Take Off Toward **Better Health**

2020

Benefits & Resources Guide

INSURANCE TRUST for Delta Retirees

Delta Retirees Looking Out For Delta Retirees

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Welcome To
The Insurance Trust

A Message From Your Board Of Directors

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 Insurance Trust" for short, was created to ensure Delta Air Lines retirees, pensioners, spouses, and survivors maintain access to high quality health coverage after age 65. With this in mind, we put together a collection of group health plans and other insurance products to make retirement as healthy and carefree as possible.

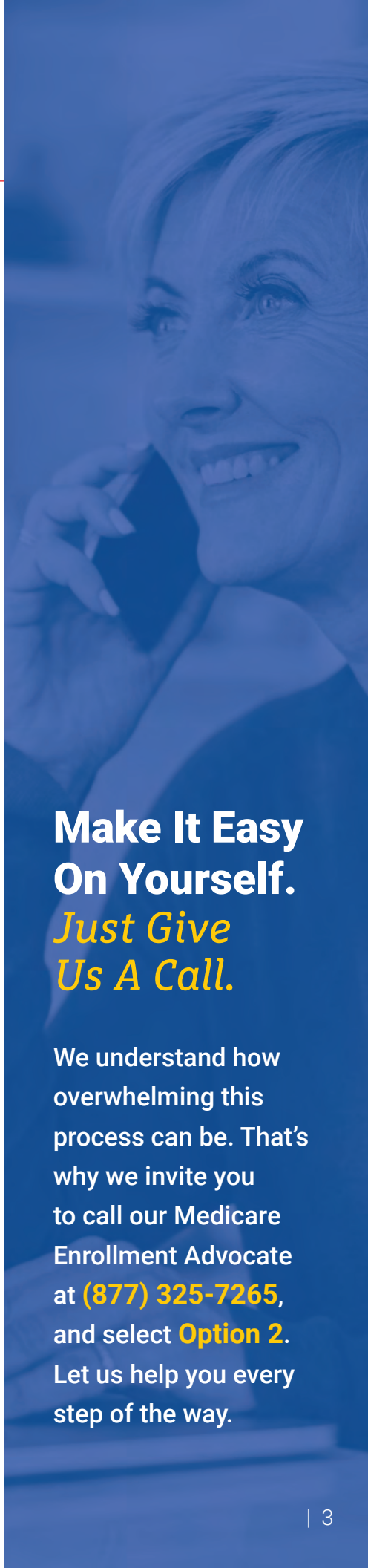
Whether you're approaching age 65 and looking forward to accessing Medicare benefits for the first time…you're already retired and considering the Insurance Trust's programs…or you currently have our coverage, take the time to read this booklet, and learn about our exclusive options just for you.

Looking Out For You

The Board Members of the Insurance Trust for Delta Retirees are Delta retirees. We are all working to offer insurance options that provide the benefits our fellow retirees require now and in the future, and always at the most affordable prices.

We're Delta retirees looking out for Delta retirees, and we look forward to continuing to serve you in 2020.

Sincerely,
The Insurance Trust for Delta Retirees Board of Directors



Make It Easy On Yourself. *Just Give Us A Call.*

We understand how overwhelming this process can be. That's why we invite you to call our Medicare Enrollment Advocate at (877) 325-7265, and select Option 2. Let us help you every step of the way.

Enrollment

Who Is Eligible?

If you're reading this, you're likely part of the Delta Air Lines family, and, therefore, likely eligible to participate in the exclusive offerings available through the Insurance Trust.

If you are a retiree, pensioner, spouse, or survivor of an employee of Delta Air Lines, Inc., a Delta Subsidiary, or any entity (and its subsidiaries) acquired by, or merged with Delta, you are eligible to take advantage of our exclusive insurance products – including Medicare plans that have been called the "best deal out there."

If you're currently working at Delta, you'll become eligible upon your retirement. Plus, spouses age 65+ are eligible to enroll in Medicare and the Insurance Trust Benefit Plans regardless of the Delta employee or retiree's age or enrollment status.

Of course, you must be eligible for Medicare to take advantage of our Medicare offerings. In addition, you must reside in the United States or its territories.

Ready To Get Started?

Enroll online at www.itdr.com or call (877) 325-7265 and select Option 2 to speak with a Medicare Enrollment Advocate, who can provide unbiased help evaluating benefits and comparing plan options.

When Can You Enroll?

Turning 65?

You can enroll up to three months before the month in which you turn 65. Enrolling at least 45 days prior to your birthday month allows enough time to ensure coverage and to receive ID cards for your plan(s).

Already 65 And Considering Something New?

If you have never been enrolled in a plan from the Insurance Trust, you may enroll during the Annual Enrollment Period.

Over 65 And Still Working At Delta?

You are eligible as soon as you retire. Remember, you must enroll no later than the month after your group health coverage ends and within eight months after you separate from your employer – whichever happens sooner. So to get started as soon as you have a retirement date in mind.

Spouse Over 65?

Spouses age 65+ are eligible to enroll in Insurance Trust Plans regardless of the Delta employee or retiree's age or enrollment status.

The 2020
Annual Enrollment Period

October 15 Through December 31, 2019

If you're already 65 and enrolled in Medicare you can switch to a health plan offered by the Insurance Trust for Delta Retirees during the Annual Enrollment Period. It's best to enroll by November 8th, 2019 to ensure your new ID card and plan documents arrive before January 1st, 2020. However, with the Insurance Trust, you can make your selection all the way up to December 31st. Just be aware, your new member ID will take a few weeks to arrive.

Already Have A Plan With Us?

If you're already enrolled in a plan offered by the Insurance Trust, and you want to keep your current selection, **then you don't have to do anything**. You will automatically be enrolled in the same plan for the 2020 plan year.

If you want to change your selection to a different plan offered by the Insurance Trust, including our new Supplement-Type Enhanced Plan, with $0 deductible and $0 out-of-pocket costs, you can do so up until December 31st, 2019; however, it's best to make any changes by November 8th, 2019 to make certain your new ID card and materials arrive at your home by the start of 2020.

Address, Phone, Or Email Changing?

If the address, phone number, or email address shown on the "2019 Summary of Current Elections" included with this booklet has changed, then be sure to provide your new information –online or by phone– by November 8th, 2019.

Add Dental And Vision Coverage

During the Annual Enrollment Period, you can also add dental insurance or add vision coverage offered by the Insurance Trust.

How To Enroll

We've made it easy to enroll in any of our insurance plans. You can go through the whole process online, or, if you prefer, call our Retiree Service Center at **(877) 325-7265**, and select **Option 1** to request an application by mail, or to enroll via phone.

To enroll you will need to have a few things handy, including:

- The date of birth of the Delta retiree
- The nine-digit Delta PPR number of the Delta retiree or social security number of the Delta retiree and/or spouse
- If you're enrolling in a Medicare health plan or prescription drug plan, and you're already signed up with Medicare, you'll need your Medicare ID
- If you already have coverage from the Insurance Trust, and you're adding to your coverage, you'll need your Mercer certificate number (found on your current bill, or in "My Account")
- If you wish to have premium payments automatically deducted from your bank account, you'll need your bank account number and bank routing number

Access Important Contact Information on page 24 for phone numbers you may need.

Using Our Website To Access Your Account

When you take advantage of a plan from the Insurance Trust, you'll get access to "My Account," which gives you 24/7 access to your plan information. You can log in to access coverage details, billing and payment status, your contact information, and links to partner websites.

You can also use our "Live Chat" feature to speak to a representative. And if you ever have problems accessing your account, you can contact the Retiree Service Center for instructions, passwords, or technical questions at **(877) 325-7265** and select **Option 2**.

Medicare Plans
For Delta Retirees

Medical And Prescription Drug Coverage

The Insurance Trust for Delta Retirees has put together an exclusive lineup of Medicare plans, each with a companion prescription drug plan.

- Choose from two Medicare Advantage plans
- Or one of two Medicare Supplement-Type plans, including our newest plan with no deductibles or out-of-pocket costs

All our plans offer unique advantages you won't find anywhere else, including:

- A choice of doctors and hospitals with no network limitations
- Rates that don't increase based on age or location
- Available in all 50 states and Puerto Rico
- Low (if any!) out-of-pocket annual maximums and deductibles
- LiveHealth Online real-time telehealth services
- Hearing aid discounts
- Affordable access to dental and vision coverage
- Foreign travel and emergency care coverage

Understanding Medicare Supplements & Medicare Advantage Plans

Medicare does not cover all your healthcare costs. In fact, Medicare Part A and Part B only cover about 80% of medical expenses.

Medicare Supplement plans, also called "Medigap" plans, *supplement* your basic Medicare coverage. If you choose one of these plans, you still have your Medicare Part A and Part B coverage *plus* additional insurance to pay part – or all – of what Medicare does not cover.

Medicare Advantage plans completely replace your Part A and Part B Medicare insurance. You no longer have a Medicare card. Instead, *you're covered by the Medicare Advantage plan for all your healthcare needs*. Medicare Advantage plans offer comprehensive coverage, and you are usually responsible for a copayment when you access care. These plans often have lower monthly premiums.

See Why **25,000** Delta retirees already selected our Medicare plans.

Call a Medicare Enrollment Advocate for unbiased assistance comparing plan benefits to determine which Medicare option works best for you: (877) 325-7265, and choose Option 2. Or start the sign-up process at www.itdr.com.

Medicare Advantage Plans (Standard and Enhanced)

If you're eligible for Medicare, then you can enroll in one of two Medicare Advantage plans offered by the Insurance Trust: our Standard or Enhanced plan.

Like all of our medical products, our Medicare Advantage plans are provided by **Anthem Blue Cross Blue Shield**, so you'll have peace of mind knowing your healthcare is covered by one of the largest, most established health insurers in the nation.

Both the Standard and Enhanced plans cover all your inpatient (Part A) and outpatient (Part B) care. You're only responsible for copayments (and a small deductible with the Standard Plan).

Plus, **our plans come with a companion prescription drug plan**.

Comprehensive Coverage

- $0 copay for preventive care, including annual wellness visits, flu and pneumonia vaccines, mammograms, and colonoscopies
- A companion prescription drug plan
- Coverage in all 50 states, plus Puerto Rico
- Flexibility to use any doctor or hospital who accepts Medicare and the plan
- A low $2,500 annual out-of-pocket maximum
- One ID card, so you can leave your Medicare card at home
- One Explanation of Benefits
- Foreign travel and emergency care coverage
- Telehealth visits with a board-certified doctor or licensed therapist on your smartphone, tablet, or computer

Both plans are PPOs with no network restrictions. So, you'll have the freedom to see any provider who accepts Medicare and the plan, and you don't need referrals.

Standard vs. Enhanced: What's The Difference?

Our Enhanced Plan has no deductible; while our Standard plan has a $750 deductible. In addition, the two plans have different copayments and coinsurance for certain covered services.

For example, you'll pay a $40 copayment for visits to a specialist with the Standard plan, vs. a $25 copayment if you have the Enhanced plan.

For a complete list of copayment amounts, review the Summary of Benefits included in this booklet.

Medicare Supplement-Type Plans

Our Supplement-Type plans offer complete flexibility with low or no out-of-pocket expenses. And, like all of our Medicare products, our Supplement-type plan is provided by **Anthem Blue Cross Blue Shield**, one of the largest, most established health insurers in the nation.

Designed To Supplement Traditional Medicare

Medicare Part A and Part B only pay about 80% of medical costs. That leaves Medicare beneficiaries responsible for the other 20%. Our Medicare Supplement-Type plans help fill the gap by paying for some or all of the healthcare costs that traditional Medicare does not cover.

In addition, **our Supplement-Type plans come with a companion prescription drug plan** to cover the cost of your prescription medications.

NEW FOR 2020: Introducing No Deductibles & No Out-Of-Pocket Costs

This year, the Insurance Trust is offering a brand-new supplement-type plan with no deductible and no out-of-pocket costs. Our Enhanced plan is like no Medicare supplement available anywhere, and it's available exclusively to Delta retirees, pensioners, spouses, and survivors.

More Benefits Than Ever Before

- No network limitations and no referrals required – choose any doctor, hospital, or provider that accepts Medicare
- No deductible for inpatient care
- No deductible for outpatient care with our Enhanced plan and a low, $300 deductible for our Standard plan
- An out-of-pocket maximum to cap your yearly medical expense to no more than $1,500 annual and $0 for our Enhanced plan
- No paperwork – providers submit claims directly on your behalf
- Foreign travel and emergency care coverage
- Telehealth visits with a board-certified doctor or licensed therapist on your smartphone, tablet, or computer

For more detail about our Supplement-Type plans, review the Summary of Benefits included in this booklet.

Prescription Drug Coverage

Our prescription drug plan (Medicare Part D) is included when you enroll in any of our Medicare health plans. Our drug list includes 100% of the drugs covered by Medicare Part D.

The plan is insured and administered by Express Scripts, so you can rely on a company that serves millions of Medicare beneficiaries.*

*Veterans who access their healthcare through the Veterans Administration or through Tricare may opt out of the prescription drug plan through the Insurance Trust for Delta Retirees.

Call the Retiree Service Center at (877) 325-7265, and select option 1 for cost and enrollment information.

Special Programs For Extra Savings

With our Prescription Drug Plan, you may pay as little as $2 for a 31-day supply of certain, commonly-prescribed generic drugs when you fill your prescription at a pharmacy in Express Scripts' *Medicare Preferred Value Network*, which includes major retailers like Walgreens, Walmart, Costco, Rite Aid, Sam's Club, Kroger, Albertson's, and Safeway. And there is no deductible on generics, so you can immediately take advantage of these savings.

You may also be able to save money when you have your prescriptions delivered to your home.

A Name You Already Know And Trust

The Insurance Trust selected nationally-known Express Scripts as our Prescription Drug Plan. The Express Scripts plan lets you fill your prescriptions at more than 68,000 pharmacies nationwide, including national chains as well as thousands of locally-owned and operated independent and specialty pharmacies.

Review the Summary of Benefits on page 38 in this booklet for details of our prescription drug coverage.

Additional *Benefits*

In addition to our medical plans and prescription drug plans, the Insurance Trust has assembled a wide variety of benefits exclusively available to Delta Air Lines retirees, pensioners, spouses, and survivors who select any of our Medicare options. These additional benefits include:

LiveHealth Online – Real-time, live telehealth services with a physician, nurse practitioner, or therapist through two-way video on your computer or mobile device

24/7 NurseLine – Speak with a registered nurse anytime about your health concerns

SilverSneakers® -- Gym memberships at no additional cost

Travel Assistance (through Generali Global Assistance, Inc.) –24/7 access to help if you face a medical emergency more than 100 miles from home

Hearing Aid Discount Programs

Member Assistance Program – help with legal and financial matters, identity theft and credit monitoring, and funeral concierge services

Advocacy
For Our Delta Family

Medicare Enrollment Advocate

All Delta retirees, pensioners, spouses, and survivors have access to a Medicare Enrollment Advocate. And it's free regardless of whether or not you choose to get your health coverage through the Insurance Trust.

When you contact a Medicare Enrollment Advocate, you'll get unbiased advice to help make sense of your Medicare options: choose a plan, compare pricing and benefits, and more.

Your Medicare Enrollment Advocate can assist with the following:

- Explain how Medicare works, including Part A, Part B, Part C, and Part D
- Explain what Medicare does and does not cover
- Explain your options to fill Medicare's gaps
- Explain what to expect in the way of out-of-pocket expenses and premium payments
- Explain different plan options, including those offered by the Insurance Trust as well as plans available elsewhere
- Explain how to avoid costly late-enrollment penalties
- Explain what to do if you plan to keep working past age 65
- Explain how to sign up for Medicare and when to do it

Remember, anyone eligible for the Insurance Trust plan may use a Medicare Enrollment Advocate, regardless of the coverage selected. This unbiased resource is available pre- and post-enrollment, at no cost, Monday through Friday, from 8 a.m. to midnight (EST). Just call **(877) 325-7265**, and select **Option 2**.

Personal Health Advocate

If you choose coverage through the Insurance Trust, then you can access a Personal Health Advocate: someone looking out for your best interests about all things health-related. From clinical help about tests, treatment options, and prescriptions, to administrative support to help you access care and understand insurance claims, your Personal Health Advocate is on your side.

When you call a Personal Health Advocate, you'll be connected with a registered nurse or administrative specialist, depending on the nature of your inquiry. Once assigned, this expert will stay with you until your problem is resolved. He or she will help with the following types of issues:

- Understanding tests, treatments, and medications recommended or prescribed by your doctors
- Finding the right physicians for a second opinion
- Home care
- Prescription drugs, including answering formulary and benefit questions
- Finding primary and specialist physicians, hospitals, dentists, and other healthcare providers
- Claims review and appeals
- Billing mistakes, including duplicate or erroneous charges
- Deductibles and co-payments

SilverSneakers®
Fitness Programs

All of the Medicare health plans offered by the Insurance Trust include access to SilverSneakers®, which provides you a gym membership at no additional cost.

SilverSneakers is a fitness program designed exclusively for Medicare beneficiaries and is available at more than 15,000 fitness centers throughout the U.S., where you can use fitness club amenities, including workout equipment, swimming pools, and saunas at participating locations such as Anytime Fitness, LA Fitness, Curves, and Gold's Gym.

Plus, you can participate in SilverSneakers classes designed just for seniors to improve muscular strength, endurance, mobility, balance, and flexibility.

SilverSneakers FLEX® classes are offered outside of fitness centers at a wide variety of community venues, including recreation centers and parks. And you're free to take these classes as well.

To find a list of fitness centers in your community that offer the SilverSneakers program, or to find locations in your community for SilverSneakers FLEX classes, visit www.SilverSneakers.com or call (888) 423-4632 (TTY:711), Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Hearing Aid
Discount Programs

When you enroll in any of the Insurance Trust's Medicare health plans, you'll also gain access to a variety of special discounts for hearing aids and audiology services.

amplifon Hearing Health Care.

Enjoy 40% off hearing exams at thousands of locations nationwide, discounted hearing aids, and two years of free batteries with your new hearing aid, among other benefits.

EPIC HEARING HEALTHCARE

Access the most advanced hearing aids with discounts of 30% to 60% within their nationwide network. Plus, your hearing aid purchases through EPIC include a professional evaluation and fitting.

› For important contact information, don't forget to access our directory on page 25.

Dental *Plans*

We frequently hear from our fellow Delta retirees about the importance of quality dental coverage, especially when they learn that Medicare does not cover most dental care including cleanings, fillings, or dentures. That's why we selected two dental plan options for our members, each from a nationally-recognized insurer.

MetLife Dental PPO

The MetLife Dental PPO gives you supreme flexibility to choose any dentist you want regardless of his or her participation in MetLife's network. And, when you use an in-network dentist, many procedures, like preventive care and x-rays, may be 100% covered.

For more complex services, including fillings, root canals, and restorative services, you'll be responsible for a deductible and a percentage of the cost. For details about the MetLife Dental PPO, review the Summary of Benefits on page 40 in this booklet.

Cigna Dental HMO

We selected an HMO-style dental plan from Cigna to provide Insurance Trust members with a highly affordable option that covers nearly all dental services when you use an in-network dentist and pay a predetermined copayment.*

The Cigna Dental HMO has no yearly maximum benefit, and you don't have to reach a deductible before accessing your benefits. Plus, most preventive services, such as routine teeth cleanings, require no copayment at all.

***Out-of-network visits are not covered.** You must designate and use a participating provider for benefits. This plan is not available to you if you reside in the state of AK, HI, ID, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, or WY.

› For important contact information, don't forget to access our directory on page 25.

Vision
Insurance

Medicare (and the Medicare plans offered by the Insurance Trust for Delta Retirees) cover medical care for eye diseases, including those that most commonly affect seniors. However, Medicare rarely covers the cost of corrective eyewear or most services provided by an optometrist.

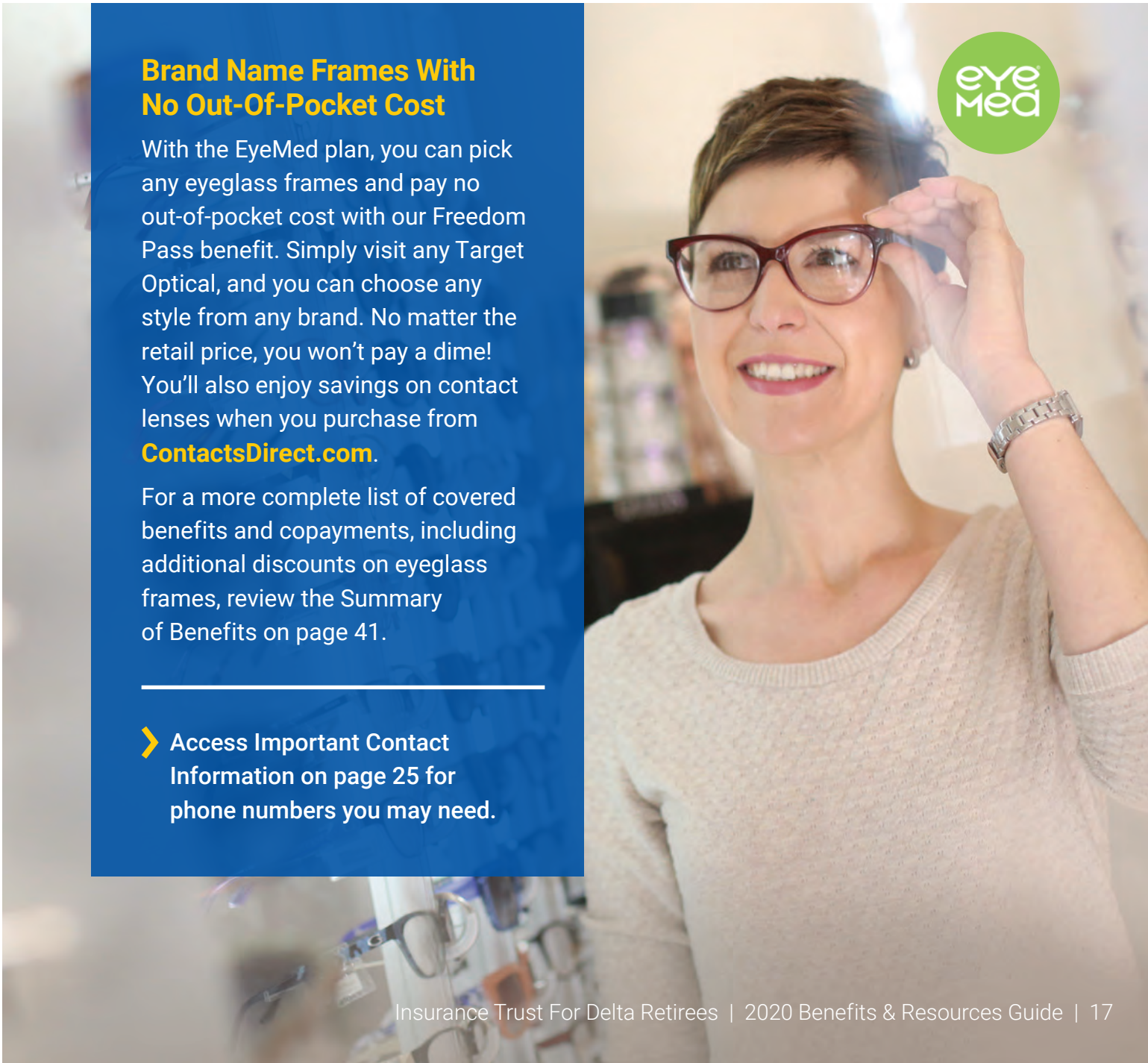
For less than $7 per month, you can purchase vision insurance provided by EyeMed® through the Insurance Trust and access robust benefits that include annual vision exams, eyeglasses, and contact lenses, often with a copay of only $10 when you use an in-network provider.

Brand Name Frames With No Out-Of-Pocket Cost

With the EyeMed plan, you can pick any eyeglass frames and pay no out-of-pocket cost with our Freedom Pass benefit. Simply visit any Target Optical, and you can choose any style from any brand. No matter the retail price, you won't pay a dime! You'll also enjoy savings on contact lenses when you purchase from **ContactsDirect.com**.

For a more complete list of covered benefits and copayments, including additional discounts on eyeglass frames, review the Summary of Benefits on page 41.

Access Important Contact Information on page 25 for phone numbers you may need.



Life *Insurance*

Delta Air Lines retirees have a unique opportunity to purchase *affordable* term life insurance without a medical exam. In fact, you may not even require a medical questionnaire, and the premium stays the same for the term of your policy.

Benefits of $25,000; $75,000; and $150,000 are available. (Benefit levels are less for insureds age 66 to 79.)

The Insurance Trust has negotiated special group rates with MetLife to offer this voluntary life insurance with rates starting as low as $1,440 per year. However, this unique opportunity is **only available for 60 days following your 65th birthday**, or your retirement date – whichever comes later. Plus, you must apply before you turn 80 years old.

MetLife

Additional Benefits

If you purchase a MetLife voluntary life insurance policy through the Insurance Trust, your premium payment includes a face-to-face meeting to prepare a "last will and testament." It's free-of-charge to use one of MetLife's attorneys, or you can receive a stipend to use towards any attorney of your choice. The same program covers certain probate services in the event of your death or your spouse's death, free of charge by a covered attorney.

Enrolling is a one-time opportunity and is time-sensitive. For more information about rates, coverage, and other questions, contact MetLife at (866) 492-6983, Monday through Friday, 8 a.m. to 11 p.m. (EST).

Auto & Home
Benefit Program (MetLife)

MetLife Auto & Home provides a voluntary group auto and home benefit program that offers you access to insurance coverage for your personal insurance needs. Policies include auto, home, renters, landlord's rental dwelling, condo, RV, boat, and personal excess liability ("umbrella") policies.*

*Not all coverages or payment options are available in all states. Some discounts apply to certain coverages.

To get a no-obligation quote, please call **(877) 491-5089** and mention your Group Program Code: **BRC**.

If you receive a pension from Delta Air Lines, request a quote under Delta's Auto and Home program when you call, as additional discounts may be available.

Frequently *Asked Questions*

If I am already enrolled will I receive new ID cards for 2020?

Members should continue to use their current ID cards in 2020, unless changing plans.

Can I elect Medical and Prescription Drug coverage separately?

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 Insurance Trust Plan's Prescription Drug coverage. Please call the Retiree Service Center at **(877) 325-7265**, **Option 1** for details.

What plans do you offer?

We offer Medicare plans from Anthem Blue Cross Blue Shield that come with a companion prescription drug plan from Express Scripts. In addition, we offer ancillary products, like dental, vision, and life insurance.

When should I enroll in coverage?

You can enroll as early as three months before the month in which you turn 65. Enrolling 45 to 60 days prior to your birthday month allows enough time to set you up for coverage and for you to receive ID cards for your plan(s).

If you already turned 65 and previously selected another Medicare plan, and have never been enrolled in a plan with the Insurance Trust, you may enroll during the Annual Enrollment Period (October 15th through December 31st).

If you're eligible for Medicare but continue to work for Delta, you should enroll before your retirement date. You must enroll no later than the month your employer group health coverage ends or within eight months of separating from your employer, whichever is sooner.

What if I already have my insurance through the Insurance Trust?

If you currently have insurance through the Insurance Trust and you want to keep your current selections, then you do not need to take any action. Your benefit choices will roll over to 2020.

Frequently *Asked Questions*

What if my spouse and I are both Delta retirees?

If you and your spouse are both retirees of Delta, you can enroll in coverage separately or as a dependent under your spouse's policy. If you decide to enroll separately, you will each need to complete an online or printed enrollment form. You do not need to elect the same coverages.

What if I am a surviving spouse of a Delta retiree?

If you are a survivor of a Delta retiree and have existing coverage, be sure to enter the Delta PPR number of the deceased Delta retiree. Please note that you will be viewed as a retiree when enrolling for coverage from the Insurance Trust.

Can I designate an individual, or individuals, the right to access my health information?

Yes, you may authorize whomever you choose to be a designated individual. When you visit our website, you can access the HIPAA Authorization Form to fill out and submit.

What if I am eligible for a Delta subsidy?

If you are subsidy-eligible, you'll need to contact the Retiree Service Center at **(877) 325-7265**, and select **Option 1** to determine the amount of your subsidy.

What can I do with my Health Savings Account (HSA)?

Health Savings Accounts (HSAs) are accounts for individuals with high-deductible health plans. Funds contributed to an HSA are not taxed, as long as they are used to pay for qualified medical expenses.

When you enroll in Medicare Part A or Part B, you can no longer contribute pre-tax dollars to your HSA. However, you may continue to withdraw money after you enroll in Medicare to pay for health costs like deductibles, copayments, and coinsurance. You can even use your HSA money to pay premiums for health insurance you purchase through the Insurance Trust.

The Insurance Trust cannot provide tax advice. Members are encouraged to consult their tax advisor.

Frequently *Asked Questions*

What happens after I enroll?

After you submit your online or printed enrollment form, you will receive a confirmation of coverage. Once verification of your enrollment has been completed, a welcome packet will be mailed to your primary mailing address. You should receive the packet within 10 to 14 business days.

If you are turning 65 and enroll for coverage more than 45 days prior to the month you turn 65, your packet will be mailed out closer to your effective date of coverage.

What if I had insurance from the Insurance Trust, but I dropped my coverage? Can I re-enroll?

If you have had medical, dental, or vision coverage in the past, and it terminated, you will only be permitted to re-enroll if you experience special circumstances, such as losing coverage from another group plan.

You may also be eligible to re-enroll if your spouse independently becomes eligible and enrolls.

Are there different rules for spouses interested in enrolling?

Spouses age 65+ are eligible to enroll in Medicare and the Insurance Trust Benefit Plans regardless of the Delta employee or retiree's age or enrollment status.

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

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.

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

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.

Frequently *Asked Questions*

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

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.

Are there penalties for late enrollment?

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 **(877) 325-7265**, **Option 2**.

Will my insurance premiums increase based on my age?

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

Getting *Help*

For Questions About…

Enrollment

For help, or for a paper enrollment form, call the Retiree Service Center at **(877) 325-7265**, **Option 1**, from 8:30 a.m. to 9 p.m. EST, Monday through Friday. You can also use the "Live Chat" feature on **www.itdr.com**, which is available from 8:30 a.m. to 6 p.m. EST, Monday through Friday.

Benefits

If you have questions about benefits, or if you would like to compare the Insurance Trust plans to other plans, call a Medicare Enrollment Advocate at **(877) 325-7265**, **Option 2**.

Important Contact Information

Retiree Service Center
(877) 325-7265, Option 1

Visit www.ITDR.com to access "My Account," which gives members access to premiums, benefits, and resources.

Medicare Enrollment Advocate
(877) 325-7265, Option 2
(8 a.m. to midnight EST, Monday – Friday)
answers@healthadvocate.com

Personal Health Advocate
(877) 325-7265, Option 2
(8 a.m. to midnight EST, Monday – Friday)
answers@healthadvocate.com
www.healthadvocate.com/members
(type in "ITDR" for personalized help)

First Impressions Welcome Team
(for anyone with questions about enrolling in a Medicare Advantage Plan)
(844) 889-6356, TTY: 711
(8 a.m. to 9 p.m. EST, Monday – Friday)

Medicare Advantage Plans Member Services
(844) 889-6357
(24 hours a day, 7 days a week)
www.anthem.com

Supplement-Type Plans Member Services
(833) 835-2716
(8 a.m. to 8 p.m. EST, Monday – Friday)
www.anthem.com

Express Scripts Member Services
(877) 325-7265, Option 4
(844) 470-1529
(24 hours a day, 7 days a week)
www.express-scripts.com

Nurse Line (Anthem)
(800) 700-9184

LiveHealth Online
www.livehealthonline.com

SilverSneakers
(888) 423-4632 (TTY: 711)
(8 a.m. to 8 p.m. EST, Monday – Friday)
www.silversneakers.com

Travel Assistance
(through Generali Global Assistance, Inc.)
(866) 295-4890 (from U.S. and Canada)
(202) 296-7482 (from all other countries – call collect)
ops@gga-usa.com
www.gga-usa.com

EyeMed
(866) 800-5457
(7:30 a.m. to 11 p.m. EST, Monday – Saturday; 11 a.m. to 8 p.m. EST, Sunday)
www.eyemed.com

Cigna Dental HMO
(800) 244-6224
(24 hours a day, 7 days a week)
www.myCigna.com

MetLife Dental PPO
(855) 837-6382
(8 a.m. to 11 p.m. EST, Monday – Friday)
www.metlife.com/mybenefits

Amplifon Hearing Healthcare
(888) 488-1179 (toll-free)
www.amplifonusa.com/itdr

EPIC Hearing Healthcare
(866) 956-5400
www.epichearing.com

MetLife Voluntary Retiree Life Insurance
(866) 492-6983
(8 a.m. to 11 p.m. EST, Monday – Friday)

MetLife Auto & Home Insurance
(877) 491-5089
Please mention your Group Program Code: BRC
www.metlife.com/mybenefits

Plan *Premiums*

Trust Plan Administrative Fees

Administrative fees are included in Insurance Trust premiums to cover minimal administrative/operating expenses, including printing and mailing, legal, audit, and accounting expenses, travel, and other appropriate expenses of Insurance Trust Board Members and other obligations of the Insurance Trust undertaken for the benefit of Members. Medical and Prescription Drug Plan costs include an $11.73 administrative fee. Costs for Dental/Vision Only Members includes a $2 administrative fee.

Premium Subsidy For Eligible Employees

A premium subsidy from Delta Air Lines may be available to offset medical and prescription drug premiums for retirees, spouses, or survivors, where the Delta retiree's retirement date was January 1, 2006 or before, **and** the retiree, spouse, or survivor turned 60 by January 1, 2007.

If you believe you may qualify for a subsidy, call the Retiree Service Center at **(877) 325-7265**, and select **Option 1**.

Help With Prescription Drug Costs

The Social Security Administration offers a Low Income Subsidy (LIS) program for people who have limited income and resources. To learn more about this program, visit www.ssa.gov/prescriptionhelp/, where you can download and complete an application.

For additional information about other resources for members of the Delta Air Lines community, call a Personal Health Advocate at (877) 325-7265, and select Option 2.

MEDICAL & PRESCRIPTION DRUG PLANS

Plan Option	Medical & Prescription Drug Coverage
Supplement-Type Standard Plan	$232.46
Supplement-Type Enhanced Plan	$321.34
Medicare Advantage Standard Plan	$136.54
Medicare Advantage Enhanced Plan	$174.86

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

Premiums do not reflect subsidies that may be available for certain Delta Air Lines retirees. Check your Summary of Current Elections that came in your enrollment packet for subsidy eligibility details.

DENTAL PLANS

MetLife Dental PPO (Ground & Flight Attendant)	$54.00/$109.25 w/spouse
MetLife Dental PPO (Pilots)	$63.95/$129.52 w/spouse
Cigna Dental HMO	$27.55/$55.05 w/spouse

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

VISION PLANS

EyeMed Vision Plan	$6.61/$12.30 w/spouse

MEDICAL PLANS | Summary Of Benefits

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
CALENDAR YEAR DEDUCTIBLE	**$300** Only applies to Part B services, and **must be satisfied before any Medicare Part B benefits are paid.** 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.	**$0**	**$750** **Deductible applies to Part A and Part B covered services as noted within each category following, 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.	**$0** Excludes foreign travel emergency and urgently needed care.	**$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.	**$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.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
INPATIENT HOSPITAL COVERAGE	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$250 copay per day for days 1-5 per admission; then covered 100% by the plan. No limit to the number of days covered by the plan. $0 copay for physician services received while an inpatient during a hospital stay.	$95 copay per day for days 1-5 per admission; then covered 100% by the plan. No limit to the number of days covered by the plan. $0 copay for physician services received while an inpatient during a hospital stay.
OUTPATIENT HOSPITAL COVERAGE	10% coinsurance.	Member pays $0.	**Surgical:** $100 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery. **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 including radiation therapy. **For both surgical and non-surgical:** $100 copay for each outpatient observation room visit.	**Surgical:** $100 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery. **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 including radiation therapy. **For both surgical and non-surgical:** $100 copay for each outpatient observation room visit.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DOCTOR VISITS (PRIMARY & SPECIALISTS)	10% coinsurance.	Member pays $0.	$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $40 copay per visit to a specialist. 10% coinsurance for allergy testing and allergy injections.	$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	10% coinsurance.	Member pays $0.	$75 copay for each emergency room visit.	$75 copay for each emergency room visit.
SKILLED NURSING FACILITY	$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.	$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.	$0 copay for days 1-20 and $50 copay per day for days 21-100 per benefit period. No prior hospital stay required. Your provider must obtain approval from the plan before you get skilled nursing care. This is called getting prior authorization.	$0 copay for days 1-20 and $50 copay per day for days 21-100 per benefit period. No prior hospital stay required. Your provider must obtain approval from the plan before you get skilled nursing care. This is called getting prior authorization.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
URGENT CARE	10% coinsurance.	Member pays $0.	$40 copay for each visit.	$30 copay for each visit.
PREVENTIVE CARE	$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://www.medicare.gov/coverage/preventive-screening-services. 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 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://www.medicare.gov/coverage/preventive-screening-services. 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: Member pays $0.	$0 copay. For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you are treated or monitored for an existing medical condition or an additional non-preventive service, during the visit when you receive the preventive service, a copay or coinsurance may apply for that care received.	$0 copay. For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you are treated or monitored for an existing medical condition or an additional non-preventive service, during the visit when you receive the preventive service, a copay or coinsurance may apply for that care received.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DIAGNOSTIC SERVICES/LABS/IMAGING	10% coinsurance for each x-ray visit and/or simple diagnostic test, complex diagnostic test and/or radiology visit. Member pays $0 for clinical lab services, blood tests, urinalysis.	Member pays $0.	$40 copay for each X-ray visit and/or simple diagnostic test. $0 copay for testing to confirm chronic obstructive pulmonary disease. **Deductible does not apply.** 10% coinsurance for complex diagnostic test and/or radiology visit. $0 copay for each clinical/diagnostic lab test. Your provider must obtain approval from the plan for certain diagnostic studies including but not limited to PET, CT, and MRI scans. This is called getting prior authorization.	10% coinsurance for each X-ray visit and/or simple diagnostic test. $0 copay for testing to confirm chronic obstructive pulmonary disease. 10% coinsurance for complex diagnostic test and/or radiology visit. $0 copay for each clinical/diagnostic lab test. Your provider must obtain approval from the plan for certain diagnostic studies including but not limited to PET, CT, and MRI scans. This is called getting prior authorization.
TRANSPORTATION (MEDICALLY NECESSARY)	10% coinsurance. Non-emergency transportation must be medically necessary and supported by written order from doctor.	Member pays $0.	Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.	Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
MEDICAL SUPPLIES*	10% coinsurance.	Member pays $0.	10% coinsurance.	10% coinsurance.
PHYSICAL THERAPY	10% coinsurance.	Member pays $0.	$40 copay for physical therapy, occupational therapy, and speech language therapy visits. Your provider must obtain approval before receiving services. This is called getting prior authorization.	$25 copay for physical therapy, occupational therapy, and speech language therapy visits. Your provider must obtain approval before receiving services. This is called getting prior authorization.
AMBULANCE	10% coinsurance.	Member pays $0.	10% coinsurance per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation. This is called getting prior authorization.	10% coinsurance per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation. This is called getting prior authorization.
HOSPICE CARE	Member pays $0.	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.

*Medical Supplies refers to Medicare Part B - covered durable medical equipment and supplies, including diabetes testing equipment and supplies.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
FOREIGN TRAVEL EMERGENCY CARE	$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter.	$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter.	$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter. 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.	$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter. 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.
PART B DRUGS	10% coinsurance.	Member pays $0.	10% coinsurance for Part B drugs, drug administration, chemotherapy drugs and chemotherapy drug administration. Your provider must obtain approval before you get certain injectable/infusion drugs. This is called getting prior authorization.	10% coinsurance for Part B drugs, drug administration, chemotherapy drugs and chemotherapy drug administration. Your provider must obtain approval before you get certain injectable/infusion drugs. This is called getting prior authorization.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
MENTAL HEALTH: OUTPATIENT	10% coinsurance.	Member pays $0.	$40 copay for each: • professional or group therapy visit. • professional partial hospitalization visit. $0 copay for each: • outpatient hospital facility individual or group therapy visit. • partial hospitalization facility visit. Your provider must obtain prior plan approval for intensive outpatient mental health services or partial hospitalization for mental health.	$25 copay for each: • professional or group therapy visit. • professional partial hospitalization visit. $0 copay for each: • outpatient hospital facility individual or group therapy visit. • partial hospitalization facility visit. Your provider must obtain prior plan approval for intensive outpatient mental health services or partial hospitalization for mental health.
MENTAL HEALTH: INPATIENT	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$250 copay per day for days 1-5 per admission; then covered by the plan 100%. No limit to the number of days covered by the plan. $0 copay for physician services received while an inpatient during a hospital stay.	$95 copay per day for days 1-5 per admission; then covered by the plan 100%. No limit to the number of days covered by the plan. $0 copay for physician services received while an inpatient during a hospital stay.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
HEARING SERVICES*	10% coinsurance.	Member pays $0.	$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.

*Hearing services refer to Medicare-covered basic diagnostic hearing and balance exams; to determine if you need medical treatment, and these services are furnished by a physician, audiologist, or other qualified provider.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DENTAL SERVICES*	Deductible applies. 10% coinsurance.	Member pays $0.	$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 refer to non-routine Medicare-covered services and 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.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
EYE HEALTH*	10% coinsurance.	Member pays $0.	$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.** 10% coinsurance for glasses/contacts following cataract surgery.	$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. 10% coinsurance for glasses/contacts following cataract surgery.

*Eye health refers to glaucoma screenings for high risk members, diabetic retinopathy screening, macular degeneration tests and treatment, and eye protheses (replacement covered once every five years).

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**.

This information is not a complete description of benefits. Call **1-844-889-6357** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Unless otherwise noted: For the **Medicare Advantage Standard Plan**, members must meet their calendar-year deductible for all Part A and Part B covered services before their copayment or coinsurance will apply. For the **Supplement-Type Standard Plan**, members have no deductible to meet for Part A services, but for Part B services, members must meet their calendar-year deductible before their coinsurance will apply.

INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your $150 deductible, except for Generic Drugs which have no deductible.

DRUG CATEGORY/TIER	A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Value Network	A 31-Day Supply When Your Rx Is Filled At A Standard, Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
Generic Drugs	$15 No deductible applies	$20 No deductible applies	$37.50 No deductible applies
Preferred Brand Drugs	$25	$30	$62.50
Non-Preferred Brand Drugs	$50	$55	$125
Specialty Drugs (Including Generic Specialty Drugs)	25% of total cost	30% of total cost	25% of total cost

If the actual drug cost is less than the copayment, then the member pays the lower price. For prescriptions with less than a 31-day supply, the member pays a prorated amount of the copayment based on the actual supply.

The Preferred Value Network includes more than 31,000 pharmacies, including Walgreens, Walmart, Costco, Safeway, RiteAid, Sam's Club, Kroger, and Albertsons, among others.

COVERAGE GAP

If your prescription drug costs reach or exceed $4,020 in a year, you are responsible for the following copayment and coinsurances until your out-of-pocket yearly drug costs reach $6,350.

DRUG CATEGORY/TIER	A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Value Network	A 31-Day Supply When Your Rx Is Filled At A Standard, Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
Generic Drugs	$15 No deductible applies	$20 No deductible applies	$37.50 No deductible applies
All Brand Drugs	25% plus a portion of the dispensing fee	25% plus a portion of the dispensing fee	25% plus a portion of the dispensing fee

70% of brand-name prescription drug prices apply toward your yearly out-of-pocket total, even though you are not paying that 70%. This helps you reach your out-of-pocket total faster.

CATASTROPHIC COVERAGE

After your yearly out-of-pocket costs reach $6,350, you are responsible for the following copayment or coinsurances.

DRUG CATEGORY/TIER	A 31-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Value Network	A 31-Day Supply When Your Rx Is Filled At A Standard, Network Pharmacy	A 90-Day Supply When Your Rx Is Filled By Mail For Home Delivery
Generic Drugs	$3.60 or 5%, whichever is greater.	$3.60 or 5%, whichever is greater.	$3.60 or 5%, whichever is greater.
All Brand Drugs	$8.95 or 5%, whichever is greater.	$8.95 or 5%, whichever is greater.	$8.95 or 5%, whichever is greater.

IMPORTANT PLAN INFORMATION

- The amount you pay may differ depending on what type of pharmacy you use; for example, retail or home delivery.
- To find a network pharmacy, visit www.Express-Scripts.com.
- This plan uses a formulary – a list of covered drugs. To access this list visit www.Express-Scripts.com. The amount you pay depends on the drug's tier and on the coverage stage you've reached.
- For a list of drugs covered under the ITDR Low Cost Generic Drug Program visit www.itdr.com, or call Express Scripts Medicare Customer Service at (844) 470-1529. Prescriptions must be filled at a Medicare Preferred Value Pharmacy.
- You may receive up to a 90-day supply of certain medications taken on a long-term basis and delivered by mail through the Express Scripts. There is no charge for standard shipping. Not all drugs are available at 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.
- You must live the plan's service area to participate, which includes all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa.

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.

DENTAL PLANS | Summary Of Benefits

	METLIFE PPO		CIGNA HMO*
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Calendar Year Maximum Benefit	$2,000 per person	$2,000 per person	No maximum
Calendar Year Deductible	$60 per person (does not apply to Class 1 services)	$60 per person (does not apply to Class 1 services)	$0
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*
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*
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*
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
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

*Cigna HMO does not cover services provided by out-of-network dental providers. Copies of benefit plan materials are available to you via mail or email, and may be requested by calling Cigna. Please refer to the "Getting Help" pages of the guide for carrier contact information.

VISION PLAN | Summary Of Benefits

	IN-NETWORK	OUT-OF-NETWORK
Vision Exam (once every calendar year) With dilation *as necessary*	Covered in full after $10 copay	Up to $42
Eyeglass Lenses (once every 12 months)		
Single Vision	Covered in full after $10 copay	Up to $32
Bifocal	Covered in full after $10 copay	Up to $46
Trifocal	Covered in full after $10 copay	Up to $61
Lenticular	Covered in full after $10 copay	Up to $61
Standard Progressive	$10 copay	$80
Premium Progressive Tier 1	$30 copay	$80
Premium Progressive Tier 2	$40 copay	$80
Premium Progressive Tier 3	$55 copay	$80
Premium Progressive Tier 4	$10 copay, 20% off retail less $120 Allowance	$80
Eyeglass Frames (once every 2 *calendar* years) *Any available frame at provider location*	$0 copay, covered up to $140; 20% off balance over $140; Choose any frame (with no price limit) when you fill your eyeglass prescription at Target Optical	Up to $75
Contact Lens Fitting (once every 12 months)		
Standard	Covered in full after $25 copay	Up to $42
Specialty	Covered up to $55 after $25 copay	Up to $42
Contact Lenses (once every 12 months)*		
Conventional	Up to $130	Up to $100
Disposable	Up to $130	Up to $100
Medically Necessary	Paid in Full	Up to $210
Vision Correction Procedures LASIK - *Call EyeMed for full details*	15% discount or 5% off sale price	No benefit

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

Important Information
For Our Medicare Advantage Plan Members

Centers For Medicare & Medicaid Services (CMS) Required Notice

Plan: Anthem Blue Cross and Blue Shield - H4909
2019 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 members rate our plan's services and care;
- How well plan doctors detect illnesses and keep members healthy;
- How well the plan helps members use recommended and safe prescription medications.

For 2019, 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 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 this plan and how it differs 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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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 Administrations 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 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 band 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

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