

# 2026 Summary of Benefits

A side-by-side comparison of your  
2026 Monthly Premiums

*The benefits summarized are extracted from the  
ITDR 2026 Benefit Guide, pages 26.*



# 2026



*Delta Family Values – Quality and Service*

# 2026 ITDR

## Monthly Premiums

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### MEDICAL & PRESCRIPTION DRUG PLANS\*

| Medical & Prescription Drug Coverage        | Deductible | Out of Pocket Max. (incl. deductible) | Monthly Premium Per Member |
|---------------------------------------------|------------|---------------------------------------|----------------------------|
| Medicare Advantage + Rx:<br><u>STANDARD</u> | \$1,000    | \$4,200                               | <b>\$0.00</b>              |
| Medicare Advantage + Rx:<br><u>ENHANCED</u> | \$0        | \$2,000                               | <b>\$133.90</b>            |
| Medicare Advantage + Rx:<br><u>PRIME</u>    | \$0        | \$500<br>(Emerg. Room Only)           | <b>\$378.52</b>            |
| Supplement-Type + Rx:<br><u>STANDARD</u>    | \$300      | \$1,500                               | <b>\$338.79</b>            |
| Supplement-Type + Rx:<br><u>ENHANCED</u>    | \$0        | \$0                                   | <b>\$511.55</b>            |

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

### DENTAL PLANS

|                                                 |                           |
|-------------------------------------------------|---------------------------|
| Delta Dental PPO<br>(Ground & Flight Attendant) | \$54.92/\$110.33 w/spouse |
| Delta Dental PPO<br>(Pilots)                    | \$64.90/\$130.67 w/spouse |
| Delta Dental HMO-Type<br>(All Retirees)         | \$26.08/\$51.38 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 | \$6.77/\$12.56 w/spouse |
|--------------------|-------------------------|