HMO Plan insured by Connecticut General Life Insurance Company (Cigna)*

*MetLife Preferred Dentist Program (PDP) Plans insured and administered by Metropolitan Life Insurance Company*

*MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates*

*Voluntary Retiree Life Benefits are provided through a Group Policy issued by the MetLife Group Life and Accident and Health Insurance Trust, situated in the State of Delaware*

