2021

Benefits & Resources Guide

Take Off Toward **Better Health**

NEW expanded eligibility for 2021:
All age 65 or over former employees of Delta Air Lines, regardless of length of service, and former spouses may enroll.

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 over 24,000 of your fellow Delta retirees, pensioners, spouses, and survivors chose 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 like you. 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 2021.

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 are part of the Delta Air Lines family, you are likely eligible to participate in the exclusive offerings available through the Insurance Trust.

Whether you are a retiree, pensioner, former employee (regardless of length of service), spouse, former 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 our value-added Medicare plans.

If you're currently working at Delta, you'll become eligible upon your retirement. Plus, spouses or former 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.

You must enroll in Medicare to take advantage of our Medical Plan 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 1 with questions about the enrollment process, or 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 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 2021 *Annual Enrollment Period*

October 12 Through December 31, 2020

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 6th, 2020 to ensure your new ID card and plan documents arrive before January 1st, 2021. 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.

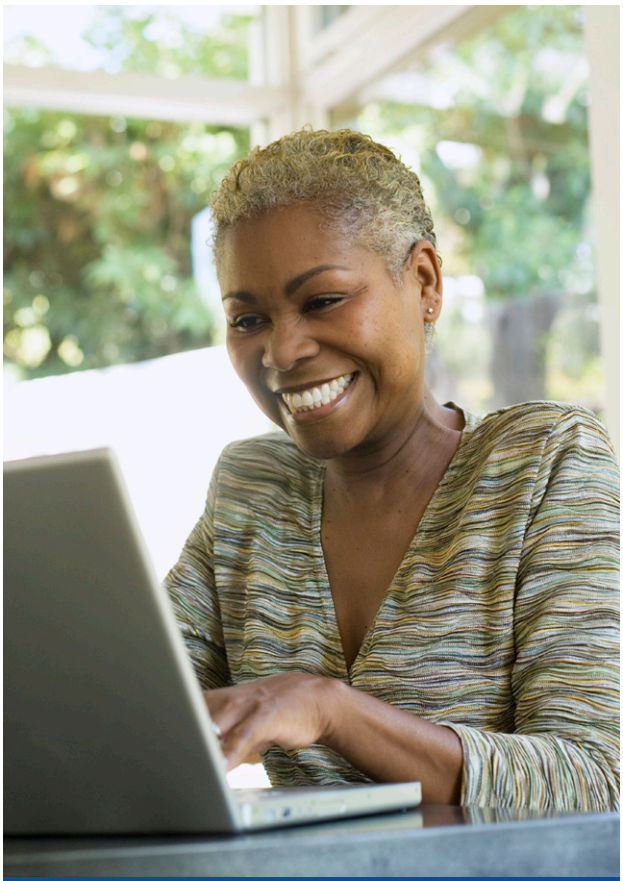
Already Have A Plan With Us?

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 2021 plan year.

If you want to change your selection to a different plan offered by the Insurance Trust, including our new Medicare Advantage Enhanced Plus Plan, you can do so up until December 31st, 2020; however, it's best to make any changes by November 6th, 2020 to make certain your new ID card and materials arrive at your home by the start of 2021.

Address, Phone, Or Email Changing?

If the address, phone number, or email address shown on the "2020 Summary of Current Elections" included with this booklet has changed, then be sure to provide your new information –online or by phone– by November 6th, 2020.



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 process online, or if you prefer, call our Retiree Service Center at **(877) 325-7265** and select **Option 1** to enroll via phone, or to request an application by mail.

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 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 enroll in coverage with 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 five Medical plans, along with a comprehensive prescription drug plan.

- Choose from **three** Medicare Advantage plans, including our newest plan with $0 deductible and lower out-of-pocket maximum.
- 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 maximum or deductible, depending on which plan you choose
- Foreign travel and emergency care coverage
- LiveHealth Online real-time telehealth services
- Hearing aid discounts
- Affordable access to dental and vision coverage

See Why Over **24,000** 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 online at www.itdr.com, or by calling (877) 325-7265, Option 1.

Understanding Medicare Supplements & Medicare Advantage

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 use your 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.

ITDR's Retiree Medical Plans

	Medicare Supplement-Type Plan	Medicare Advantage Plan
Who provides Medicare Part A and Part B	Traditional government-sponsored Medicare provides Part A and Part B benefits, and the Anthem Supplement-type Plan provides additional financial protection	The Anthem insurance plan replaces traditional Medicare, providing your Part A and Part B benefits, and they also provide additional financial protection
Provider Networks	Your choice of doctors and hospitals with no network limitations; see any provider who accepts Medicare	Your choice of doctors and hospitals with no network limitations; see any provider who accepts Medicare and the Anthem Medicare Advantage Plan; preauthorization of procedures may be required
Referrals	Freedom to see any provider who accepts Medicare, with no referral required	Freedom to see any provider who accepts Medicare and the Anthem Medicare Advantage Plan, with no referral required
Your cost-share	You may or may not have a deductible, coinsurance, or any out-of-pocket costs, depending on the Trust Plan option you choose	Your Trust Plan options have copays, coinsurance and an out-of-pocket cost maximum, and may have a deductible, depending on which plan you choose
Claims Process	Your provider files your claims with Medicare, and then Medicare passes the claims along to Anthem for additional payment consideration	Your provider files your claims with Anthem where it is reviewed for payment of Part A, Part B, and additional benefits
Premiums	You pay insurance premium and Medicare Part B premium	You pay insurance premium and Medicare Part B premium

Anthem Blue Cross Blue Shield Medicare Advantage Plans (Standard, Enhanced, and NEW FOR 2021 — Enhanced Plus)

If you're eligible for Medicare, then you can enroll in one of three Medicare Advantage plans offered by the Insurance Trust: our Standard Plan, Enhanced Plan, or NEW Enhanced Plus 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 responsible for copayments (and a small deductible with the Standard Plan).

Enrollment in the Trust's Prescription Drug Plan is automatic when selecting a Medical Plan. However, they are separate plans with different costs.

Please review the Summary of Benefits beginning on page 28 for plan details.

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

Medicare Advantage = Comprehensive Coverage

- Your Medicare Part A, Part B, and additional benefits all administered and managed by Anthem.
- $0 copay for preventive care, including annual wellness visits, flu and pneumonia vaccines, mammograms, and colonoscopies
- Coverage in all 50 states, plus Puerto Rico
- Flexibility to use any doctor or hospital who accepts Medicare and the plan
- 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

Three Medicare Advantage Options: What's The Difference?

Our three plans offer different price points and structures to meet the financial needs of our Members.

The Standard Plan has a $750 deductible. The Enhanced and Enhanced Plus plans have no deductible.

The Standard Plan and the Enhanced Plan both have a $2,500 out-of-pocket maximum, and the Enhanced Plus Plan has a lower, $1,500 out-of-pocket maximum.

With the the Standard and Enhanced Plans you pay copays for most services; with the Enhanced Plus plan, you generally pay 10% coinsurance.

Anthem Blue Cross Blue Shield Medicare Supplement-Type Plans

Our Supplement-Type plans offer complete flexibility with low or no out-of-pocket expenses. And, like all of our Medical plans, 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.

Enrollment in the Trust's Prescription Drug Plan is automatic when selecting a Medical Plan. However, they are separate plans with different costs.

EXCLUSIVE PLAN OPTION

No Deductibles & No Out-Of-Pocket Costs

The Insurance Trust offers an Enhanced Supplement-Type plan you won't find elsewhere, with no deductible and no out-of-pocket costs. You pay your Plan Premium and your Medicare Part B premium, and then you have no deductible or out-of-pocket cost for the year...**no bills!**

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, please review the Summary of Benefits on pages 28 of this guide.

Express Scripts Prescription Drug Coverage

Enrollment in our Prescription Drug Plan (Medicare Part D) is automatic* 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.

The Trust's Prescription Drug Plan has a $150 calendar year deductible that applies only to Brand-name drugs - no deductible to meet for Generics.

* 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 42 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, or internationally

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

When you choose coverage through the Insurance Trust, you have access to 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 16,000 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, just 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 such as cleanings, fillings, or dentures. That's why we selected two dental plan options for our members from Delta Dental, a nationally-recognized insurer.

NEW for 2021: The Trust's PPO and HMO-type dental plans will be insured by Delta Dental. Enhancements include:

- Both plans now available in all 50 states! *
- Expanded network access in many areas
- PPO plan allows two cleanings per year with the timing of your choice (separation by 6 months not required)

** HMO-type plan not available in the Territory of Puerto Rico.*

Delta Dental PPO Plan

DELTA DENTAL®

The Delta Dental PPO gives you supreme flexibility to choose any dentist you want regardless of his or her participation in Delta Dental'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 Delta Dental PPO, review the Summary of Benefits on page 44 in this booklet.

Delta Dental HMO-type Plan

DELTA DENTAL®

We selected an HMO-type dental plan from Delta Dental 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 Delta 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.

› For a Summary and Comparison of benefits, please see page 44.

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.

Flexible Features and Discounts

With the EyeMed plan, you'll receive a discount of up to $50 on the purchase of non-prescription sunglasses from **Sunglass Hut**.

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 45.

Access Important Contact Information on page 25.

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 2021?

Current Medicare Advantage Plan Members, new Members and any Members changing Medical Plans will receive new ID cards. Supplement-type Plan Members not making changes will continue to use their current ID cards into 2021.

All Dental Plan Members will receive new Delta Dental ID cards.

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. Enrollment in the Trust's Prescription Drug Plan from Express Scripts is automatic (unless you have VA/TRICARE benefits) when you join a Medicare Plan. In addition, we offer dental and vision.

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 12th 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.

Frequently *Asked Questions*

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 2021.

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.

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 or former spouses interested in enrolling?

Spouses or former 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 less than six months, 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 or if you or your spouse experiences a change causing you to lose other group coverage. You may also be eligible to add coverage 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.

Do my insurance premiums include my Medicare Part B premium?

No, you must still pay your Medicare Part B premium, as determined by Centers for Medicare and Medicaid Services (CMS).

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

Yes, you may authorize whomever you choose to be your designated individual. Find the phone numbers beginning on page 24 in the Contacts section of this booklet to notify the medical, prescription drug, dental, and vision insurance companies. Due to the legal requirements surrounding confidentiality, each must be handled separately. Contact a Personal Health Advocate with questions or for assistance at (877) 325-7265, Option 2.

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)
email: answers@healthadvocate.com

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

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

Medicare Advantage 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)

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
(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)
email: 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

Delta Dental PPO
(855) 251-0971
(8 a.m. to 8 p.m. EST, Monday – Friday)
www.deltadentalins.com/itdr

Delta Dental HMO-type Plan
(855) 370-4069
(8 a.m. to 9 p.m. EST, Monday – Friday)
www.deltadentalins.com/itdr

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

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

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.

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	$239.99
Supplement-Type Enhanced	$335.67
Medicare Advantage Standard	$108.52
Medicare Advantage Enhanced	$141.81
Medicare Advantage Enhanced Plus	$163.44

Monthly premiums are for one person. For married couples, multiply the costs, in the table to the left, 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.

DENTAL PLANS

Delta Dental PPO (Ground & Flight Attendant)	$49.76/$100.60 w/spouse
Delta Dental PPO (Pilots)	$58.92/$119.26 w/spouse
Delta Dental HMO-Type	$25.41/$50.71 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	$6.44/$11.96 w/spouse

SUPPLEMENT-TYPE MEDICAL PLANS | Summary of Benefits

	Supplement-Type Standard Plan	Supplement-Type 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**
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**
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.
OUTPATIENT HOSPITAL COVERAGE	10% coinsurance, deductible applies.	Member pays $0.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
DOCTOR VISITS (PRIMARY & SPECIALISTS)	10% coinsurance, deductible applies.	Member pays $0.
EMERGENCY CARE	10% coinsurance, deductible applies.	Member pays $0.
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.
URGENT CARE	10% coinsurance, deductible applies.	Member pays $0.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
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. Plan deductible applies.	$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.
DIAGNOSTIC SERVICES/ LABS/IMAGING	10% coinsurance for each x-ray visit and/or simple diagnostic test, complex diagnostic test and/or radiology visit, deductible applies. Member pays $0 for clinical lab services, blood tests, urinalysis.	Member pays $0.
TRANSPORTATION (MEDICALLY NECESSARY)	10% coinsurance, deductible applies. Non-emergency transportation must be medically necessary and supported by written order from a doctor.	Member pays $0. Non-emergency transportation must be medically necessary and supported by written order from a doctor.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
MEDICAL SUPPLIES*	10% coinsurance, deductible applies.	Member pays $0.

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

PHYSICAL THERAPY	10% coinsurance, deductible applies.	Member pays $0.
AMBULANCE	10% coinsurance, deductible applies.	Member pays $0.
HOSPICE CARE	Member pays $0.	Member pays $0.
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. 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.	Member pays $0 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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
PART B DRUGS	10% coinsurance for Medicare-covered Part B drugs, deductible applies. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines.	Member pays $0. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines
MENTAL HEALTH: OUTPATIENT	10% coinsurance, deductible applies.	Member pays $0.
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.
HEARING SERVICES*	10% coinsurance, deductible applies.	Member pays $0.

*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.

DENTAL SERVICES*	10% coinsurance, deductible applies.	Member pays $0.

*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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
EYE HEALTH*	10% coinsurance, deductible applies.	Member pays $0.

*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. **ITDR Benefit Questions: (877) 325-7265**, select **Option 2**

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

MEDICARE ADVANTAGE MEDICAL PLANS | Summary of Benefits

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
CALENDAR YEAR DEDUCTIBLE	**$750** **Deductible applies to covered services within each category following, prior to the copay or coinsurance, if any, being applied**, unless otherwise noted.	**$0**	**$0**
MAXIMUM ANNUAL OUT OF POCKET	**$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 and coinsurance 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.	**$1,500** All copays and coinsurance 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.
INPATIENT HOSPITAL COVERAGE	$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.	$0 copay per admission, 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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
OUTPATIENT HOSPITAL COVERAGE	**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.	10% coinsurance
DOCTOR VISITS (PRIMARY & SPECIALISTS)	$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.	10% coinsurance
EMERGENCY CARE	$75 copay for each emergency room visit.	$75 copay for each emergency room visit.	$100 copay for each emergency room visit.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
SKILLED NURSING FACILITY	$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.	$0 copay until 100 days, member pays 100% of all charges beyond 100 days. 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.
URGENT CARE	$40 copay for each visit.	$30 copay for each visit.	10% coinsurance for each visit.
PREVENTIVE CARE	$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.	$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.
DIAGNOSTIC SERVICES/ LABS/IMAGING	$40 copay for each x-ray visit and/or simple diagnostic test. 10% coinsurance for complex diagnostic test and/or radiology visit. Member pays $0 for clinical lab services, blood tests, urinalysis.	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.	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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
TRANSPORTATION (MEDICALLY NECESSARY)	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.	Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.
MEDICAL SUPPLIES*	10% coinsurance.	10% coinsurance.	10% coinsurance.

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

PHYSICAL THERAPY	$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.	10% coinsurance.
AMBULANCE	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.	10% coinsurance per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
HOSPICE CARE	$40 copay for the one time only hospice consultation. **Deductible does not apply.** When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	$25 copay for the one time only hospice consultation. When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	$0 copay for the one time only hospice consultation. When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.
FOREIGN TRAVEL EMERGENCY CARE	Plan deductible applies. 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.	No deductible applies. 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 for Medicare-covered Part B drugs. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines.	10% coinsurance for Medicare-covered Part B drugs. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines.	10% coinsurance for Medicare-covered Part B drugs. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
MENTAL HEALTH: OUTPATIENT	$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.	10% coinsurance. Your provider must obtain prior plan approval for intensive outpatient mental health services or partial hospitalization for mental health.
MENTAL HEALTH: INPATIENT	$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.	$0 copay per admission No limit to the number of days covered by the plan. $0 copay for physician services received while an inpatient during a hospital stay.
HEARING SERVICES*	$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 per visit to a Primary Care Physician (PCP) or retail health clinic. 10% coinsurance 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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Enhanced Plus
DENTAL SERVICES*	$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 per visit to a Primary Care Physician (PCP) or retail health clinic. 10% coinsurance 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.

EYE HEALTH*	$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.	10% coinsurance for visits to a primary care physician for exams to diagnose and treat diseases of the eye. 10% coinsurance 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).

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

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**.

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.

This information is not a complete description of benefits. **ITDR Benefit Questions: (877) 325-7265**, select **Option 2**

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.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 42 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

PRESCRIPTION DRUG PLAN | Summary Of Benefits

INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your $150 Brand-only deductible. Generic Drugs 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 32,000 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 $4,130 in a year, you are responsible for the following copayment and coinsurances until your out-of-pocket yearly drug costs reach $6,550.

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	$20	$37.50
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

*In addition to your 25%, 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 $6,550, 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	$3.70 or 5%, whichever is greater	$3.70 or 5%, whichever is greater	$3.70 or 5%, whichever is greater
All Brand Drugs	$9.20 or 5%, whichever is greater	$9.20 or 5%, whichever is greater	$9.20 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 in 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

	DELTA DENTAL PPO		DELTA DENTAL HMO-TYPE PLAN
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Maximum Benefit	$2,000 per person	$2,000 per person	No maximum
Calendar Year Deductible	$60 per person (does not apply to Type A services)	$60 per person (does not apply to Type A 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 mos.	 Covered as Type B Covered as Type C Once every 60 mos	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
Teeth Whitening	Not Covered	Not Covered	Services have copays

*Delta Dental HMO-type Plan 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 Delta Dental. See page 25 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 years)** *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	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 eyeglass lenses); Eyeglass lenses (in lieu of contact lenses).

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.

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

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 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

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

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