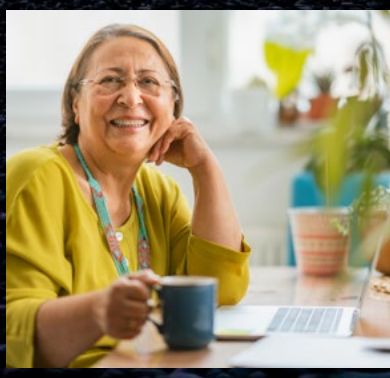
2027

Medicare Made Easy.

Just for the Delta Family.



2027 Benefits & Resources Guide for ITDR Members

INSURANCE TRUST for Delta Retirees

Delta Family Values – Quality and Service

For Questions About Enrollment or Benefits

If you have questions about benefits, enrollment, or would like to review and compare ITDR's plans, please call the ITDR Service Center at (877) 325-7265, from 8:30 a.m. to 9 p.m. ET, Monday through Friday.

You can also use the "CHAT WITH US" feature on www.itdr.com, which is available from 8:30 a.m. to 6 p.m. ET, Monday through Friday.

Scan the QR code, or visit itdr.com to learn more.

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Welcome To
Insurance Trust for Delta Retirees (ITDR)

A Message From Your Board Of Directors

As Board Members of the Insurance Trust for Delta Retirees (ITDR), we are former Delta employees like you. ITDR is a non-profit organization, we work hard to provide the best group benefits and services to meet the diverse needs of our nationwide Delta family. As a member of the Delta Family, we invite you to continue your coverage alongside more than **26,000 of your fellow Delta colleagues** in ITDR's plans, offering flexibility and a wide range of options you won't find elsewhere.

Whether you're a long-term or recent Member of ITDR, you have the unique opportunity to review your plan options annually and make changes—without providing proof of health—during Annual Enrollment.

Please read this booklet carefully to maximize your ITDR benefits and resources.

We represent ***Delta Family Values — Quality and Service***, and we look forward to continuing to serve you in 2027.

Sincerely,

The Insurance Trust for Delta Retirees Board of Directors

Pictured (l-r): Ted Towne, Treasurer; Bonnie Hirschberg, Chair; Doug Hultberg, Director; Shelly Sullivan, Secretary; Bob Werner, Vice Chair; Myron Coxe, Director; Brian Earp, Director

Tools to Make It Easy

Visit ITDR.com and click on the ENROLLMENT INFO tab.

On the website, you can access:

- **ITDR's simple Online Enrollment Tool**
- **ITDR Medical Plan Comparison Tool**
  Compare specific plans, features, or compare them all.
- **Prescription Drug Comparison Tool**
  Compare prices, find in-network pharmacies, and check covered medications.
  Visit **www.anthem.com/itdrrx**.

Eligibility & Making Changes

Who Is Eligible?

You are eligible to enroll in ITDR's Group Medicare Plans if you are age 65 or over and are a:

- Retiree
- Former employee (regardless of length of service, or whether you are eligible for a pension)
- Spouse
- Former spouse
- Surviving spouse of an employee

of Delta Air Lines, Inc., **including all subsidiaries, mergers, and acquisitions**.

To take advantage of our Medical Plan offerings, you must reside in one of the 50 United States, Washington, DC, and U.S. territories, including Puerto Rico and be enrolled in Medicare Parts A and B.

Retirees and their spouses may enroll individually when each becomes eligible, and do not have to enroll in the same plans. Each member may choose different medical, dental, and vision plan options.

Questions about Adding Coverage or Making Changes?

Call the ITDR Service Center at (877) 325-7265, 8:30 a.m. to 9:00 p.m. ET, Monday-Friday to review your current ITDR benefits or options, or with questions about Medicare.

When Can You Enroll or Make Changes?

During Annual Enrollment, current members can:

- Add new coverage
- Change their Medical package option
- Change their Dental plan type

Note, proof of health is NOT required for current members to make changes.

Members can move freely between any of ITDR's five Medicare options—whether from Advantage to Supplemental, or Supplemental to Advantage; or change between the dental HMO and PPO plan options.

To add new coverage or change your coverage options, select "Login" (top right of itdr.com home page) and access "Your Account", or call (877) 325-7265.

Termination of Coverage

If you previously had medical, dental, or vision coverage, and it terminated, you can only re-enroll in that plan under specific circumstances. These include losing coverage from another group plan or if your spouse independently becomes eligible for ITDR and enrolls.

To terminate coverage, or for re-enrollment, call the ITDR Service Center: (877) 325-7265.

Help Navigating Medicare
For Our Delta Family

Medicare Enrollment Support

All Delta family members eligible for ITDR's plans have access to the ITDR Service Center at no additional cost regardless of whether or not you choose coverage through ITDR.

ITDR's Service Center can help you or your spouse navigate the Medicare process by explaining:

- How Medicare works, including Part A, Part B, Part C, and Part D
- What Medicare does and does not cover
- Your options to fill Medicare's gaps
- What out-of-pocket expenses and premium payments to expect
- The different ITDR plan options, including pricing, benefits and more
- How to avoid Medicare's costly late-enrollment penalties
- What to do if you plan to keep working past age 65
- How to sign up for Medicare and when to do it

Decoding Medicare

New to Medicare, or still have questions? Join an "**Understanding Medicare Basics**" webinar. Learn the basics of Medicare and ITDR plan types, eligibility, coverage and cost options.

Scan the QR code or visit www.itdr.com/register-for-a-medicare-basics-webinar for more information or to register for a webinar!

Connect with ITDR's Service Center today!

- Call **(877) 325-7265**, Monday through Friday, from 8:30 a.m. to 9:00 p.m. ET.
- Visit **itdr.com/callback** to schedule an appointment at a time that's best for you.

2027 Annual Enrollment *Readiness*

October 12 Through December 31, 2026

Members can add or change coverage during the Annual Enrollment Period—and no proof of health is required. Enroll online at itdr.com or by phone at (877) 325-7265 by November 6th, 2026, to receive your new ID cards and plan documents before January 1st, 2027. Changes can be made until December 31st, but new ID cards will take a few weeks to arrive.

All Set, No Changes for 2027?

You don't need to do a thing if you want to keep your current coverage—you will **automatically** be enrolled in the same plan for the 2027 plan year with the 2027 premiums.

Address, Phone, Or Email Changing?

If your address, phone number, or email address has changed, please update your information as soon as possible to avoid missing important Plan communications. Make changes online through the "Your Account" member portal or by calling the ITDR Service Center at (877) 325-7265 as soon as possible.

Manage Your *ITDR Account*

By Phone: Call the ITDR Service Center at (877) 325-7265, from 8:30 a.m. to 9:00 p.m. ET, Monday through Friday.

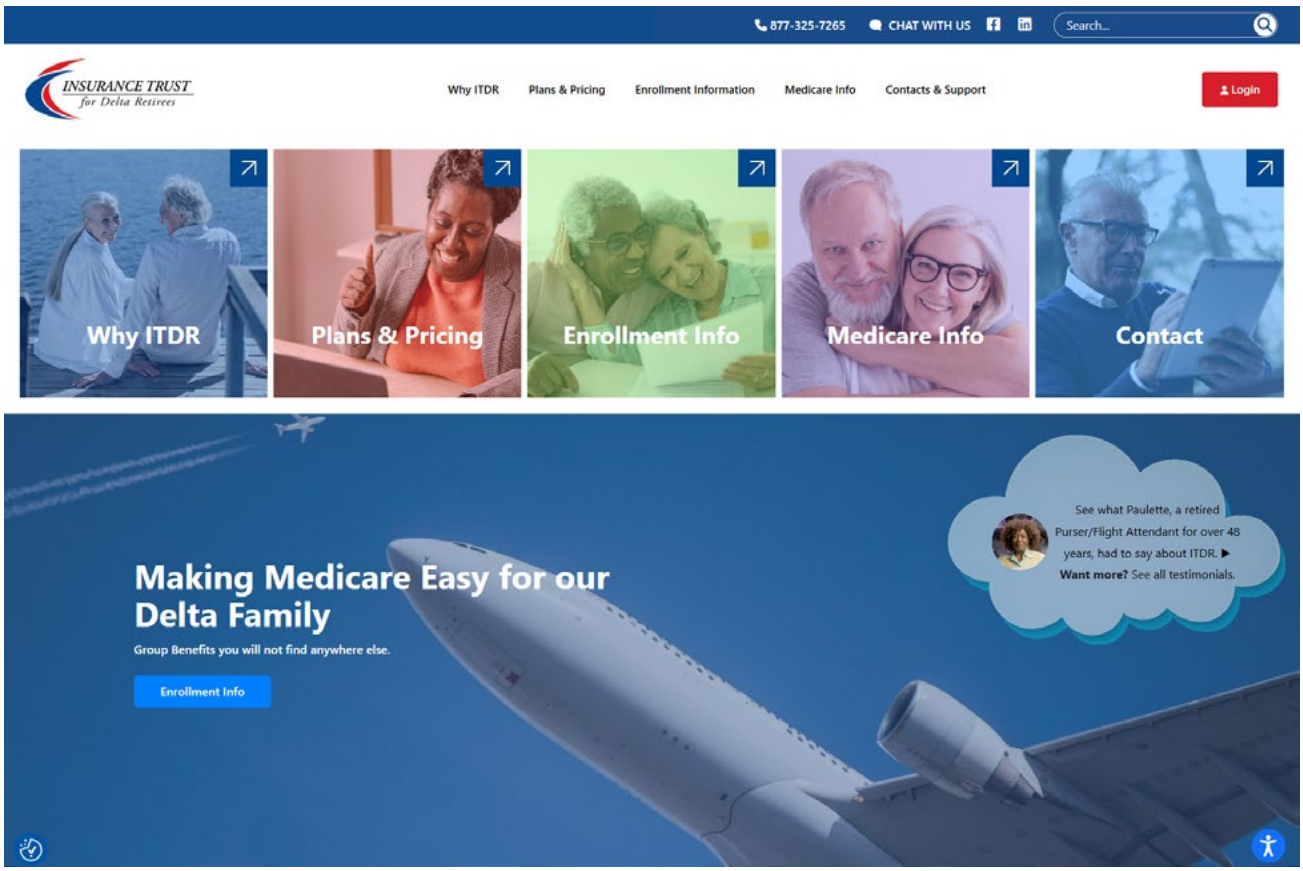
Live Chat: Access our "CHAT WITH US" feature at itdr.com to speak to a representative from 8:30 a.m. to 6:00 p.m. ET, Monday through Friday.

Online: At itdr.com, you can:

- Enroll in coverage
- Update contact/personal information
- Add a secondary address
- View current billing/payment status
- Access links and log into your plans with the ITDR insurance carriers with single sign-on (SSO)
- Arrange electronic premium payment
- And much more!

Setting up Your Account

1. Visit itdr.com
2. Click on the **LOGIN** tab on the top right of the homepage heading.



ITDR Group Medicare Plans
For Our Delta Family

Medical And Prescription Drug Coverage

ITDR makes Medicare EASY. Each of our five exclusive Group Medicare Plans **includes Prescription Drug coverage**.

Your group insurance travels with you, with the same benefits in all 50 United States, Washington, DC, and U.S. territories, including Puerto Rico. Choose from:

- **Three Medicare Advantage Plans**, with premiums starting **as low as $0**. Two plans have no deductible, including one with no out-of-pocket costs beyond the premium (except for a $100 Emergency Room copay).
- **Two Medicare Supplemental Plans**, including one not available elsewhere, with no deductible or out-of-pocket costs - **NEVER see another medical bill**.

All of our Medical Plans include Prescription Drug coverage with a drug formulary that includes over 99% of Medicare's approved drugs used by Delta retirees.

Some advantages of Group Coverage include:

- Same plans and benefits, regardless of where you live
- Rates that don't increase based on age or location
- Ability to change Medical or Dental Plan options annually, with no proof of health
- Foreign travel emergency coverage and travel assistance, including medical evacuation
- A SilverSneakers® fitness membership
- LiveHealth Online real-time telehealth services at $0 out-of-pocket cost
- Hearing aid discounts for Medicare Supplement Plans
- Hearing aid benefit for Medicare Advantage Plans
- Affordable access to dental and vision coverage

We are Over **26,000** Delta Family Members strong!

Call the ITDR Service Center to talk through our plan options at **(877) 325-7265**, or learn more online at **itdr.com**.

Medicare Supplement & Medicare Advantage – What's the Difference?

Medicare Parts A and Part B alone only cover about 80% of your medical expenses.

Medicare Supplement,
or "Medigap" plans:

- Work with Original Medicare
- Help pay some costs not covered by Medicare
- You use your Original Medicare card, and your insurance plan ID card when receiving care

Medicare Advantage,
or "Medicare Part C" plans:

- An alternative way to receive your Medicare-covered benefits rather than using Original Medicare directly
- Help pay some costs not covered by Medicare
- You use only your insurance plan ID card when receiving care

ITDR's Group Medicare Plans with Anthem Blue Cross and Blue Shield

	Medicare Supplemental Plans	Medicare Advantage Plans
Who provides Medicare Part A and Part B	Original government-sponsored Medicare provides Part A and Part B benefits. The Anthem Supplemental Plan provides additional financial protection.	The Anthem insurance plan replaces Original Medicare, providing your Part A and Part B benefits. They also provide additional financial protection.
Provider Networks	Your choice of doctors and hospitals; see any provider who accepts Medicare.	See any provider who accepts Medicare and the Anthem Medicare Advantage Plan. Preauthorization of some 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	**Your Trust Plan options may or may not have a deductible, coinsurance, or any out-of-pocket costs, depending on the ITDR plan option you choose.**	
Claims Process	Your provider files your claims with Medicare. Medicare then 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. **ITDR's Medicare Advantage plan premiums start at $0.**	

Anthem Blue Cross and Blue Shield Medicare Advantage Plans with Prescription Drug Coverage (MAPD)

ITDR's 2027 Group Medicare Advantage plan options:

- $0 Premium Standard Plan
- Enhanced Plan
- Prime Plan

All three plans:

- Are provided by **Anthem Blue Cross and Blue Shield**, one of the largest, most established health insurers in the nation.
- Include ITDR's Prescription Drug Plan and cover inpatient (Part A) and outpatient (Part B) care. You're responsible for medical and prescription drug deductibles and copayments, based on your plan selection.
- Are offered in all 50 United States, Washington, DC, and U.S. territories, including Puerto Rico.

Medicare Advantage with Prescription Drug (MAPD) = Comprehensive Coverage

- Medicare Part A, Part B, Part D and additional benefits are administered and managed by Anthem
- **$0 copay** for preventive care, including annual wellness visits, all Medicare-covered vaccines, mammograms, and colonoscopies
- Flexibility to use any doctor or hospital who accepts Medicare and the Anthem plan
- One ID card for medical and pharmacy coverage, so you can leave your Medicare card at home
- One Explanation of Benefits
- Foreign travel assistance and emergency care coverage
- Telehealth visits **at a $0 copay** through LiveHealth Online via your smartphone, tablet, or computer

Three Medicare Advantage Options: What's The Difference?

ITDR has three plan options to meet the diverse needs of our Delta family.

	Medicare Advantage Plans		
	Standard Plan	**Enhanced Plan**	**Prime Plan**
2027 ITDR Monthly Premium	$0 per member	$204.66 per member	$467.55 per member
Calendar Year Medical Deductible	$1,000	$0	$0
Maximum Annual Medical Out of Pocket	$4,200	$2,000	$500 (applies to Emergency Room copay only)*

All ITDR Group Medicare Plans include Prescription Drug Coverage. ITDR's comprehensive Prescription Drug formulary includes over 99% of drugs used by Delta retirees. Please review the Summary of Benefits beginning on page 34 for plan details.

*With the Standard and Enhanced Plans, you pay copays for most services; with the Prime plan, you pay $0 out of pocket after your monthly premium, with the exception of an Emergency Room copay - **you may never see a medical bill again!**

Anthem Blue Cross and Blue Shield Medicare Supplemental Plans With Prescription Drug Coverage

Designed To Supplement Traditional Medicare

Medicare Part A and Part B only pay about 80% of medical costs, meaning Medicare beneficiaries are responsible for the other 20%. ITDR's Group Medicare Supplemental plans help fill the gap by paying for some, **or all**, of the healthcare costs that traditional Medicare does not cover.

ITDR's Supplemental plans, provided by **Anthem Blue Cross and Blue Shield**, offer complete flexibility with low or no out-of-pocket medical expenses. Each of ITDR's medical plans automatically includes our Prescription Drug Plan. You are responsible for medical and prescription drug deductibles and copayments, based on your plan selection.

Supplemental Plan options provide maximum flexibility accessing care. Use any healthcare provider who accepts Medicare.

EXCLUSIVE PLAN OPTION
No Deductible or Out-Of-Pocket Medical Costs

ITDR's **Enhanced Supplemental plan** has no deductible or out-of-pocket medical costs. Just pay your Plan Premium and Medicare Part B premium, and you'll have no medical costs 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
- No paperwork – providers submit claims directly on your behalf
- Foreign travel and emergency care coverage
- Telehealth visits **at a $0 copay** through LiveHealth Online via your smartphone, tablet, or computer

	Medicare Supplemental Plans	
	Standard Plan	**Enhanced Plan**
2027 ITDR Monthly Premium	$355.18 per member	$505.90 per member
Calendar Year Medical Deductible	$300	$0
Maximum Annual Medical Out of Pocket	$1,500	$0

All ITDR Group Medicare Plans include Prescription Drug Coverage. ITDR's comprehensive Prescription Drug formulary includes over 99% of drugs used by Delta retirees. Please review the Summary of Benefits beginning on page 28 for plan details.

Prescription Drug Coverage Details from Anthem Blue Cross and Blue Shield

The Anthem Prescription Drug Plan (Medicare Part D) is administered by CarelonRx. Enrollment is automatic* when you enroll in an ITDR Medicare health plan.

- **Prescription drug formulary is the same for all of ITDR's medical plans**
- Over 99% of Medicare Part D drugs used by Delta Retirees are covered
- **Generic drugs – NO deductible**
- **Brand-name drugs only - calendar-year deductible**

The pharmacy plan name for:

- Medicare Advantage medical plans is **Anthem Medicare Preferred (PPO) with Senior Rx Plus plan**
- The Supplemental medical plan pharmacy plan name is **Blue MedicareRx (PDP) plan**

ITDR Anthem Price a Medication

Visit **www.anthem.com/itdrrx** to price a medication in the Prescription Drug Formulary.

Get Extra Savings on Your Prescription Drugs

Pay as little as **$2 for a 31-day supply or $4 for a 90-day supply** of certain, commonly-prescribed generic drugs – with **no deductible** on generics! Just fill your prescription at an Anthem Preferred Pharmacy network, including CVS, Walmart, Costco, Safeway, Harris Teeter, Kroger, Publix and Albertsons, among others.

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

Multi-dose Prescription Packaging Program

Get added convenience with a 30-day supply of your eligible daily medications:

- Sorted into individual packs
- Labeled by date and time
- Delivered in a clearly labeled dispenser box

Medicare Prescription Payment Plan

To help you manage your budget, you can spread your out-of-pocket Medicare Part D prescription drug costs out over monthly payments throughout the year (January-December). This option doesn't save you money or lower costs. It applies only to Part D, not Part B prescriptions.

To learn more, visit www.medicare.gov or contact Anthem Member Services (contact information may be found on page 24 of this booklet).

Review the Summary of Benefits on page 41 for details of our prescription drug coverage.

* If you access healthcare through the Veterans Administration or Tricare, you may opt out of the prescription drug plan through ITDR.

Additional Medical Plan *Benefits*

All ITDR Medical Plan Members have access to a wide variety of exclusive benefits and services. Click on "Additional Benefits" at itdr.com/plans-pricing to explore the full list, or call the Anthem Customer Service number on the back of your Member ID card. These additional benefits include:

LiveHealth Online – Telehealth visits **at a $0 copay** through LiveHealth Online let you see board-certified doctors, licensed therapists, psychologists and psychiatrists on your smartphone, tablet, or computer

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

SilverSneakers® – Gym memberships and at-home virtual classes at no additional cost

Travel Assistance (through Blue Cross Blue Shield Global Core) – 24/7 access to help if you face a medical emergency when away from home, even internationally, including medical evacuation

Hearing Aid Discount Program – For all members, plus an additional annual Medicare Advantage plan benefit*

Member Assistance Program – Help with legal and financial matters, online will and trust planning, and funeral concierge services

*** See page 39 for more information about the Hearing Services benefit included with our Medicare Advantage plans. Hearing aid discounts cannot be combined with the Medicare Advantage Hearing Aid benefit.**

Personal Medicare & Benefits Help
From Health Advocate

As an ITDR Member, you have access to a Personal Health Advocate who looks out for your best health interests. These services are also available to your parents, parents-in-law, spouses, and dependents. When you call, you'll be connected with a registered nurse or administrative specialist, depending on your inquiry, who will assist you until your issue is resolved.

Your Personal Health Advocate can help with:

- Questions about tests, treatments, and medications recommended or prescribed by your doctors
- Identifying the right physicians for a second opinion
- Home care
- Questions about prescription drugs, including 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

"The Health Advocate service is invaluable to an older client like myself. Tiffany, without a doubt, was worth her weight in gold for me. In addition, her personal follow-up the next day helped with our doctor search & helped to move our decision along much faster. Thanks to her and the team of Advocates for doing their jobs so well."

–January 10, 2026

SilverSneakers®
Fitness Program

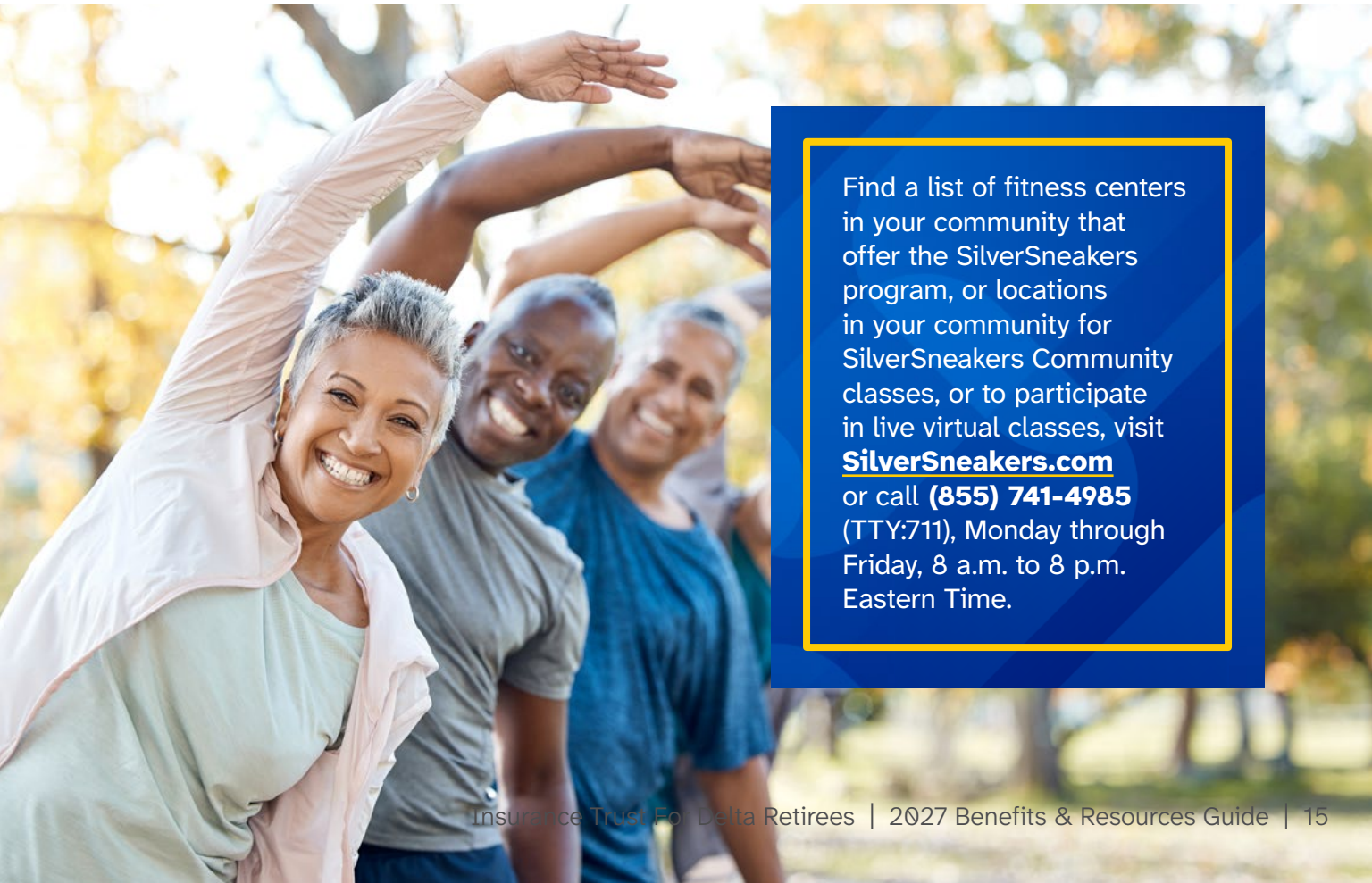
All of the Medicare health plans offered by ITDR include access to SilverSneakers® – gym memberships and at-home virtual classes at no additional cost.

SilverSneakers is a fitness program designed exclusively for Medicare beneficiaries and is available at thousands of fitness centers throughout the U.S., where you can use fitness club amenities, including workout equipment, swimming pools, and saunas at participating locations.

Plus, you can participate in SilverSneakers Community classes designed just for seniors to improve muscular strength, endurance, mobility, balance, and flexibility. You can even learn about pickleball and play a game!

SilverSneakers Community 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.

Working out from home? SilverSneakers also provides online classes through SilverSneakers LIVE virtual classes, SilverSneakers On-Demand videos available 24/7 and a mobile app, SilverSneakers GO.



Find a list of fitness centers in your community that offer the SilverSneakers program, or locations in your community for SilverSneakers Community classes, or to participate in live virtual classes, visit **SilverSneakers.com** or call **(855) 741-4985** (TTY:711), Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

Hearing Aid
Discount Program

One of ITDR's goals is to provide personalized service, high-quality care and exceptional products. When you enroll in any of ITDR's Medicare health plans, you'll also gain access to a variety of special discounts for hearing aids and audiology services through Amplifon Hearing Health Care.

ATTENTION Medicare Advantage Plan Members: See **page 39** for details on your plan's Hearing Aid Benefit, in addition to these discount options.

Amplifon Hearing Health Care

Amplifon has earned the trust of more than 80 million people across the country. In addition to receiving 25% off, plus an extra $50 off one hearing aid ($125 on two!), Amplifon members receive:

- Help finding a provider and scheduling appointments
- Substantial savings on top-quality care
- Ongoing service and support for your hearing aids
- Risk-free 60-day trial and warranty protection
- One year of follow-up care
- Two-year supply of batteries or a charging station

See the Summary of Benefits for plan benefit details: Supplemental Plans, page 32; Medicare Advantage Plans, page 39. For important contact information, access our directory on page 25.

Dental *Plans*

We frequently hear from our fellow Delta family 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 offer two dental plan options for our members from Delta Dental, a nationally-recognized insurer.

ITDR's PPO and HMO-type dental plans are insured by Delta Dental.

Features include:

- Both plans are available in all 50 states and U.S. territories including Puerto Rico
- Expanded network access in many areas
- Two oral exams in a calendar year and four cleanings within a 12-month period, at the timing of your choice

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 PPO or Premier networks, but using in-network dentists offers the most savings. And, when you use an in-network dentist, procedures like routine teeth cleanings, related exams 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®

This HMO-type dental plan from Delta Dental provides 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. When you enroll, you must select and use a primary care dentist from the DeltaCare USA network. Your primary care dentist will refer you to a specialist if any specialty care is required.

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

Vision *Plan*

Medicare (and the Group 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 just over $7 per month, you can purchase vision insurance provided by EyeMed® through ITDR 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

Please visit **eyemed.com/member**, sign up as a member, or log in, and navigate to the Special Offers tab to discover quarterly offers designed to help save on out-of-pocket expenses for your vision needs. The Special Offers discounts can be combined with your vision insurance benefit for even greater savings.

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 (Farmers GroupSelect℠)

Farmers GroupSelect℠ 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.*

To get a no-obligation quote, please call **(800) 438-6381** and mention your Group Program Code: **BRC**.

Or visit www.myautohome.farmers.com.

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.

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

FARMERS INSURANCE

Pet *Insurance*

Pets aren't like family, they are family. Taking good care of them starts with pet insurance that can help protect their health and your wallet. Help cover the costs of vet visits, accidents and more with MetLife Pet Insurance.

MetLife Pet Insurance can combine the coverage and discounts you want with the care you and your furry family members may need. Enjoy benefits like:

- Discounts of up to 30%[1]
- Up to 90%[2] coverage if your pet becomes sick or injured – including exam fees
- Optional preventive care coverage for routine wellness
- Visit any licensed vet in the U.S.

[1] Must be eligible for applicable discounts. When combining discounts, restrictions apply. Not all discounts are available in every state.

[2] Reimbursement options include: 50%, 70%, 80% and 90%.

Identity & Fraud *Protection*

People are doing more online than ever before, making us more vulnerable to fraud and online threats. Make the internet a safer place for you and your family.

MetLife + Aura Identity and Fraud Protection is an all-in-one digital security solution that helps safeguard what matters to you most: your identity, money and assets, family, reputation and privacy. Advantages of MetLife + Aura Identity and Fraud Protection include:

- **Identity Theft & Financial Fraud Protection:** Keep your personal, credit, and financial information secure in one place and protected with proactive controls, advanced threat detection and actionable alerts.
- **Scam & Cybercrime Prevention:** Our powerful suite of advanced digital tools helps catch and block scams, spam and phishing attempts.
- **Smart Family Safety:** With unique features like Secure Family Sharing and a Digital Parenting Suite, MetLife + Aura makes it easier than ever for you to help loved ones safely navigate the digital world.
- **Resolution and Reimbursement:** Rely on 24/7 US-based support and expert fraud resolution.

To learn more about Pet Insurance and Identity & Fraud Protection, see Important Contact Information on page 25.

Frequently *Asked Questions*

Please call the ITDR Service Center **(877) 325-7265** with questions.

If I am already enrolled in an ITDR plan, will I receive new medical ID cards for 2027?

- **Medicare Supplemental Plan Members** will continue to use their current ID cards for both medical and prescription drug services in 2027.
- **Medicare Advantage Standard, Enhanced, and Prime Plan Members** will receive a new ID card for 2027.
- **Any members who change plans for 2027** will receive a new ID card.

Who is eligible to enroll in ITDR's Plans?

If you are age 65 or older, enrolled in Medicare Parts A and B, and a:

- retiree
- pensioner
- former employee
- spouse
- former spouse
- survivor of a former 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.

Can I elect Medical and Prescription Drug coverage separately?

No. Medical and Prescription drug coverage are included together as a package, 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 ITDR's Plan Prescription Drug coverage.

Please call the ITDR Service Center at **(877) 325-7265** for details.

What plans do you offer?

We offer five Group Medicare Plans from Anthem Blue Cross and Blue Shield. Enrollment in ITDR's Prescription Drug Plan from Anthem 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?

ITDR plan Members may add or change coverage during the fall Annual Enrollment period, **with no proof of health**. Changes may be allowed in limited circumstances, such as gaining eligibility for, or losing, other group insurance. Please call the ITDR Service Center for details at **(877) 325-7265**.

What if I already have my insurance through ITDR? Do I need to re-enroll?

If you currently have insurance through ITDR and you want to keep your current selections, **then you do not need to take any action**. Your benefit choices will roll over to 2027 with 2027 premiums.

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 enrollment form. You do not need to elect the same coverages.

Frequently *Asked Questions*

Please call the ITDR Service Center **(877) 325-7265** with questions.

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

If you are a survivor of a Delta family employee 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 or changing coverage from ITDR.

Is my domestic partner eligible for coverage?

No. As the Insurance Trust for Delta Retirees operates as a Voluntary Employees' Beneficiary Association (VEBA) trust, domestic partners are not able to be considered as eligible for coverage due to federal tax law and IRS regulations. Coverage is limited to eligible spouses.

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, you can no longer contribute pretax to your HSA. You may withdraw money to pay for ITDR Plan and Medicare premiums, deductibles, copays and coinsurance.

ITDR cannot provide tax advice. Members are encouraged to consult their tax advisor.

What happens after I enroll?

After you complete your enrollment online or by phone, 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 with ITDR, 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 in that coverage plan if you experience special circumstances, such as losing coverage from another group plan, or the termination of another plan you are in.

You may also be eligible to re-enroll if your spouse independently becomes eligible and enrolls or you return to the U.S. after moving abroad, and again become eligible for Medicare.

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 ITDR Benefit Plans regardless of the Delta employee or retiree's age or enrollment status.

Frequently *Asked Questions*

Please call the ITDR Service Center **(877) 325-7265** with questions.

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

Like Medicare, the ITDR Plan does not cover people living outside the U.S. and its' territories, however ITDR'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 you change residence but return to the U.S. with Medicare eligibility, you may re-enroll.

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.

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. You may be eligible to change your coverage elections if you or your spouse experience a change causing you to gain or lose other group coverage.

Are there penalties for late enrollment?

The ITDR Plan does not impose a penalty for late enrollment. However, Medicare may assess a late enrollment penalty (LEP) if you fail to enroll during your initial Medicare enrollment period and had no other creditable coverage. You may incur an increase in premiums. Contact a Personal Health Advocate with questions at **(877) 325-7265, Option 3**.

Will my insurance premiums increase based on my age?

No, the ITDR 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 3**.

Getting *Help*

For Questions About Enrollment or Benefits

If you have questions about benefits, enrollment, or would like to review and compare ITDR's plans, please call the ITDR Service Center at **(877) 325-7265**, from 8:30 a.m. to 9 p.m. ET, Monday through Friday.

You can also use the "CHAT WITH US" feature on **www.itdr.com**, which is available from 8:30 a.m. to 6 p.m. ET, Monday through Friday.

Important Contact Information

ITDR Service Center

(877) 325-7265

(8:30 a.m. to 9 p.m. ET, Monday – Friday)

Visit www.ITDR.com and click on the "Login" button, which gives members access to resources such as online enrollment, single-sign-on to all your Trust insurance plans, updating your contact and communication preference information, billing information, and more.

Personal Health Advocate

(877) 325-7265, Option 3

(8 a.m. to midnight EST, Monday – Friday)

email: answers@healthadvocate.com
www.healthadvocate.com/members
(type in "ITDR" at login for personalized help)

Contact a Personal Health Advocate who looks out for your best health interests. They are also available to member's parents, parents-in-law, spouses, and dependents. When you call, you'll be connected with a registered nurse or administrative specialist, depending on your inquiry, who will assist you until your issue is resolved.

Anthem Medicare Advantage Plans Member Services

(844) 889-6357

(8 a.m. to 9 p.m. ET, Monday – Friday)

anthem.com/login

Anthem CarelonRx: For Prescription Drug Plan, including mail-order, assistance:

(833) 476-2694

(7 a.m. to 7 p.m. ET, 7 days a week)

Network Provider Search

Search for doctors, pharmacies, or other healthcare providers with **Anthem's Find Care** tool:

Visit anthem.com and choose the Find Care option. Under "Use Member ID for Basic Search" section, enter **YGZ** and click continue. **Tip:** If no providers appear in your search results, it may be because the **Primary Care Provider (PCP)** filter is applied by default. To expand your search results, try selecting provider types such as **Family/General Practice**, **Internal Medicine**, or **Nurse Practitioner**s. Note, some providers may not be registered as a PCP, which can affect search results.

Anthem Medicare Advantage First Impressions Welcome Team

(for anyone with questions about enrolling in a Medicare Advantage or Prescription Drug Plan)

(844) 889-6356, TTY: 711

(8 a.m. to 9 p.m. ET, Monday – Friday)

Anthem Supplemental Plans Member Services

(833) 835-2716

(8 a.m. to 8 p.m. ET, Monday – Friday)

anthem.com/login

Anthem CarelonRx: For Prescription Drug Plan, including mail-order, assistance:

(833) 476-2694

(7 a.m. to 7 p.m. ET, 7 days a week)

Nurse Line (Anthem)

(800) 700-9184

LiveHealth Online

www.livehealthonline.com

Prescription Drug Plan - CarelonRx

Home Delivery: (833) 476-2694

Customer Service: (833) 460-1066

ITDR Anthem Price a Medication

Visit www.anthem.com/itdrrx to price a medication in the Prescription Drug Formulary.

Travel Assistance

Blue Cross Blue Shield Global Core

(877) 547-2903 (US and Canada)

(804) 673-1177 (from all other countries; call collect)

www.bcbsglobalcore.com

(information on the back of medical ID card)

SilverSneakers

(855) 741-4985 (TTY: 711)

(8 a.m. to 8 p.m. ET, Monday – Friday)

www.silversneakers.com

EyeMed

(866) 800-5457

(8:00 a.m. to 11 p.m. ET, Monday – Friday; 8:00 a.m. to 11 p.m. ET, Saturday; 11 a.m. to 8 p.m. ET, Sunday)

www.eyemed.com

Delta Dental PPO

(855) 251-0971

(8 a.m. to 8 p.m. ET, Monday – Friday)

www.deltadentalins.com/itdr

Delta Dental HMO-type Plan

(855) 370-4069

(8 a.m. to 9 p.m. ET, Monday – Friday)

www.deltadentalins.com/itdr

Amplifon Hearing Healthcare

(888) 488-1179

www.amplifonusa.com/itdr

Farmers Group Select℠ Auto & Home Insurance

(800) 438-6381

Please mention your Group Program Code: BRC

www.myautohome.farmers.com

MetLife Pet Insurance

(844) 876-9443

Get a Quote: https://metlife.com/getpetquote

MyPets Login: https://mypets.metlife.com

MetLife (Aura) Identity and Fraud Protection

(844) 931-2872 24/7/365

https://offer.aura.com/instrustdeltaret

2027 ITDR
Monthly Premiums

MEDICAL & PRESCRIPTION DRUG PLANS*

Medical & Prescription Drug Coverage	Medical Plan Deductible	Medical Plan Out of Pocket Max. (incl. deductible)	Monthly Medical + Rx Premium Per Member
Medicare Advantage + Rx: STANDARD	$1,000	$4,200	**$0.00**
Medicare Advantage + Rx: ENHANCED	$0	$2,000	**$204.66**
Medicare Advantage + Rx: PRIME	$0	$500 (Emerg. Room Only)	**$467.55**
Supplemental + Rx: STANDARD	$300	$1,500	**$355.18**
Supplemental + Rx: ENHANCED	$0	$0	**$505.90**

Note: You pay ITDR insurance premium and Medicare Part B premium.

* See page 41 for Prescription Drug Plan Deductible and Out-of-Pocket Maximums.

Members with a Prescription Drug plan through VA/Tricare are eligible for Medical-only coverage. Call the ITDR Service Center for details: (877) 325-7265

DENTAL PLANS

Delta Dental PPO (Ground & Flight Attendant)	$55.45/$110.86 w/spouse
Delta Dental PPO (Pilots)	$65.43/$131.20 w/spouse
Delta Dental HMO-Type (All Retirees)	$26.86/$52.16 w/spouse

You do not have to purchase medical and prescription drug coverage through ITDR in order to purchase Dental or Vision coverage, however, a $4.50 monthly administrative fee will apply.

VISION PLANS

EyeMed Vision Plan	$7.04/$13.08 w/spouse

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 ssa.gov/prescriptionhelp, where you can download and complete an application, or call (800) 772-1213 for more information.

Trust Plan Administrative Fees

Administrative fees are included in Insurance Trust premiums to cover administrative/operating expenses, including printing and mailing, legal, audit and accounting expenses, travel, and other appropriate expenses of ITDR Board Members and other obligations of the ITDR undertaken for the benefit of Members.

For additional information about other resources for members of the Delta Air Lines Family, call a Personal Health Advocate at **(877) 325-7265**.

SUPPLEMENTAL MEDICAL PLANS | Summary of Benefits

	Supplemental Standard Plan	Supplemental 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplemental Standard Plan	Supplemental 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplemental Standard Plan	Supplemental Enhanced Plan
PREVENTIVE CARE	$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://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://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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplemental Standard Plan	Supplemental 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 six months 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 six months 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplemental Standard Plan	Supplemental 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Supplemental Standard Plan	Supplemental 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 prostheses (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 anthem.com/login. 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://medicare.gov/medicare-and-you/medicare-and-you.html.

This information is not a complete description of benefits.

ITDR Benefit Questions: (877) 325-7265.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 41 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 Prime Plan
CALENDAR YEAR DEDUCTIBLE	**$1,000** **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	**$4,200** All copays, coinsurance, and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of routine hearing services and the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	**$2,000** All copays and coinsurance amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of routine hearing services and the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	**$500** Applicable to Emergency Room visits only. Foreign travel emergency and urgently needed care deductible or coinsurance amounts do not accrue toward this medical plan maximum.
INPATIENT HOSPITAL COVERAGE	$500 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
OUTPATIENT HOSPITAL COVERAGE	**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. $45 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.	**Surgical:** $0 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery. **Non-surgical:** $0 copay for a visit to a primary care physician in an outpatient hospital setting/clinic for non-surgical services. $0 copay for a visit to a specialist in an outpatient hospital setting/clinic for nonsurgical services including radiation therapy. **For both surgical and non-surgical:** $0 copay for each outpatient observation room visit.
DOCTOR VISITS (PRIMARY & SPECIALISTS)	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $45 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.	$0 copay per visit to a Primary Care Physician (PCP), retail health clinic or specialist. $0 copay for Medicare-covered allergy testing and injections.
EMERGENCY CARE	$150 copay for each emergency room visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition. Deductible does not apply.	$140 copay for each emergency room visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	$100 copay for each emergency room visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
SKILLED NURSING FACILITY	$0 copay for days 1-20 and $50 copay per day for days 21-100 per benefit period. Deductible applies. 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 for days 1-100 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.
URGENT CARE	$65 copay for each visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition. Deductible does not apply.	$30 copay for each visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	$0 copay for each visit. Copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
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	$45 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.	$0 copay 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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
TRANSPORTATION (MEDICALLY NECESSARY)	Non-emergency transportation is covered at 10% coinsurance per one-way trip with prior authorization from the plan.	Non-emergency transportation is covered at 10% coinsurance per one-way trip with prior authorization from the plan.	Non-emergency transportation is covered at $0 copay per one-way trip with prior authorization from the plan.
MEDICAL SUPPLIES*	10% coinsurance. $0 copay for Medicare-covered Continuous Glucose Monitors (CGMs) and related supplies. Deductible will be waived for 2027 when the CGM is purchased through the pharmacy.	10% coinsurance. $0 copay for Medicare-covered Continuous Glucose Monitors (CGMs) and related supplies.	$0 copay $0 copay for Medicare-covered Continuous Glucose Monitors (CGMs) and related supplies.

* Medical Supplies refers to Medicare Part B - covered durable medical equipment and supplies. Diabetes testing equipment and supplies (lancets, test strips, blood glucose monitor and therapeutic inserts/shoes) benefit is $0 copay for preferred brand 30-day supplies and glucometers. Two preferred brand continuous glucose monitors are covered: FreeStyle Libre and Dexcom. Other brands will not be covered unless it is medically necessary. Therapeutic shoes/inserts - deductible waived.

* Insulin cost share capped at $35 copay.

PHYSICAL THERAPY	$45 copay for physical therapy, occupational therapy, and speech language therapy visits. Deductible applies. 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.	$0 copay Your provider must obtain approval before receiving services. This is called getting prior authorization.
AMBULANCE	10% coinsurance per one-way trip. Deductible does not apply. 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.	$0 copay per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation. This is called getting prior authorization.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
HOSPICE CARE	$45 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*	Member pays 20% of expenses incurred for emergency care. 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 20% of expenses incurred for emergency care. 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.	$0 copay 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. Deductible does not apply. Member pays $0 for the Covid-19, pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines. The Insulin cost-share maximum is a $35 copay.	10% coinsurance for Medicare-covered Part B drugs. Member pays $0 for the Covid-19, pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines. The Insulin cost-share maximum is a $35 copay.	$0 copay for Medicare-covered Part B drugs. Member pays $0 for the Covid-19, pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines. The Insulin cost-share maximum is a $35 copay.

* Insulin cost share capped at $35 copay. No Cost for Part D vaccines.
* Refer to your EOC for deductible details.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
MENTAL HEALTH: OUTPATIENT	$45 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. Deductible applies. 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.	$0 copay for each: • professional or group therapy visit. • professional partial hospitalization visit. • 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	$500 copay per day for days 1-5 per admission; then covered by the plan 100%. Deductible applies. 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*	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. Deductible applies. $45 copay per visit to a specialist. Deductible applies. Hearing aids are limited to a $500 benefit per ear with a maximum benefit of $1,000 every three calendar years.** Deductible does not apply.	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $25 copay per visit to a specialist. Hearing aids are limited to a $500 benefit per ear with a maximum benefit of $1,000 every three calendar years.**	$0 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $0 copay per visit to a specialist. Hearing aids are limited to a $500 benefit per ear with a maximum benefit of $1,000 every three calendar years.**

* 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. Routine hearing exams and fitting evaluations are limited to a $70 maximum annual benefit, combined in- and out-of-network.

** You pay 80% coinsurance for hearing aids not supplied by TruHearing. Deductible does not apply.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply. See page 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan	Medicare Advantage Prime Plan
DENTAL SERVICES*	$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $45 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.	$0 copay per visit to a Primary Care Physician (PCP) or retail health clinic. $0 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.

EYE HEALTH*	$10 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye. $45 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 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.	$0 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye. $0 copay for visits to a specialist for exams to diagnose and treat diseases of the eye. $0 copay for glaucoma and diabetic retinopathy screenings. $0 copay 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 prostheses (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 anthem.com/login or by calling the ITDR Service Center at 877-325-7265.

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://medicare.gov/medicare-and-you/medicare-and-you.html.

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

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 41 for details regarding Prescription Drug Plan deductible, copays and coinsurance.

INITIAL COVERAGE

You are responsible for the following copayments and coinsurance after you meet your 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 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
Annual Deductible	**$250** (Brand Drugs Only)		
Standard MAPD Plan only:	**$700** (Brand Drugs Only)		
Select Generic Drugs	$2 No deductible applies	$4 No deductible applies	$4 No deductible applies
Generic Drugs	$15 No deductible applies	$20 No deductible applies	$37.50 No deductible applies
Preferred Brand Drugs	$35	$40	$80
Standard MAPD Plan only:	$45	$50	$100
Non-Preferred Brand Drugs	$60	$65	$130
Standard MAPD Plan only:	25% of total cost	25% of total cost	25% of total cost
Specialty Drugs* (Including Generic Specialty Drugs)	25% of total cost	30% of total cost	25%* of total cost
Standard MAPD Plan only:	25% of total cost	25% of total cost	45% of total cost*

* Specialty limited to a 31-day supply

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 Network includes more than 27,000 pharmacies, including CVS, Walmart, Costco, Safeway, Harris Teeter, Kroger, Publix, and Albertsons, among others.

RETAIL & HOME DELIVERY PHARMACY: 90-DAY SUPPLY

DRUG CATEGORY/Tier	A 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network	A 90-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
Select Generic Drugs	$4 No deductible applies	$8 No deductible applies	$4 No deductible applies
Generic Drugs	$30 No deductible applies	$37.50 No deductible applies	$37.50 No deductible applies
Preferred Brand Drugs	$70	$80	$80
Standard MAPD Plan only:	$90	$100	$100
Non-Preferred Brand Drugs	$120	$130	$130
Standard MAPD Plan only:	25% of total cost	25% of total cost	25% of total cost

CATASTROPHIC COVERAGE

After your yearly out-of-pocket costs reach $2,400, you are responsible for the following copayment or coinsurances.

DRUG CATEGORY/Tier	Up to a 90-Day Supply When Your Rx Is Filled At A Pharmacy In Our Preferred Network	Up to a 90-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	$0 copay per prescription	$0 copay per prescription	$0 copay per prescription
All Brand Drugs	$0 copay per prescription	$0 copay per prescription	$0 copay per prescription

Choose from Thousands of Pharmacies Nationwide

The Anthem plan lets you fill your prescriptions at more than 63,000 pharmacies nationwide, including national chains and thousands of locally-owned and operated independent and specialty pharmacies. You will have a lower cost share when accessing one of the Preferred retail network pharmacies.

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.anthem.com/find-care/ or call Anthem Customer Service at (833) 460-1066.
- This plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage you've reached. To search the formulary for a drug, visit www.anthem.com/itdrrx. To view the full formulary, visit your Anthem member portal or the Enroll 2027 tab on itdr.com.
- For a list of drugs covered under the ITDR Low Cost Generic Drug Program visit itdr.com, or call Anthem Customer Service at (833) 460-1066. Select generics can be filled at Preferred and Standard Pharmacies or delivered to your door from CarelonRx Home Delivery up to a 90-day supply.
- You may receive up to a 90-day supply of certain medications taken on a long-term basis and delivered by mail through the CarelonRx Pharmacy. There is no charge for standard shipping through CarelonRx Pharmacy. Not all drugs are available at a 90-day supply.
- Your healthcare provider may require prior authorization from CarelonRx for certain drugs, when required by plan rules.
- If your medication has restrictions (such as prior authorization, step therapy or quantity limits), Medicare guidelines may allow at least a one-month, temporary supply of that drug, to give you time to speak with CarelonRx 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. Anthem (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Anthem 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 or Orthodontic Services)	$60 per person (does not apply to Type A services or Orthodontic Services)	$0
Type A Covered Services: Preventive and Diagnostic Services (Subject to Frequency Limits)	100% of the network dentist contracted amount	100% of program allowance	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 program allowance	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 program allowance	Most services have copays, see benefit schedule for details*
Dentures • Repairs • Initial Installation (Full or Partial) and Adjustments • 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 (Adults Only)	50% of the network dentist contracted amount, no deductible	50% of program allowance, no deductible	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. This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description.

VISION PLAN | Summary of Benefits

EYEMED	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 calendar year)		
• 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 calendar year) *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 calendar year)		
• Standard	Covered in full after $25 copay	Up to $42
• Specialty	$25 Copay; 10% off retail price, then apply $55 Allowance	Up to $42
Contact Lenses (once every calendar year)*		
• 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

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

I understand that the effective date of coverage is when I can begin using the plan services, and the Medicare Advantage plan will send me written notification of the effective date of my enrollment in the plan.

I understand that this Medicare Advantage plan is offered under a contract with the Centers for Medicare & Medicaid Services (CMS) and the CMS review of its benefits. I understand that my coverage will come into effect only if this enrollment is approved by the plan and CMS.

I understand that I need to keep my Medicare Parts A and 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 CMS from any other Medicare Advantage plan or Medicare Part D prescription drug plan. I can only be in one Medicare Advantage plan at a time. It is my responsibility to inform the plan of any other prescription drug coverage that I have or may obtain in the future.

I understand that when my plan coverage begins, I must receive all my medical benefits from Anthem. Benefits and services authorized by Anthem and contained in my plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, neither Medicare nor Anthem will pay for benefits or services.

I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the United States border.

I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.

Medicare Supplement plans offered by Anthem Blue Cross and Blue Shield.

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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 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 Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Travel Assistance and Identity Theft Support Services provided by Blue Cross Blue Shield Global Core.

EyeMed Vision Plan underwritten by Fidelity Security Life Insurance Company.

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ITDR has made every attempt to ensure the accuracy of the information described in this benefits guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs), or other legal documents that govern the plans of benefits described here will be resolved according to those 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.

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