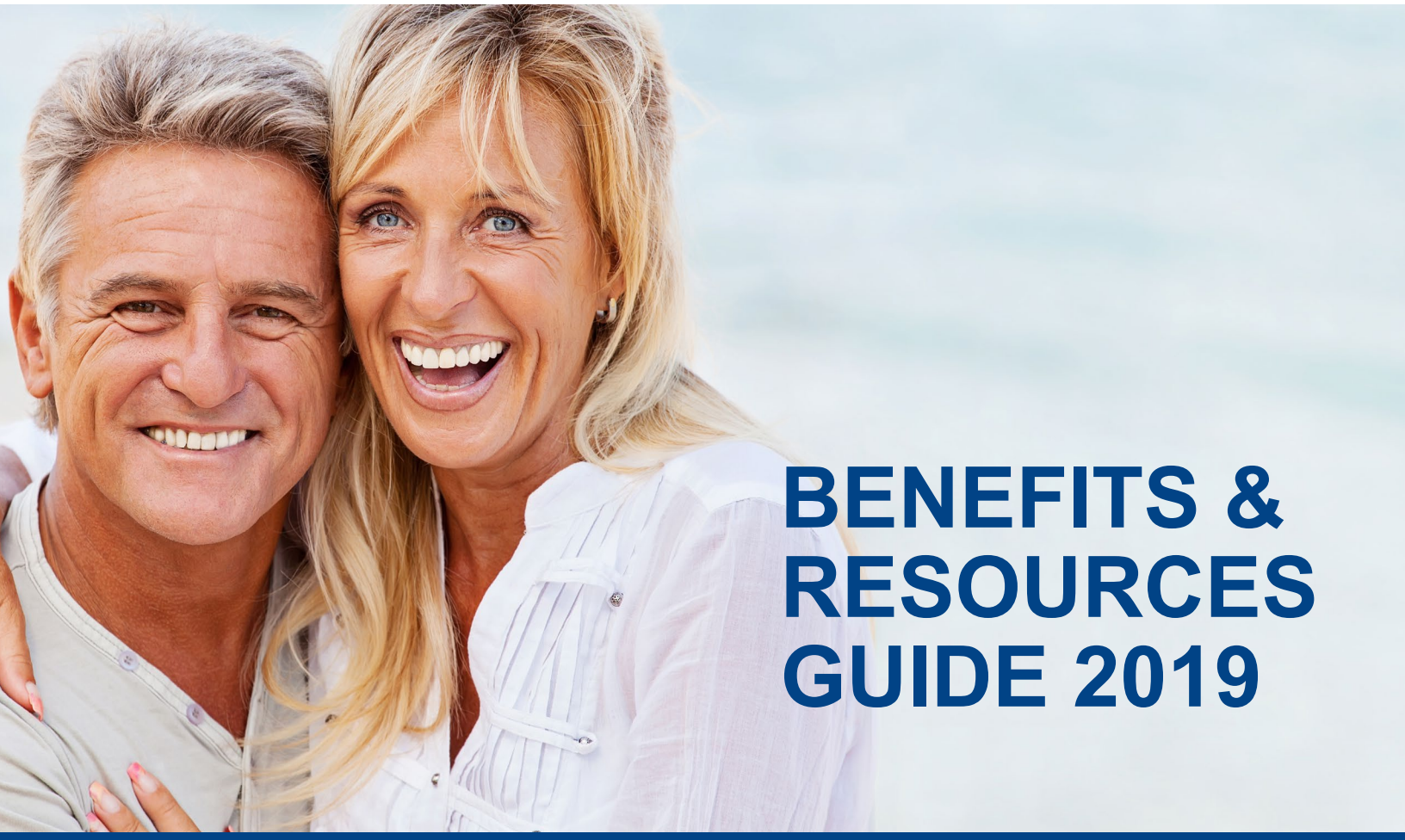
INSURANCE TRUST
for Delta Retirees

DELTA RETIREES LOOKING OUT FOR DELTA RETIREES



BENEFITS & RESOURCES GUIDE 2019

WELCOME TO THE TRUST

There's a good reason 25,000 of your fellow Delta retirees, pensioners, spouses, and survivors selected insurance coverage from the Insurance Trust for Delta Retirees. It's because we've assembled a wide range of options to meet the needs of our diverse Delta retiree community.

Exclusive Options Just For You

The non-profit Insurance Trust for Delta Retirees, or "the Trust" for short, was created to ensure Delta Air Lines retirees, pensioners, spouses, and survivors maintain access to high quality health coverage after we turn 65. With this in mind, we assembled group health plans and ancillary insurance products to make retirement as healthy and carefree as possible.

Whether you're approaching age 65 and looking forward to accessing Medicare benefits for the first time…you're already retired and considering the Trust's insurance programs…or you currently have coverage through the Trust, take the time to read this booklet, and learn about our exclusive options just for you.

Enjoy The Privileges You've Earned

The Trust offers a number of group insurance programs – affordably priced – and designed for the unique circumstances of our nationwide family of Delta retirees. Our plans include:

- A choice of doctors and hospitals with no network limitations
- Fixed rates that don't increase based on age or location
- Prescription drug coverage included with your plan
- Low out-of-pocket annual limits
- Extra benefits like "Silver Sneakers" fitness programs
- Options to purchase dental and vision coverage

Personalized Help Is A Phone Call Away

Whether you're transitioning to Medicare for the first time, or comparing plan options during the Medicare Annual Enrollment Period, we understand the process can be overwhelming. That's why the Trust offers you one-on-one help through our trusted partner, Health Advocate™.

"I personally appreciate you and Health Advocate. Trying to face these issues alone in retirement is not easy. Thank you very much for patience."

"I feel this is an invaluable tool provided for us...I encourage other members to use the service BEFORE other options, be properly informed."

"It is an understatement to say I am extremely impressed with Health Advocate services. The representative I worked with was knowledgeable with excellent customer service skills."

Your Personal Health Advocate™ is available 24/7. 1-877-325-7265, Option 2.

A MESSAGE FROM YOUR TRUST BOARD

You can contact Health Advocate™ 24 hours a day, 7 days a week, and a specially-trained representative will be able to guide you through a number of topics, including:

- Medical and prescription drug benefits available through Medicare
- Comparing different health plans, including those offered by the Trust
- How and when to enroll so you avoid costly penalties
- Making sense of a diagnosis, addressing a complex health issue, or understanding test results
- Finding specialized health services
- Negotiating discounts and payment terms
- And so much more!

Plus, you can always trust the unbiased advice delivered by your Health Advocate™ representative because Health Advocate™ is not affiliated with any insurance company, health plan, or third party provider.

Looking Out For You

Just like you, the Board Members of the Insurance Trust for Delta Retirees are current and future Delta retirees. We are all working to provide a wide range of insurance options – options that deliver benefits our fellow retirees require now and in the future, and always at the most affordable prices. In addition, we seek to ensure our members have access to resources and support to best utilize their insurance benefits.

We're Delta retirees looking out for Delta retirees, and we look forward to continuing to serve you in 2019.

Sincerely,

The Insurance Trust for Delta Retirees Board of Directors

Our motto:

Delta Retirees Looking Out for Delta Retirees

What's Inside?

Enrollment

Who is Eligible to Enroll for 2019?

Age 65 or over retirees, pensioners, 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 2019?

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 2019:

October 15th – December 31st, 2018

Already 65 and new to the Trust Plan?

Submit your enrollment by November 9th, 2018 to assure your policy materials and ID cards are received before January 1, 2019.

Current Trust Plan Members:

Not making any changes? No action is needed. Your annual enrollment packet will include your 2018 Summary of Current Elections. If you want to keep these same choices for 2019, 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 9th, 2018 to assure processing by January 1, 2019.

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**.

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 Enroll Now. You will be taken directly to the Welcome page, once you have read through the Plan information you may then start the 2019 online enrollment process.
- Review the important information on the "Welcome" page, and then click on "Enroll Now" to begin.
- Or for paper or telephonic 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 8:30 a.m. - 9:00 p.m. ET, Monday-Friday or use the "Live Chat" feature on **www.itdr.com**, available 8:30 a.m. - 6:00 p.m. ET, 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.

If I enroll and drop my coverage, can I re-enroll at a later date?

If your Medical, Dental, or Vision coverage terminates, you will not be permitted to re-enroll in that plan in the future, unless you experience a life event.

If you lose coverage, you may re-enroll only in limited circumstances:

- If your coverage terminates due to a retiree, pensioner, spouse, or survivor becoming eligible for other group coverage because the retiree, pensioner, spouse, or survivor returns to active work, then you may, upon request, re-enroll in the Plan within 6 months of loss of such other group coverage or by the end of the next following annual enrollment period.
- If your coverage terminates, and your spouse later becomes eligible for and enrolls in the Plan, you may, upon request, be re-enrolled in the Plan.

ENROLLMENT - MY ACCOUNT

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"?

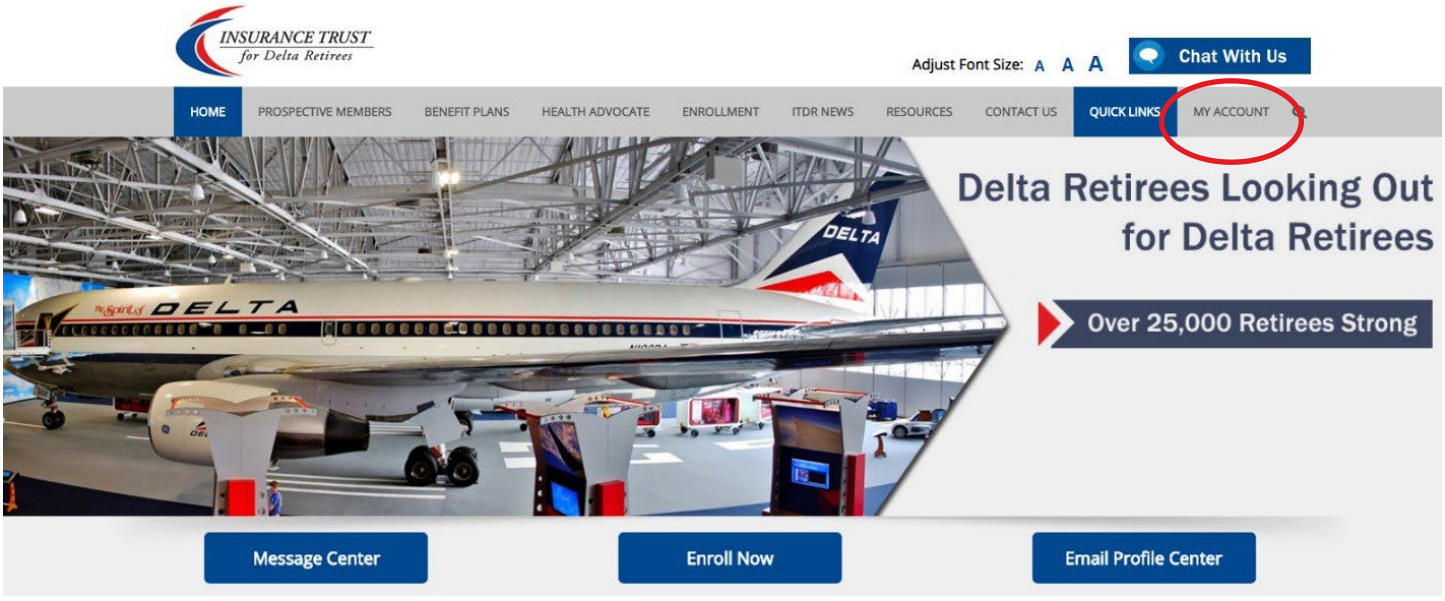
- Click on the **My Account** link on the home page of the **ITDR.com** website via the top right side of the screen or in the new "easy access" banner under the Spirit of Delta photo.
- Follow the easy instructions to create a user name and password
- You may also call the Retiree Service Center at 1-877-325-7265, Option 1

What is "My Account?"

"My Account" provides 24/7 online access to your Trust Plan information.

Log on to view:

- Current coverage details
- Current billing/payment status
- Update your address, email, phone number
- Add secondary address
- Access links to Trust carrier websites
- Chat via "Live Chat" with a Retiree Service Center representative



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

THE INSURANCE TRUST FOR DELTA RETIREES MEDICAL PLAN OVERVIEW

New for 2019

Anthem Blue Cross and Blue Shield has you covered.

The Trust is excited to announce Anthem as our exclusive carrier for ITDR's medical plans. Anthem was the clear choice as it is consistently rated as one of the most reliable health benefits companies in the United States.

In fact, **6 in 10 Americans carry a Blue Cross and Blue Shield ID card.**

As our exclusive carrier for The Trust's medical plans, Anthem will provide three quality health plans: a Supplement-Type plan that will **match the benefits of the 2018 supplement plan**, and now you will have **two** Medicare Advantage options.

The choice is yours!

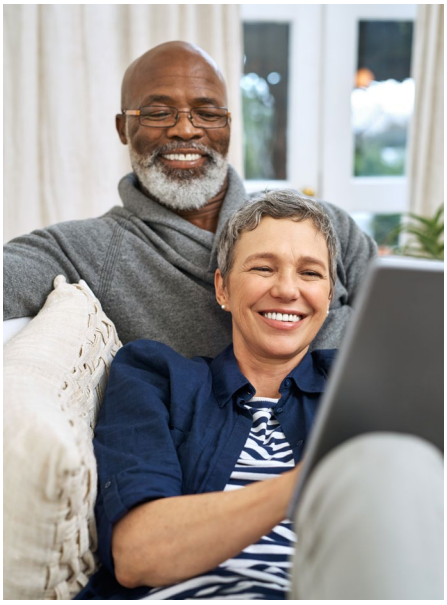
Your Membership in any of ITDR's Medical Plans includes a Medicare Part D Prescription Drug Plan (Express Scripts), access to a Personal Health Advocate, and much more.

Each of ITDR's retiree medical plan options offer:

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

Also New for 2019: LiveHealth Online for all Trust Medical Plan Members

Get care anywhere, anytime — with LiveHealth Online!



Using LiveHealth Online, you can visit face-to-face with a board-certified doctor or licensed therapist on any smartphone, tablet or computer with a webcam.

The best part is video visits using LiveHealth Online have a $0 out-of-pocket cost for all Trust medical plan members.

- **Talk to a doctor 24/7**: Get care for the flu, sinus infections, sore throats, colds and more. If needed, doctors can send prescriptions to the pharmacy you pick.
- **Visit with a licensed therapist**: Going through a tough time? Talk with someone from the comfort and privacy of your home. In most cases, you can see a therapist in four days or less.

THE INSURANCE TRUST FOR DELTA RETIREES
MEDICAL PLAN OVERVIEW

Each plan is summarized below, and the following pages provide a detailed side-by-side comparison of all three plans.

Medicare Supplement-Type Plan

Same great benefits provided in the past, but now offered by Anthem in 2019.

This plan works as a supplement to your existing Medicare Part A (hospital) and B (doctor and outpatient care) coverage, to give you the extra healthcare coverage you need.

It is designed to pay for some or all of the expenses that Medicare does not cover.

- No networks or referrals needed - just select a doctor, hospital, or provider that accepts Medicare.
- Low $1,500 annual out-of-pocket maximum.
- No Complex Paperwork – Eligible Part A and Part B benefits are paid by Medicare. Then, Medicare submits any remaining charges directly to Anthem. No claims for you to file.
- Foreign travel urgent and emergency care coverage
- **NEW BENEFIT FOR 2019:** LiveHealth Online - doctors anytime, anywhere, with no out-of-pocket cost.

All 2018 Supplement Plan Members' benefits will remain the same for 2019, with insurance provided by Anthem BCBS, unless you choose to make a different plan election. No enrollment action is required.

Additional Benefits for Medicare Supplement-Type AND Medicare Advantage Plan Members
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

Medicare Advantage Plans

Enhanced Plan and NEW for 2019: Standard Plan

In 2019, you have your choice of two Anthem Medicare Advantage Plan options. The Anthem Medicare Advantage PPO plans offer comprehensive benefits with clear out-of-pocket costs. The plans includes Medicare Part A (hospital) and Part B (doctor and outpatient care) benefits, plus more.

- You'll have coverage in all 50 states, Washington D.C. and Puerto Rico
- Flexibility to use any provider who accepts Medicare and the Plan
- Simplicity with a single plan ID card (you can leave your Medicare card at home!)
- Explanation of Benefits when a claim is filed
- $2,500 annual out of pocket maximum for either Medicare Advantage PPO Plan
- Option for no deductible with the Enhanced Plan
- Foreign travel urgent and emergency care coverage

Additional Benefits for Medicare Supplement-Type AND Medicare Advantage Plan Members
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

HELPFUL NUMBERS

Medicare Advantage

First Impressions Welcome Team (before you enroll)
1-844-889-6356 TTY: 711
Mon-Fri 8:00am – 9:00pm ET, except holidays.

Member Services Team
(after you enroll)
1-844-889-6357 TTY: 711
Mon-Fri 8:00am – 9:00pm ET, except holidays.

Supplement-Type Plan

Member Services Team
1-833-835-2716 TTY: 711
Mon-Fri 8:00am – 8:00pm ET, except holidays.

Any Plan

ITDR Retiree Service Center
1-877-325-7265
Mon-Fri 8:30am – 9:00pm ET

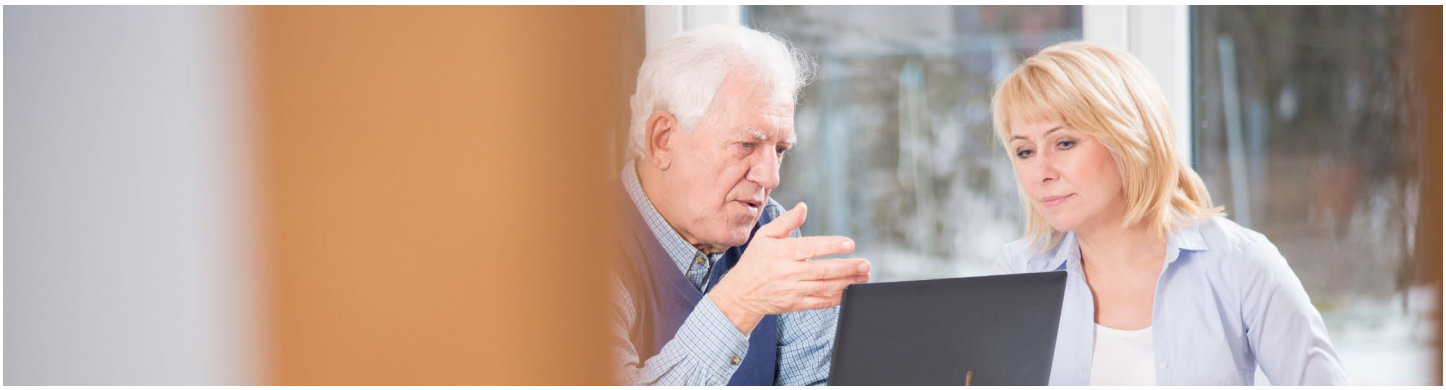
MEDICAL PLAN

Your 2019 Medicare Advantage Plan Options:

The Medicare Advantage *Enhanced Plan* offers:

- the same great Medicare Advantage (PPO) plan benefits as last year
- **no deductible**
- **a reduced out-of-pocket maximum of $2,500** (previously $5,000)

NOTE: All 2018 ITDR Medicare Advantage Plan members will automatically remain in this plan for 2019, unless you make an alternate election.



The NEW Medicare Advantage *Standard Plan* offers:

- the same covered services as the Enhanced plan, but with different copays and coinsurance
- a $750 deductible
- a $2,500 out-of-pocket maximum

Both the Standard and Enhanced plans provide you the option of using in-network and out-of-network doctors that accept Medicare. No referrals are required. The Anthem Medicare Advantage Plan has a network, as is required by Medicare, however, the plan allows members to use both in-network and out-of-network providers, and the copays and coinsurance percentages are the same. Network providers are contracted with Anthem and go through a rigorous credentialing process to help ensure the best possible outcomes for patients.

Please see the following pages for a detailed comparison of each Medical Plan Option.

Limited financial resources?

Help may be available. Please see page 35 for more information.

SUMMARY OF BENEFITS

SUPPLEMENT-TYPE PLAN	MEDICARE ADVANTAGE STANDARD PLAN	MEDICARE ADVANTAGE ENHANCED PLAN
YOU PAY		
CALENDAR YEAR DEDUCTIBLE		
$300 Only applies to Part B services, and **must be satisfied before any Medicare Part B benefits are paid by Anthem**. The Medicare Part B deductible is included in this $300 calendar year deductible. **Note:** Plan pays entire Medicare Part A deductible; member pays $0 of Medicare Part A deductible.	**$750** **Deductible applies to Part A and Part B covered services as noted within each category below, prior to the copay or coinsurance**, if any, being applied.	**$0**
MAXIMUM ANNUAL OUT OF POCKET		
$1,500 Only applies to Part B services. All Part B coinsurance and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	**$2,500** All copays, coinsurance, and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	

MEDICAL PLAN

In the chart below, you'll find a variety of costs by service that will help you determine which plan is best for you.

<table>
<tr><th>SUPPLEMENT-TYPE PLAN</th><th>MEDICARE ADVANTAGE STANDARD PLAN</th><th>MEDICARE ADVANTAGE ENHANCED PLAN</th></tr>
<tr><td colspan="3">INPATIENT HOSPITAL COVERAGE
For Medicare-covered hospital stays. Deductible applies to all services with copays under the Medicare Advantage Standard Plan.</td></tr>
<tr><td rowspan="2">$0 copay until 365 days, member pays 100% of all charges beyond 365 days.</td><td>$250 copay per day for days 1-5 per admission; then covered by the plan 100%.</td><td>$95 copay per day for days 1-5 per admission; then covered by the plan 100%.</td></tr>
<tr><td colspan="2">No limit to the number of days covered by the plan.

$0 copay for physician services received while an inpatient during a hospital stay.</td></tr>
<tr><td colspan="3">OUTPATIENT HOSPITAL COVERAGE
For Medicare-covered outpatient services. Deductible applies to all services with coinsurance or copays under the Supplement-Type Plan and Medicare Advantage Standard Plan.</td></tr>
<tr><td rowspan="3">10% coinsurance.</td><td colspan="2">Surgical: $100 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery.</td></tr>
<tr><td>Non-surgical: $5 copay for a visit to a primary care physician in an outpatient hospital setting/clinic for non-surgical services.

$40 copay for a visit to a specialist in an outpatient hospital setting/clinic for non-surgical services.</td><td>Non-surgical: $10 copay for a visit to a primary care physician in an outpatient hospital setting/clinic for non-surgical services.

$25 copay for a visit to a specialist in an outpatient hospital setting/clinic for non-surgical services.</td></tr>
<tr><td colspan="2">For both surgical and non-surgical: $100 copay for each outpatient observation room visit.</td></tr>
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MEDICAL PLAN

SUPPLEMENT-TYPE PLAN	MEDICARE ADVANTAGE STANDARD PLAN	MEDICARE ADVANTAGE ENHANCED PLAN
DOCTOR VISITS (PRIMARY CARE AND SPECIALISTS For Medicare-covered services. Deductible applies to all services with coinsurance or copays under the **Supplement-Type Plan** and **Medicare Advantage Standard Plan**.		
10% coinsurance.	$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $40 copay per visit to a specialist.	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $25 copay per visit to a specialist.
	10% coinsurance for allergy testing and allergy injections.	
EMERGENCY CARE For Medicare-covered emergency room visits. Deductible applies to all services with coinsurance under the **Supplement-Type Plan**.		
10% coinsurance.	$75 copay for each emergency room visit.	
SKILLED NURSING FACILITY For Medicare-covered SNF stays. Deductible applies to all services with copays under the **Medicare Advantage Standard Plan**. For the **Medicare Advantage Standard Plan** and the **Medicare Advantage Enhanced Plan**, your provider must obtain approval from the plan before you get skilled nursing care. This is called getting prior authorization.		
$0 copay for days 1-100, per benefit period. Member pays 100% of all charges beyond 100 days.	$0 copay for days 1-20 and $50 copay per day for days 21-100 per benefit period. No prior hospital stay required.	
URGENTLY NEEDED SERVICES For Medicare-covered urgently needed care visits. Deductible applies to all services with coinsurance under the **Supplement-Type Plan**.		
10% coinsurance.	$40 copay for each visit.	$30 copay for each visit.

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MEDICAL PLAN

SUPPLEMENT-TYPE PLAN	MEDICARE ADVANTAGE STANDARD PLAN	MEDICARE ADVANTAGE ENHANCED PLAN
PREVENTIVE CARE For abdominal aortic aneurysm screening, bone mass measurement, colorectal cancer screening/ services, HIV screening, Sexually transmitted disease (STI) screening, breast cancer screening, cervical/vaginal cancer screening, prostate cancer screening, cardiovascular disease risk reduction visit, cardiovascular disease testing, annual physical exam, “Welcome to Medicare” preventive visit, annual wellness visit, diabetes screening, depression screening, Medicare Diabetes Prevention Program (MDPP), obesity screening/therapy to promote weight loss, screening/ counseling to reduce alcohol misuse, lung cancer with low dose computed tomography (LDCT) screening, medical nutrition therapy, smoking/tobacco cessation.		
$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: **https://www.medicare.gov/coverage/preventive-and-screening-services.html**. 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: Maximum plan benefit of $120 per calendar year; member pays all expenses over $120 calendar year maximum. Diabetes Self-Management Training: $0 copay; 10% coinsurance.	$0 copay.	$0 copay.

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<table>
<tr><th>SUPPLEMENT-TYPE PLAN</th><th>MEDICARE ADVANTAGE STANDARD PLAN</th><th>MEDICARE ADVANTAGE ENHANCED PLAN</th></tr>
<tr><td colspan="3">DIAGNOSTIC SERVICES/LABS/IMAGING
For Medicare-covered services. Deductible applies to all services with coinsurance or copays under the Supplement-Type Plan and Medicare Advantage Standard Plan, unless otherwise stated.

For the Medicare Advantage Standard Plan and the Medicare Advantage Enhanced Plan, your provider must obtain approval from the plan before you get complex imaging, as well as limited diagnostic and therapeutic radiology services, including but not limited to, radiation therapy, PET, CT, SPECT, MRI scans, echocardiograms, diagnostic laboratory tests, genetic testing, sleep studies, and related sleep study equipment and supplies. This is called getting prior authorization.</td></tr>
<tr><td rowspan="4">The plan pays 100% for the first 3 pints of blood, then Medicare pays 100%.

Clinical lab services, blood tests, urinalysis: $0 copay.</td><td>$40 copay for each X-ray visit and/or simple diagnostic test.</td><td>10% coinsurance for each X-ray visit and/or simple diagnostic test.</td></tr>
<tr><td>$40 copay for each radiation therapy treatment.

$0 copay for testing to confirm chronic obstructive pulmonary disease. Deductible does not apply.</td><td>$25 copay for each radiation therapy treatment.

$0 copay for testing to confirm chronic obstructive pulmonary disease.</td></tr>
<tr><td colspan="2">10% coinsurance for complex diagnostic test and/or radiology visit.

10% coinsurance for supplies.

$0 copay for each clinical/diagnostic lab test.</td></tr>
<tr><td>$0 copay per pint of blood. Deductible does not apply.</td><td>$0 copay per pint of blood.</td></tr>
<tr><td colspan="3">TRANSPORTATION (MEDICALLY NECESSARY)
Deductible applies to all services with coinsurance under the Supplement-Type Plan.</td></tr>
<tr><td>10% coinsurance.

Non-emergency transportation must be medically necessary and supported by written order from doctor.</td><td colspan="2">Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.</td></tr>
</table>

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MEDICAL PLAN

SUPPLEMENT-TYPE PLAN	MEDICARE ADVANTAGE STANDARD PLAN	MEDICARE ADVANTAGE ENHANCED PLAN
PHYSICAL THERAPY For Medicare-covered physical therapy. Deductible applies to all services with coinsurance or copays under the **Supplement-Type Plan** and **Medicare Advantage Standard Plan**. For the **Medicare Advantage Standard Plan** and the **Medicare Advantage Enhanced Plan**, your provider must obtain approval from the plan before you get physical therapy, occupational therapy, and speech language therapy visits. This is called getting prior authorization.		
10% coinsurance.	$40 copay for physical therapy, occupational therapy, and speech language therapy visits.	$25 copay for physical therapy, occupational therapy, and speech language therapy visits.
AMBULANCE For Medicare-covered ambulance services. Deductible applies to all services with coinsurance under the **Supplement-Type Plan.** For the **Medicare Advantage Standard Plan** and the **Medicare Advantage Enhanced Plan**, your provider must obtain approval from the plan before you get ground, air, or water transportation that is not an emergency. This is called getting prior authorization. Claims received without approval are subject to review and may include a medical necessity evaluation.		
10% coinsurance.	10% coinsurance per one-way trip.	
HOSPICE CARE		
Member pays $0.	$40 copay for the one time only hospice consultation. ***Deductible does not apply.***	$25 copay for the one time only hospice consultation.

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<table>
<tr><th>SUPPLEMENT-TYPE PLAN</th><th>MEDICARE ADVANTAGE STANDARD PLAN</th><th>MEDICARE ADVANTAGE ENHANCED PLAN</th></tr>
<tr><td colspan="3">FOREIGN TRAVEL EMERGENCY CARE
Deductible applies to all services with copays under the Medicare Advantage Standard Plan.</td></tr>
<tr><td rowspan="2">$250 annual deductible. 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of $100,000.Member pays 100% thereafter.</td><td>Overall $750 deductible applies</td><td>$250 deductible per lifetime</td></tr>
<tr><td colspan="2">20% coinsurance for emergency care and urgently needed services

20% coinsurance per admission for emergency inpatient care

Foreign travel benefits are limited to a $100,000 maximum benefit per lifetime.After the plan pays benefits for foreign travel emergency and urgently needed services, you are responsible for the remaining cost.

Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months.</td></tr>
<tr><td colspan="3">MEDICARE PART B DRUGS
Deductible applies to all services with coinsurance under the Supplement-Type Plan.

For the Medicare Advantage Standard Plan and the Medicare Advantage Enhanced Plan, your provider must obtain approval from the plan before you get certain injectable/infusible drugs. This is called getting prior authorization. Ask your provider or call the plan to learn which drugs apply.</td></tr>
<tr><td>10% coinsurance.</td><td colspan="2">10% coinsurance for Part B drugs, drug administration, chemotherapy drugs and chemotherapy drug administration.</td></tr>
<tr><td colspan="3">LIVEHEALTH ONLINE
When your own doctor isn’t available or you are traveling, LiveHealth Online is a quick and easy way to visit with a doctor or therapist through live, two-way video on your computer or mobile device. Visit www.livehealthonline.com for more information.</td></tr>
<tr><td>$0 copay.</td><td>$0 copay.</td><td>$0 copay.</td></tr>
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MEDICAL PLAN

<table>
<tr><th>SUPPLEMENT-TYPE PLAN</th><th>MEDICARE ADVANTAGE STANDARD PLAN</th><th>MEDICARE ADVANTAGE ENHANCED PLAN</th></tr>
<tr><td colspan="3">MENTAL HEALTH SERVICES: OUTPATIENT
For Medicare-covered outpatient services. Deductible applies to all services with coinsurance or copays under the Supplement-Type Plan and Medicare Advantage Standard Plan.

For both the Medicare Advantage Standard Plan and the Medicare Advantage Enhanced Plan, your provider must obtain approval from the plan before you get intensive outpatient mental health services or partial hospitalization for mental health. This is called getting prior authorization.</td></tr>
<tr><td rowspan="2">10% coinsurance.</td><td>$40 copay for each:
professional or group therapy visit.
professional partial hospitalization visit.</td><td>$25 copay for each:
professional or group therapy visit.
professional partial hospitalization visit.</td></tr>
<tr><td colspan="2">$0 copay for each:
outpatient hospital facility individual or group therapy visit.
partial hospitalization facility visit.</td></tr>
<tr><td colspan="3">MENTAL HEALTH SERVICES: INPATIENT
For Medicare-covered inpatient hospital stays. Deductible applies to all services with copays under the Medicare Advantage Standard Plan.</td></tr>
<tr><td rowspan="2">$0 copay until 365 days, member pays 100% of all charges beyond 365 days.</td><td>$250 copay per day for days 1-5 per admission; then covered by the plan 100%.</td><td>$95 copay per day for days 1-5 per admission; then covered by the plan 100%.</td></tr>
<tr><td colspan="2">No limit to the number of days covered by the plan.

$0 copay for physician services received while an inpatient during a hospital stay.</td></tr>
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HEARING, DENTAL, AND VISION

Anthem's Medical Plan also has benefits that cover Dental, Vision and Hearing for specific medical services and situations. Please see descriptions and coverage below.

SUPPLEMENT-TYPE PLAN	MEDICARE ADVANTAGE STANDARD PLAN	MEDICARE ADVANTAGE ENHANCED PLAN
HEARING SERVICES For Medicare-covered services. Deductible applies to all services with coinsurance or copays under the **Supplement-Type Plan** and **Medicare Advantage Standard Plan**. Basic diagnostic hearing and balance exams, if your doctor orders it to see if you need medical treatment, when furnished by a physician, audiologist, or other qualified provider.		
Deductible applies. 10% coinsurance.	$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $40 copay per visit to a specialist.	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $25 copay per visit to a specialist.
DENTAL SERVICES **For non–routine dental care** and Medicare-covered services**.** Deductible applies to all services with coinsurance or copays under the **Supplement-Type Plan** and **Medicare Advantage Standard Plan**. Covered services are limited to: surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.		
Deductible applies. 10% coinsurance.	$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $40 copay per visit to a specialist.	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $25 copay per visit to a specialist.

(Continued on next page)

HEARING, DENTAL, AND VISION (CONTINUED)

<table>
<tr><th>SUPPLEMENT-TYPE PLAN</th><th>MEDICARE ADVANTAGE STANDARD PLAN</th><th>MEDICARE ADVANTAGE ENHANCED PLAN</th></tr>
<tr><td colspan="3">VISION SERVICES
For Medicare-covered services. Deductible applies to all services with coinsurance or copays under the Supplement-Type Plan and Medicare Advantage Standard Plan, unless otherwise stated.

Includes glaucoma screenings for high risk members, diabetic retinopathy screening, macular degeneration tests and treatment, eye protheses (replacement covered once every five years).</td></tr>
<tr><td rowspan="2">10% coinsurance.</td><td>$5 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye.

$40 copay for visits to a specialist for exams to diagnose and treat diseases of the eye.

$0 copay for glaucoma and diabetic retinopathy screenings. Deductible does not apply.</td><td>$10 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye.

$25 copay for visits to a specialist for exams to diagnose and treat diseases of the eye.

$0 copay for glaucoma and diabetic retinopathy screenings.</td></tr>
<tr><td colspan="2">10% coinsurance for glasses/contacts following cataract surgery.</td></tr>
</table>

For a complete list of services, refer to the Evidence of Coverage (EOC) for each plan, which is available at www.anthem.com. An additional resource is the “Medicare & You” handbook, which Medicare will mail to you each year. You can also access it online anytime at **https://www.medicare.gov/medicare-and-you/medicare-and-you.html**.

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

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

Walgreens, Walmart, Costco Wholesale, Rite Aid Pharmacy, Safeway, Sam's Club, Albertsons, Kroger

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 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.

<table>
<tr><th>SERVICE</th><th colspan="2">MEDICARE PAYS</th></tr>
<tr><td>Deductible:
Stage 1</td><td colspan="2">You pay a $150 yearly deductible for Brand Name Only Drugs.
NOTE: The deductible will no longer apply to Generic drugs in 2019.</td></tr>
<tr><td rowspan="10">Initial Coverage:
Stage 2</td><td colspan="2">After you pay your yearly deductible, you will pay the following* until your total yearly drug costs (what you and the plan pay) reach $3,820:</td></tr>
<tr><td>Tier</td><td>2019</td></tr>
<tr><td>Tier 1: Generic Drugs
31-day supply filled at a retail network pharmacy

90-day supply filled through home delivery</td><td>Preferred cost-sharing (Medicare Preferred Value Network): You pay $15 per prescription or the cost of the drug, whichever is lower.
Standard cost-sharing: You pay $20 per prescription or the cost of the drug, whichever is lower.*

You pay $37.50 per prescription or the cost of the drug, whichever is lower.</td></tr>
<tr><td>Tier 2: Preferred Brand Drugs
31-day supply filled at a retail network pharmacy

90-day supply filled through home delivery</td><td>Preferred cost-sharing (Medicare Preferred Value Network): You pay $25 per prescription or the cost of the drug, whichever is lower.
Standard cost-sharing: You pay $30 per prescription or the cost of the drug, whichever is lower.

You pay $62.50 per prescription or the cost of the drug, whichever is lower</td></tr>
<tr><td>Tier 3: Non-Preferred Brand Drugs
31-day supply filled at a retail network pharmacy

90-day supply filled through home delivery</td><td>Preferred cost-sharing (Medicare Preferred Value Network): You pay $50 per prescription or the cost of the drug, whichever is lower.
Standard cost-sharing: You pay $55 per prescription or the cost of the drug, whichever is lower.

You pay $125 per prescription or the cost of the drug, whichever is lower.</td></tr>
</table>

PRESCRIPTION DRUG PLAN

<table>
<tr><th>SERVICE</th><th colspan="2">MEDICARE PAYS</th></tr>
<tr><td rowspan="3">Initial Coverage: Stage 2 (continued)</td><td>Tier</td><td>2019</td></tr>
<tr><td>Tier 4: Specialty Tier Drugs**
31-day supply filled at a retail network pharmacy

90-day supply filled through home delivery</td><td>Preferred cost-sharing (Medicare Preferred Value Network): You pay 25% of the total cost.
Standard cost-sharing: You pay 30% of the total cost.

You pay 25% of the total cost.</td></tr>
<tr><td colspan="2">* If the actual cost of a drug is less than the copay for that drug, you will pay the actual cost, not the higher cost-sharing amount. If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily copay or coinsurance rate based on the actual number of days of the drug that you receive.
** The Specialty tier also includes generic specialty drugs.</td></tr>
<tr><td>Coverage Gap: Stage 3</td><td colspan="2">After your total yearly drug costs reach $3,820, you will pay the following until your yearly out-of-pocket drug costs reach $5,100:
Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays 5%.)
Generic Drugs: The copayments remain the same as in the Initial Coverage stage.</td></tr>
<tr><td>Catastrophic Coverage: Stage 4</td><td colspan="2">After your yearly out-of-pocket drug costs (what you and others pay on your behalf*) reach $5,100, you will pay the greater of 5% coinsurance or:
• a $3.40 copayment for covered generic drugs (including brand drugs treated as generics)
• an $8.50 copayment for all other covered drugs (including specialty generic drugs).
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.
* Including manufacturer discounts but excluding payments made by your Medicare prescription drug plan.</td></tr>
</table>

IMPORTANT NOTE FOR CURRENT 2018 TRUST Rx PLAN PLAN MEMBERS:
Continue to use your 2018 ExpressScripts Prescription Drug Plan ID cards in 2019.

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**.
- This plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. To access the plan's list of covered drugs, visit **www.Express-Scripts.com**.
- The ITDR Low Cost Generic Drug Program includes many generic medications. For a list of drugs covered under this program, visit **www.itdr.com**. Go to the "Benefit Plans" tab and click "Prescription Drug Plan." You can also call your Personal Health Advocate at 1.877.325.7265, Option 2, or Express Scripts Medicare Customer Service at 1.844.470.1529. 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℠. 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.

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

Your Personal Health Advocate at work.

- taking charge until resolution, letting you get back to living your life, while they do the legwork
- making sure all your questions are answered and you are comfortable with next steps
- 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

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. Health Advocate's Medical Bill Saver™ service can help.

Skilled negotiators can help lower your out-of-pocket costs on bills over $400 that are not covered by insurance — at no cost to you, you keep any savings. They'll contact the provider on your behalf to work to negotiate a discount and/or payment terms. **Just send Health Advocate the bill.**

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

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

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 expertse. Your PHA will stay with you for the life of your inquiry or issue.

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

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.

Email a Personal Health Advocate™ at answers@HealthAdvocate.com. Your request will be assigned based on your specific needs within 24 hours. Be sure to provide your name 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:

Just visit 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.

SilverSneakers®

Fitness when, where and how you want it!

As a Trust Medical Plan Member, you have SilverSneakers® ... a 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 any of the more than 15,000 fitness locations nationwide. 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 trained instructors, while a Program Advisor® provides guidance and assistance (amenities and classes vary by location.)

SilverSneakers is offered at more than 15,000 fitness centers across the country, including 24 Hour Fitness®, Curves®, Gold's Gym, Anytime Fitness, LA Fitness and many more.

- **In your community**. Try SilverSneakers FLEX® classes such as yoga, tai chi, dance and walking groups led by trained instructors at parks, recreation centers and other neighborhood locations. You can take FLEX classes and continue to attend your favorite fitness location.
- **At home or on the go**. Can't make it to your favorite class? SilverSneakers On-Demand videos are available on the member portal.
- **Online**. SilverSneakers.com is a complete, easy-to-use wellness resource. Be part of a secure member community where you can:
  - get your SilverSneakers ID number
  - find convenient locations
  - watch SilverSneakers On-Demand
  - find articles, recipes and more

For more information, to find SilverSneakers fitness locations and FLEX classes, or to get started with SilverSneakers Trust Medical Plan Members should visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

HEARING AID DISCOUNT PROGRAMS

Hear the good things in life!

Hearing loss is one of the most common conditions affecting maturing adults, but you don't have to suffer in silence. The great news is....

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

Amplifon Hearing Health Care

Trust Plan Members have access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network. Choose freely from hearing aid styles by major manufacturers, including those that offer the newest, most advanced technology!

The Amplifon Hearing discount includes:

- 40% off hearing exams at thousands of locations nationwide
- Discounted, set pricing on hearing aids, including the latest technology
- 1-year follow-up care with unlimited appointments
- Free batteries for 2 years with initial purchase
- 60-day hearing aid trial period with no restocking fees

For More Information:

Call 1-888-488-1179 (toll free) or visit **www.amplifonusa.com/itdr.**

EPIC Hearing Service Plan (HSP)

The EPIC HSP features a national network of ear physicians and licensed audiologists and offers brand name hearing aids representing all manufacturers, models, and technology. Save 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 and fitting
- Single payment to EPIC - no payments to providers, no balance billing or copays
- One-year warranty covering repair, damage, and one-time loss

For More Information:

Call 1-866-956-5400 (toll free) or visit **www.epichearing.com**.

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:

Call 1-877-706-1737 (toll free), 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.**

Vision Plan Coverage

EyeMed

Your ITDR Trust plan offers Vision Coverage through EyeMed and allows for use of in-network as well as out-of-network providers. You will receive a more cost effective outcome for exams, frames and eyeglasses with an in-network provider.

To find a vision doctor in the EyeMed network visit www.EyeMed.com or call 1-866-800-5457 to speak with a customer service representative.

For LASIK providers, call 1-877-5LASER6.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Vision Exam (once every 12 months) with dilation *as necessary*	Covered in full after $10 copay	Up to $42
Lenses (once every 12 months) 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 $61
Frames (once every 24 months) *Any available frame at provider location*	$0 copay, covered up to $140; 20% off balance over $140	Up to $75
Contact Lens Fitting (once every 12 months)* Standard Specialty	 Covered in full after $25 copay Covered up to $55 after $25 copay	 Up to $42 Up to $42
Contact Lenses (once every 12 months)* Conventional Disposable Medically Necessary	 Up to $130 Up to $130 Paid in Full	 Up to $100 Up to $100 Up to $210
Vision Correction Procedures LASIK - *Call EyeMed for full details*	15% discount	No benefit

* Contacts (in lieu of lenses); Lenses (in lieu of contact lenses)

VISION PLAN

Freedom Pass from EyeMed

Saving on Frames and Contact Lenses Made Easy!

Great New Benefit!

ITDR Trust members enrolled in EyeMed's vision plan now enjoy the freedom to pick any frames and contact lens brands you want through EyeMed's **Freedom Pass!** Any frame, any brand at any price point for no out-of-pocket expense.

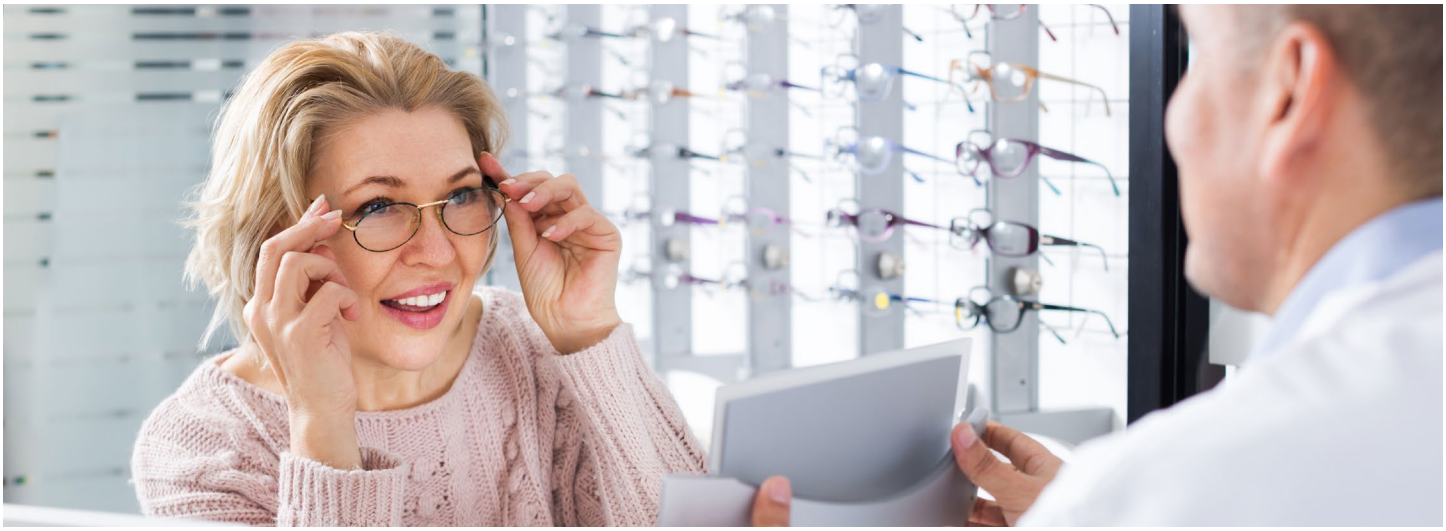
This is a special offer for your employees from Target® Optical and Sears® Optical.* Plus, members also get $20 off their contacts purchase (and free shipping) from ContactsDirect.com.

How it Works - Saving on Frames

Simply visit any Target Optical and Sears Optical, select from **any available frame, any brand at any price point and pay no additional out of pocket cost!**

How it Works - Saving on Contact Lenses

Visit ContactsDirect.com, simply create an account and register your vision benefits. Choose from a wide selection of contact lenses and automatically receive a $20 savings applied to you order during checkout.



Brand Name Discounts

With this special offer from Target Optical, Sears Optical and ContactsDirect, your employees can choose from a wide selection of frame and contact lens brands, including:

Ray-Ban® · OAKLEY · COACH NEW YORK · ACUVUE® OASYS · VOGUE eyewear · DKNY DONNA KARAN NEW YORK · A|X ARMANI EXCHANGE · AIR OPTIX®

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 does not require you to choose a primary care dentist. Instead you may choose any dentist in- or out-of-network. Choose an in-network dentist to make the most of your benefits and money.

The MetLife Dental PPO covers most preventive procedures at no cost or a reasonable cost to you.

- If 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.**

Dental HMO (DHMO): Cigna

With your **DHMO plan**, you enjoy negotiated discounts from in-network dentists.

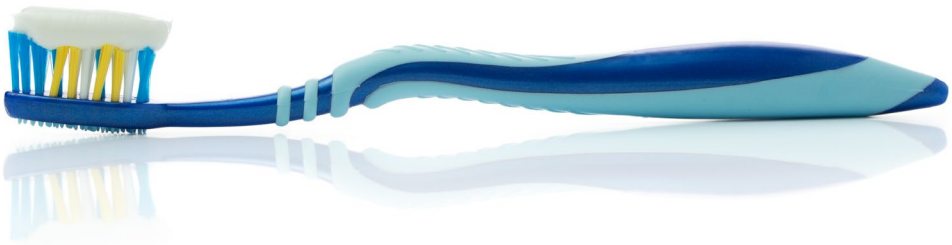
Out-of-network visits are not covered. You must designate and use a participating provider.

You pay a fixed copay for each covered service. There are no deductibles or plan maximums. Under the DHMO Dental Plan, should your treatment plan require the services of a specialist, you will be referred to one.

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

Availability: The DHMO is not available to residents of AK, HI, ID, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV and WY.



DENTAL PLAN

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
Dental Network Benefits	Benefits Available	Benefits Available	Benefits Available	No Benefits Available
Calendar Year Maximum Benefit	$2,000 per person	$2,000 per person	No maximum	No Benefits Available
Calendar Year Deductible	$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
Office Visit Fee	Not applicable	Not applicable	Not applicable	No Benefits Available
Type A Covered Services: 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
Type B Covered Services: 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
Type C Covered Services: 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
Dentures *Repairs and Adjustments* *Initial Installation (Full or Partial)* *Replacement Limit*	Covered as Type B Covered as Type C Once every 60 months	Covered as Type B Covered as Type C Once every 60 months	Services have copays, see benefit schedule for details* Once every 60 months	No Benefits Available
Orthodontic Services *Lifetime Maximum*	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. Please refer to the ***Where to get Help*** pages of the guide for carrier contact information.

2019 Trust Plan Premiums

Medical and Prescription Drug Plan Premiums

Anthem Group Medicare Supplement-Type Plan

2019 MONTHLY MEMBER PREMIUMS	MEDICAL	PRESCRIPTION DRUG	TOTAL MEDICAL AND RX PREMIUM*
Retiree/Surviving Spouse/Spouse	$128.89	$96.88	$225.77
Retiree + Spouse	$257.78	$193.76	$451.54

Anthem Group Medicare Advantage

2019 MONTHLY MEMBER PREMIUMS Enhanced	MEDICAL	PRESCRIPTION DRUG	TOTAL MEDICAL AND RX PREMIUM*
Retiree/Surviving Spouse/Spouse	$50.69	$96.88	$147.57
Retiree + Spouse	$101.38	$193.76	$295.14
2019 MONTHLY MEMBER PREMIUMS Standard	**MEDICAL**	**PRESCRIPTION DRUG**	**TOTAL MEDICAL AND RX PREMIUM***
Retiree/Surviving Spouse/Spouse	$14.60	$96.88	$111.48
Retiree + Spouse	$29.20	$193.76	$222.96

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

Dental Plan Premiums

2019 MONTHLY MEMBER PREMIUMS	MEDICAL PLAN MEMBERS	DENTAL ONLY & DENTAL/VISION MEMBERS**
MetLife		
Ground and Flight Attendant Retiree/Surviving Spouse/Spouse Retiree+Spouse	 $49.59 $100.28	 $51.59 $102.28
Pilots Retiree/Surviving Spouse/Spouse Retiree+Spouse	 $58.72 $118.88	 $60.72 $120.88
Cigna		
Retiree/Surviving Spouse/Spouse Retiree+Spouse	 $26.63 $53.20	 $28.63 $55.20

Vision Plan Premiums

EyeMed Vision Plan Rates

2019 MONTHLY MEMBER PREMIUMS	
Retiree/Surviving Spouse/Spouse	$6.21
Retiree+Spouse	$11.54

2019 TRUST PLAN PREMIUMS

Trust Plan 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 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

Monthly subsidy amounts provided by Delta Air Lines, Inc.:

	2018	2019
Pilot (Pre-1997)	$94.81	$97.65
Pilot	$77.04	$79.35
Non-Pilot (Pre-1997)	$59.26	$61.04

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 $4,900 per year.

To qualify for extra help, your resources must be limited to $14,100 for an individual or $28,150 for a married couple living together. Resources include such things as bank accounts, stocks and bonds. (Do not count your home, car, or any life insurance policy) as resources. Qualifications and requirements for LIS are reviewed annually and are subject to change.

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

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.

Q If I am already enrolled will I receive new ID cards for 2019?

A

Medical:

New for 2019, Anthem Blue Cross and Blue Shield is the insurance carrier for all three ITDR medical plans. New Anthem medical ID cards will be issued to all current and new members.

Dental:

ID cards will not be reissued. Members should continue to use their current ID cards in 2019, unless changing dental plans.

Vision:

New for 2019, EyeMed is the insurance carrier for vision coverage. New EyeMed ID cards will be issued to all current and new Vision Plan members.

Please submit new enrollments or changes by November 9th to ensure policy materials and ID cards are received by January 1, 2019.

Q Can I elect Medical and Prescription Drug coverage separately?

A No, you must elect both Medical and Prescription drug coverage 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.

Q Can my spouse enroll in the Trust Plan if I have not reached 65, or if I choose not to participate?

A Yes, your spouse may enroll if he or she is 65 or older.

Q If I reside or travel outside the United States, am I eligible to participate in the Trust plan?

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

FREQUENTLY ASKED QUESTIONS (FAQs)

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

A Yes, however you can only enroll during annual enrollment. You may also be eligible to enroll outside of annual enrollment if you experience a life event.

Q Can I change my Medical, Dental or Vision Plan elections during the year?

A Medical, Dental or Vision Plan elections are made on a calendar year basis. You can change your choice of Medical, Dental or Vision plan options during annual enrollment.

Q If I enroll and drop my coverage, can I re-enroll at a later date?

A If your Medical, Dental, or Vision coverage terminates, you will not be permitted to re-enroll in that plan in the future, unless you experience a life event.

If you lose coverage, you may re-enroll only in limited circumstances:

- If your coverage terminates due to a retiree, pensioner, spouse, or survivor becoming eligible for other group coverage because the retiree, pensioner, spouse, or survivor returns to active work, then you may, upon request, re-enroll in the Plan within 6 months of loss of such other group coverage or by the end of the next following annual enrollment period.
- If your coverage terminates, and your spouse later becomes eligible for and enrolls in the Plan, you may, upon request, be re-enrolled in the Plan.

Q Are there penalties for late enrollment?

A The Trust Plan does not impose a penalty for late enrollment. However Medicare will assess a late enrollment penalty (LEP) if you fail to enroll during your initial Medicare enrollment period and had no other credible coverage. You may incur an increase in premiums. Contact a Personal Health Advocate ™ with questions at,1-877-325-7265, Option 2.

Q Will my insurance premiums increase based on my age?

A No, the Trust plans are group plans designed to keep your overall cost down. Age does not affect the cost you pay for coverage.

For questions about plan specifics, eligibility or qualifying life events, call the Retiree Service Center at 1-877-325-7265, Option 1.

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 - ITDR ONLINE

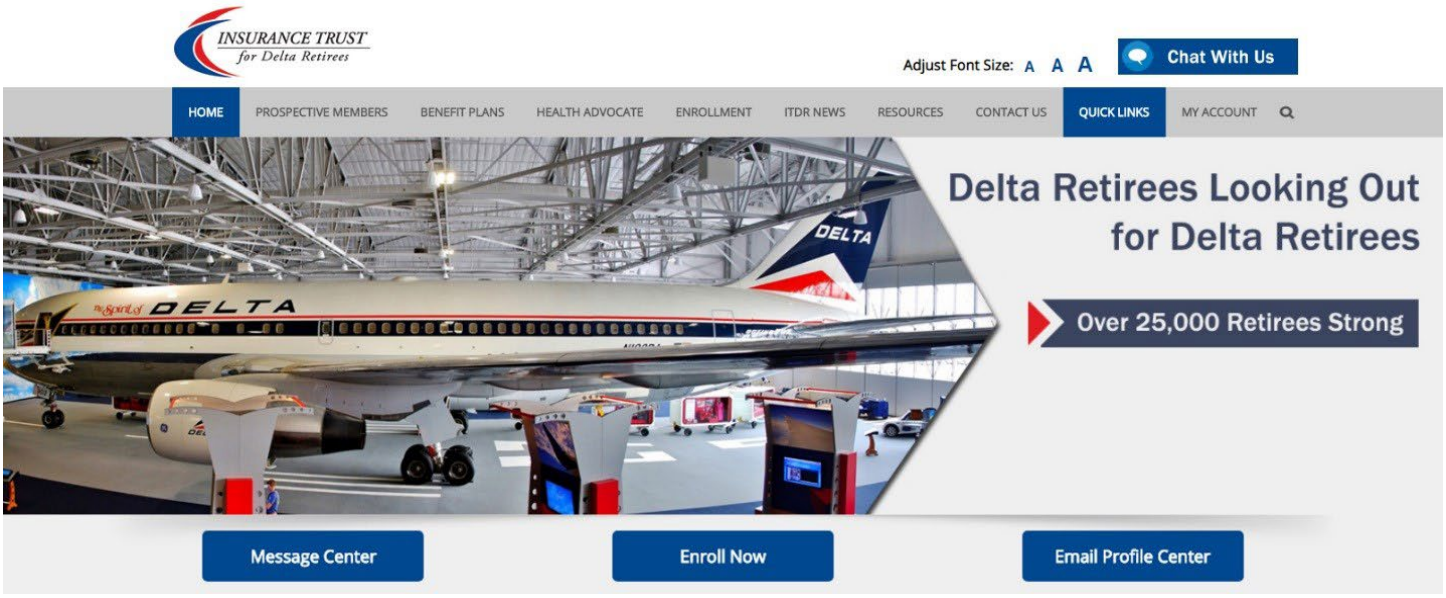
Visit the Trust's website at www.itdr.com.

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 and Social Security.

www.itdr.com gives you easy access to:

- Information and links for the Trust's Plan Benefits
- Online enrollment
- Member Message Center
- "LiveChat" real time access to message a Retiree Service Center representative
- *'My Account'*– unlimited access to your personal account 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.



ITDR Retiree Service Center

Your Dedicated Call Center

It starts with a call: 1-877-325-7265

Option 1: To speak with a Retirement Specialist for premium payment, eligibility, or enrollment questions

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

Option 3: For medical claims or medical benefit information

Option 4: For prescription drug claims or benefit information

Option 5: To find out more about SilverSneakers

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

EMAIL US: **thetrust.service@mercer.com**

WHERE TO GET HELP - STAY INFORMED

It's important to us that you stay informed!

As a not-for-profit retiree organization, our main priority is to use our resources in the most cost effective ways. We find our members stay most informed through email and accessing the ITDR website.

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.

Important Numbers for Trust Medical Plan Members

Supplement-Type Plan Anthem	Medicare Advantage Plan Anthem
Member Services Team: 1-833-835-2716 Mon-Fri 8:00am - 8:00pm EST, except holidays	**First Impressions Welcome Team:** (before you enroll) 1-844-889-6356, TTY: 711 Mon-Fri 8:00am - 9:00pm EST, except holidays. **Member Services Team:** (after you enroll) 1-844-889-6357, TTY: 711 24 hours a day, 7 days a week.

Register or log in to www.anthem.com:

- Access online member portal
- Review paid and pending medical claims
- See specific plan details and eligibility status
- Message Center

Additional Benefits Offered to Medical Plan Members

LiveHealth Online

Website: 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.

24/7 NurseLine

24/7 NurseLine: 1-800-700-9184
Call to speak with a registered nurse anytime to help with your health-related concerns.

SilverSneakers® Fitness Program

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

Website: www.silversneakers.com

Log in to enroll and find fitness locations nearest to you.

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)

24/7 access to assistance services in case of a medical emergency. Services are provided to those traveling 100 or more miles from residence.

Member Assistance Program

Member Services: 1-833-839-7920, 24/7

Website: www.anthemeap.com

Call or log in (Company Code is ITDR) to access resources on:

- Legal and financial consultations
- Identity theft and credit monitoring services
- Funeral concierge

WHERE TO GET HELP - INSURANCE COMPANY CONTACTS

Vision and Dental

Vision - *EyeMed*

Customer Service: (pre-enrollment) 1-866-804-0982; (post-enrollment) 1-866-800-5457
Mon-Sat 7:30am - 11:00pm, Sun 11:00am - 8:00pm EST

Website: www.eyemed.com
Log in to see benefits/claims information and print ID cards.

Dental - *Cigna HMO*

Customer Service: 1-800-244-6224
24 hours a day, 7 days a week

Website: www.myCigna.com
Log in to see details of your dental benefit plan and claims history/payment status.

Dental - *MetLife PPO*

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

Website: www.metlife.com/mybenefits
Log in to view your dental plan benefits, claims history and payment status. ***Important note**: If you are a Spouse/ Survivor, you must identify yourself with your own SSN to access your benefit plan and eligibility.*

Prescription Drug Plan

Administered by Express Scripts

Customer Service: 1-844-470-1529, 24/7

Website: www.express-scripts.com
Log in to the website to:

- View, refill or renew your prescriptions and check order status
- View claims history
- Print a Member ID card
- Locate nearby network pharmacies including Preferred, and ITDR Low Cost Generics program options

Additional Voluntary Benefits

Hearing Resources

Amplifon Hearing Healthcare

Customer Service: 1-888-488-1179

Website: www.amplifonusa.com/itdr

EPIC Hearing Healthcare

Customer Service: 1-866-956-5400

Website: www.epichearing.com

hi HealthInnovations

Customer Service: 1-877-706-1737

Website: www.hihealthinnovations.com/page/hi100

MetLife

Voluntary Retiree Life Insurance

Customer Service: 1-866-492-6983

Auto & Home Insurance

Customer Service: 1-877-491-5089

Website: www.metlife.com/mybenefits

Group Program Code: BRC

Important information for Anthem BCBS Medicare Advantage Plan Members *(Centers for Medicare & Medicaid Services (CMS) Required notice)*

Anthem Blue Cross and Blue Shield - H4909

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans.

The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Anthem Blue Cross and Blue Shield received the following **Overall Star Rating** from Medicare.

 4.5 Stars

We received the following Summary Star Rating for Anthem Blue Cross and Blue Shield's health/drug plan services:

Health Plan Services:  4 Stars

Drug Plan Services:  4.5 Stars

The number of stars shows how well our plan performs.

5 stars – excellent
4 stars - above average
3 stars - average
2 stars - below average
1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 844-889-6356 (toll-free) or 711 (TTY).

Current members please call 844-889-6357 (toll-free) or 711 (TTY).

* Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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Important Information Regarding Your Medicare Advantage Plan

I understand that **I need to keep my Medicare Parts A & B**. I must maintain my Medicare Part B insurance by continuing to pay the Part B premium, if applicable.

I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by the Centers for Medicare & Medicaid Services (CMS) from any other Medicare Advantage plan of which I am currently a member. **I can only be in one Medicare Advantage plan at a time.** It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

I will read the Evidence of Coverage document from this Medicare Advantage plan when I receive it to know which rules I must follow in order to receive coverage with this Medicare Advantage plan.
I understand that beneficiaries of Medicare generally are not covered under Medicare while out of the country except for limited coverage near the U.S. border.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

Once I am a member of this Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from the plan when I receive it to know which rules I must follow to receive coverage with this Medicare Advantage plan.

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2019 ANNUAL ENROLLMENT NOTES

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

Anthem BCBS Group Plan to supplement Medicare insured by Anthem BCBS

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

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield 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. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Prescription Drug Plan insured by Express Scripts

Travel Assistance and Identity Theft Support Services provided by Generali Global Assistance, Inc.

EyeMed Vision Plan underwritten by Fidelity Security Life Insurance Company

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, situsted in the State of Delaware

INSURANCE TRUST
for Delta Retirees