



Delta Family Values – Quality and Service



> 2024 Summary of Benefits

**A side-by-side comparison of your 2024
Monthly Premiums**

*The benefits summarized are extracted from the
ITDR 2024 Benefit Guide, pages 27.*

2024 ITDR Monthly Premiums

MEDICAL & PRESCRIPTION DRUG PLANS*

Plan Option	Medical & Prescription Drug Coverage
Supplement-Type Standard + Rx	\$261.41 per member
Supplement-Type Enhanced + Rx	\$384.65 per member
Medicare Advantage Standard + Rx	\$0.00 per member
Medicare Advantage Enhanced + Rx	\$57.32 per member
Medicare Advantage Enhanced Plus + Rx	\$77.32 per member

* Medical Plan Members who have Prescription Drug coverage through the VA/Tricare are eligible for Medical Only coverage. Please call the Retiree Service Center for details: 1-877-325-7265.

DENTAL PLANS

Delta Dental PPO (Ground & Flight Attendant)	\$50.40/\$101.24 w/spouse
Delta Dental PPO (Pilots)	\$59.56/\$119.90 w/spouse
Delta Dental HMO-Type	\$26.03/\$51.33 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, a \$4.00 monthly administrative fee will apply.

VISION PLANS

EyeMed Vision Plan	\$6.73/\$12.52 w/spouse
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