



# Delta Flex Travelers 2010 Benefit Guide

# Delta Flex Travelers Benefit Program

We're pleased to provide employees with a competitive and comprehensive benefits program while maintaining cost-effective programs that allow you to choose the plan that works best for you. It is a benefits program we can be proud of as we strive to recruit and retain the best people in our industry.

Delta Flex Travelers Benefits:

- Health care coverage – medical, dental, vision
- Basic Life Insurance



## Who is Eligible?

If you are a Delta Flex Travelers full-time employee working 30 or more hours per week you are eligible to enroll in the benefits described in this guide. Your benefits will be effective on the first day of the month following date of employment. You may also enroll your legal spouse, including a domestic partner, and an unmarried dependent child up to age 25.



## How to Enroll

Review your current benefit elections and make any changes if necessary by completing the through the 2010 Benefits Enrollment Form and submitted to Talent. You will be automatically enrolled in company paid Basic Life/AD&D. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



## When to Enroll

The open enrollment period runs from December 7<sup>rd</sup> through December 18<sup>th</sup>. The benefits you elect during open enrollment will be effective from January 1, 2010 through December 31, 2010.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

# Medical Plan Highlights

2010

Delta Flex Travelers offers three medical plans through **United Healthcare** – Tier 1, Tier 2, and Tier 3.

Participants have a network of doctors and facilities but can also utilize providers and facilities outside the network. It is important to note that participants will receive the highest amount of coverage when they choose providers that participate in the network.

FEATURES / COVERED SERVICES	Tier 3		Tier 2		Tier 1	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Coinsurance</b>	80%	60%	80%	60%	80%	60%
<b>Annual Deductible</b>	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
<b>Annual Out-of-Pocket</b>	\$2,250 Individual \$4,500 Family	\$4,500 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family	\$11,000 Individual \$22,000 Family	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
<b>Office Visit (PCP and Specialist)</b>	\$20 copay	60% after deductible	\$25 copay	60% after deductible	\$25 copay	60% after deductible
<b>Routine Preventive Care</b>	\$20 copay	60% after deductible	\$25 copay	60% after deductible	\$25 copay	60% after deductible
<b>Inpatient Hospital Care</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Outpatient Hospital Care/Surgery</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>ER Services</b>	\$100 copay		\$150 copay		\$200 copay	
<b>Urgent Care Services</b>	\$50 copay	60% after deductible	\$50 copay	60% after deductible	\$75 copay	60% after deductible
<b>Pharmacy - Retail (30 day supply)</b>	\$10 - Generic \$35 - Brand \$60 - Non-Formulary		\$10 - Generic \$35 - Brand \$60 - Non-Formulary		\$10 - Generic \$35 - Brand \$60 - Non-Formulary	
<b>Pharmacy - Mail (90 day supply)</b>	\$25.00 - Generic \$87.50 - Brand \$150 - Non-Formulary		\$25.00 - Generic \$87.50 - Brand \$150 - Non-Formulary		\$25.00 - Generic \$87.50 - Brand \$150 - Non-Formulary	
<b>Contributions per Pay Period</b>	Tier 3		Tier 2		Tier 1	
<b>Employee Only</b>	\$19.34		\$6.47		\$0.00	
<b>Employee + Spouse / Domestic Partner</b>	\$107.00		\$81.26		\$68.32	
<b>Employee + Child(ren)</b>	\$89.47		\$66.30		\$54.66	
<b>Employee + Family</b>	\$194.65		\$156.04		\$136.71	

## Dental Plan Highlights

2010

The Dental plan through **Met Life** provides comprehensive coverage regardless of whether you go to a network dental provider or a non-network dental provider. However, MetLife dentists typically discount their fees by 10%-30%, so you save money and extend your benefits by seeing a MetLife dentist. In addition, MetLife dentists cannot charge more than “reasonable & customary”\* amount that the plan allows.

FEATURES / COVERED SERVICES	Dental Plan	
	Met Life Dental Provider	Non-Met Life Dental Provider
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Benefits Based on....	Negotiated Rates	Reasonable and Customary - 90% percentile
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum Benefit	\$1,500	\$1,500
Orthodontia Lifetime Maximum Benefit	\$1,500	\$1,500
Orthodontia Applies to Children Only	Child(ren) to age 19	
<b>Contributions per Pay Period</b>		
Employee Only	\$7.78	
Employee + Spouse / Domestic Partner	\$15.74	
Employee + Child(ren)	\$17.50	
Employee + Family	\$27.27	

The Met Life dental plan has no open enrollment provision. If you enroll after your initial eligibility period (hire date), and no qualifying event for you or your dependent occurs, then you and/or your dependents will have reduced benefits under the "Late Applicant Provision." The "Late Applicant Provision" does not apply when an employee adds him/herself or dependents due to a qualifying event.

ID cards are not required, but you may obtain an ID card from Talent.

\*"Reasonable and Customary" is defined as the usual amount charged for the particular service in the geographic area where the service is rendered.

## Vision Plan Highlights

2010

The vision plan is provided through **United Healthcare**. The plan pays benefits for both UHC providers and non-UHC providers; however, benefits will be greater when you utilize UHC providers.

FEATURES / COVERED SERVICES	Frequency of Service	Copaymant at Network Provider	Non-Network Benefit
<b>Routine Vision Examination</b>	Once every 12 months	\$10	Up to \$40
<b>Eyeglass Frames</b>	Once every 24 months	\$25 from the Covered Eyeglass Frames Selection	Up to \$45
<b>Eyeglass Lenses</b>	Once every 12 months		
* <b>Single Vision</b>		\$25	Up to \$40.00
* <b>Bifocal</b>		\$25	Up to \$60.00
* <b>Trifocal</b>		\$25	Up to \$80.00
* <b>Lentricular</b>		\$25	Up to \$80.00
<b>Contact Lenses</b>	Once every 12 months	\$25 from the Covered Contact Lens Selection	Up to \$105
* <b>Necessary</b>		\$25	Up to \$210
<b>Contributions per Pay Period</b>	<b>Vision Plan</b>		
<b>Employee Only</b>		\$1.82	
<b>Employee + Spouse / Domestic Partner</b>		\$3.46	
<b>Employee + Child(ren)</b>		\$3.62	
<b>Employee + Family</b>		\$5.57	

**Eyeglass Lenses:** Scratch-resistant coating is covered in full

You are eligible to select only one of either eyeglasses (Eyeglass Lenses and/or Eyeglass Frames) or Contact Lenses. If you purchase Eyeglass Lenses and Eyeglass Frames at the same time from the same Network Provider, only one Copayment will apply to those Eyeglass Lenses and Eyeglass Frames together.

You may purchase from your Network Provider Eyeglass Frames that are outside of the Covered Eyeglass Frames Selection. Non-selection Eyeglass Frames will receive an allowance of \$50.00 wholesale or \$130.00 retail, depending upon the type of Network Provider selected. No Copayment will apply to non-selection Eyeglass Frames.

You may purchase from your Network Provider Contact Lenses that are outside of the Covered Contact Lens Selection. Non-selection Contact Lenses will receive an allowance of \$105.00. No Copayment will apply to non-selection Contact Lenses.

## Basic Life and AD&D Highlights

Delta Flex Travelers provides full-time employees with \$25,000 group life and accidental death and dismemberment (AD&D) insurance through United Healthcare, and pays the full cost of this benefit. Please update your beneficiary by completing the Beneficiary Designation on the 2010 Benefits Enrollment Form.

## Health Discount Program through United Healthcare

Even if you have medical, dental, and/or vision coverage, as an enrolled health plan member, you can save even more money by using your health discount program for:

- Dental care – cosmetic procedures such as teeth whitening
- Vision care – Laser eye surgery
- Alternative care – Acupuncture, chiropractic care, massage therapy and natural medicine
- Health supplies – Family, household, diabetic and medical supplies, beauty and skin care; vitamins and supplements
- Long-term care – Skilled nursing facilities, assisted living, respite programs and durable medical equipment
- Hearing Devices

No referrals are required and there are no claim forms. Link to the health discount program from [www.myuhc.com](http://www.myuhc.com) and click on the Health & Wellness tab. Scroll down and click on Exclusive Health Discounts.

## Questions & Answers

Changes that can be made effective January 1, 2010:

- ✓ Change medical plans
- ✓ Enroll or terminate individual and/or dependent coverage in the medical/dental /vision plans.

When do the changes take into effect?

- ✓ All changes will be effective January 1, 2010.

When are the forms due and where do I return them?

- ✓ Forms are due no later than December 18, 2009 to enroll or waive coverage.

Will I get a new ID card?

- ✓ All employees will receive new cards from United Healthcare.

Who do I contact with questions?

- ✓ Contact Talent with any questions you may have.

## Contact Information

Type of Benefit Plan	Carrier / Vendor	Phone Number	Website Address
Medical	United Healthcare	(866) 633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
Prescription Drug	Medco	(800) 282-2881	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	MET Life	(800) ASK-4-MET	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Vision Plan	United Healthcare	(800) 638-3120	<a href="http://www.myuhcspecialtybenefits.com">www.myuhcspecialtybenefits.com</a>
Benefits Concierge	The Plexus Groupe	(888) 351-5564	<a href="mailto:benefitsconcierge@plexusgroupe.com">benefitsconcierge@plexusgroupe.com</a>

# Important Notices

2010

## The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (called "HIPAA") contained "Privacy Rules" that require protection of an individual's Personal Health Information (PHI) including medical records and health status. The Privacy Rules require that the use or disclosure of an individual's private health information be permitted only if authorized in writing by that individual. In order to comply with this legislation, The Delta Companies, our Benefits Broker, and our health carriers have adopted policies and practices to protect the privacy of our employees. Delta Flex Travelersis required to ensure that any private health information is not used without obtaining a signed authorization form from each individual.

## Medicare Part D

This notice pertains to individuals who are Medicare eligible. Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years old and a citizen or permanent resident of the United States. You might also qualify for coverage if you are a younger person with a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Effective January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. The Delta Companies has determined that the prescription drug coverage offered by United Healthcare is, on average for all plan participants, expected to pay out as much as the standard Medicare Prescription drug coverage will pay. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare Coverage. If you have any questions on Medicare Part D or require a Medicare Part D Certificate of Creditable Coverage, please contact Talent.

## Women's Health & Cancer Rights Act

The Plan is intended to comply with the Women's Health and Cancer Rights Act of 1998, which requires that all health insurance plans that cover mastectomy also cover the following medical care:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- and/or Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Such coverage will be provided in a manner determined in consultation with the physician and patient. To the extent permitted by applicable law, the coverage is subject to all the terms of the plan, including applicable deductibles, benefit maximum allowances, copayments and co-insurance provisions.