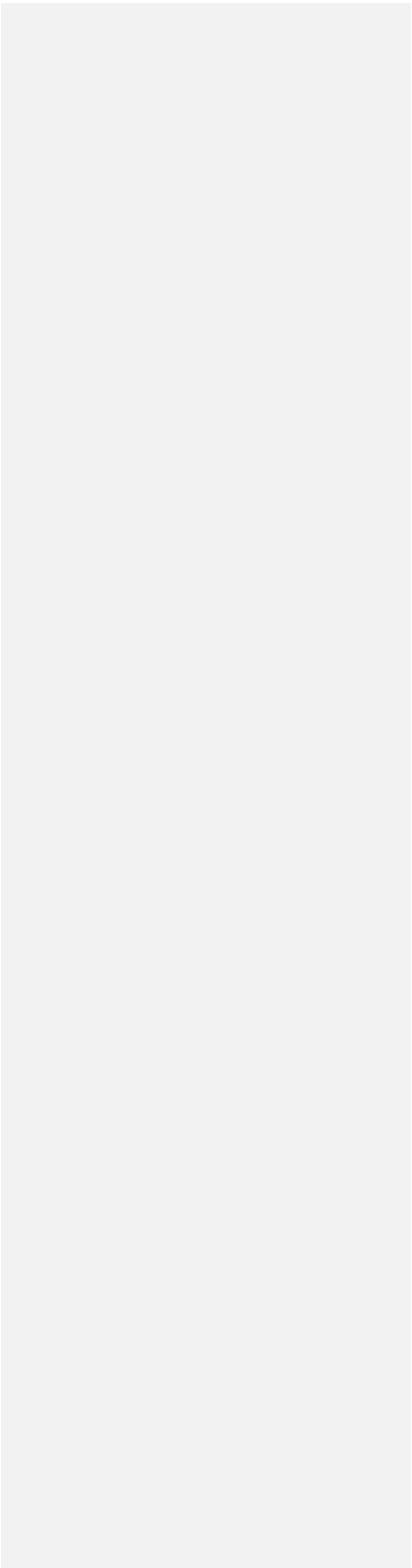




Delta Flex Travelers 2012 Benefits Guide



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 are 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/AD&D 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 dependent children up to age 26.



How to Enroll

Review your current benefit elections and make any changes, if necessary, by completing the 2012 Benefits Enrollment Form and submitting it 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 1st through December 9th. The benefits you elect during Open Enrollment will be effective from January 1, 2012 through December 31, 2012.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual 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.

If you or a dependent experience a qualified change in status, you must notify Talent within thirty (30) days. You must also complete and return a new 2012 Benefits Enrollment Form and provide any required supporting documentation.

Medical Plan Highlights

Delta Flex Travelers offers three medical plans through **Blue Cross and Blue Shield** – 2,500 Deductible, \$5,000 Deductible and \$10,000 Deductible Plan.

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 (meaning out-of-pocket costs for covered services will be lower) when they choose providers that participate in the network.

Primary Care Physicians (PCPs), including (but not limited to) those in family practice, general practice, internal medicine and pediatrics, are generalist physicians who provide care at the point of first contact and take ongoing responsibility for providing the patient's care. **Specialists**, such as a cardiologist or gastroenterologist, are health care professionals that are qualified to limit practice to a narrow spectrum of health care.

To find a BCBS medical provider, visit www.bcbstx.com.

FEATURES / COVERED SERVICES	Premium Plan \$2,500 Deductible		Buy-Up Plan \$5,000 Deductible		Base Plan \$10,000 Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	80%	60%	80%	60%	80%	60%
Annual Deductible (CYD)	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family	\$10,000 Individual \$20,000 Family	\$15,000 Individual \$30,000 Family
Annual Out-of-Pocket (Includes Annual Deductible)	\$5,000 Individual \$10,000 Family	\$11,000 Individual \$22,000 Family	\$10,000 Individual \$20,000 Family	\$15,000 Individual \$30,000 Family	\$15,000 Individual \$30,000 Family	\$20,000 Individual \$40,000 Family
Primary Care Physician (PCP) Office Visit	\$25 copay	60% after deductible	\$25 copay	60% after deductible	\$25 copay	60% after deductible
Specialist Office Visit	\$50 copay	60% after deductible	\$50 copay	60% after deductible	\$50 copay	60% after deductible
Routine Preventive Care	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
Inpatient Hospital Care	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Hospital Care/Surgery	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room Services-Facility	80% after \$250 copay		80% after \$250 copay		80% after \$250 copay	
Emergency Room Services-Physician	80% after deductible		80% after deductible		80% after deductible	
Urgent Care Services	\$75 copay	60% after deductible	\$75 copay	60% after deductible	\$75 copay	60% after deductible
Retail Pharmacy (30 day supply)	\$10 - Generic \$25 - Preferred Brand \$50 - Non-Preferred Brand		\$10 - Generic \$25 - Preferred Brand \$50 - Non-Preferred Brand		\$10 - Generic \$25 - Preferred Brand \$50 - Non-Preferred Brand	
Mail Order Pharmacy (90 day supply)	\$30 - Generic \$75 - Preferred \$150 - Non-Preferred Brand		\$30 - Generic \$75 - Preferred \$150 - Non-Preferred Brand		\$30 - Generic \$75 - Preferred \$150 - Non-Preferred Brand	
CONTRIBUTIONS PER PAY PERIOD	Weekly		Weekly		Weekly	
Employee Only	\$17.39		\$7.84		\$0.00	
Employee + Spouse	\$98.21		\$74.95		\$63.43	
Employee + Child(ren)	\$82.04		\$64.86		\$50.74	
Employee + Family	\$179.01		\$150.36		\$126.85	

New Compass Program

The Delta Companies has selected the experts at Compass Professional Health Services as our personal healthcare advisors. Compass' mission is to help you understand and obtain the full value from your healthcare benefits. The Delta Companies will be assigned a "Health Pro" from Compass who will serve as a personal healthcare resource for our employees and their family members.

Why should you contact Compass? Here are a few reasons

- **Save Money!** Compass helps members save an average of \$620 each year by helping them avoid overpriced medical expenses by comparing costs for different providers in your area.
- **Find a Doctor.** Compass has pre-screened the best doctors and their office staff in your area. Take the guesswork out of finding a physician.
- **Insurance Questions.** Ask Compass anything about insurance - even Medicare. Compass can help select plans, estimate what insurance will pay before you receive care, and resolve billing disputes.

Compass provides step by step service throughout the health care purchasing and treatment process.



Enter this video link in your Web browser for more information on how Compass can assist you in making more efficient health care decisions and save you money on your out-of-pocket health care costs:

<http://www.acaphealth.com/share/vid/compass/>

You will receive more detailed information from Compass in December, including your own membership card with your Health Pro's toll-free phone number. You and your family members can begin using this new service on or after January 1, 2012!

All employees that are enrolled in a BCBS medical plan are eligible to use this program.

Dental Plan Highlights

The Dental plan through **Blue Cross and Blue Shield (BCBS)** provides comprehensive coverage regardless of whether you go to a network dental provider or a non-network dental provider. However, BCBS dentists typically discount their fees by 10%-30%, so you save money and extend your benefits by seeing a BCBS dentist. In addition, BCBS dentists cannot charge more than “reasonable & customary”^{*} amount that the plan allows so you are not “balance billed” for amounts that exceed the “reasonable & customary”^{*} amount.

To find a BCBS dental provider, visit www.bcbstx.com.

FEATURES / COVERED SERVICES	DENTAL PLAN	
	BCBS Dental Provider	Non-BCBS 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 & Customary
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum Benefit	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,500	\$1,500
Orthodontia Applies to Children Only	Child(ren) to age 19	
Contributions per Pay Period	Weekly	
Employee Only	\$6.94	
Employee + Spouse	\$14.04	
Employee + Child(ren)	\$15.61	
Employee + Family	\$24.32	

ID cards are provided by BCBS; you will receive one in the mail prior to your benefits effective date.

^{*}“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

The vision plan is provided through **Superior Vision**. The plan pays benefits for both Superior Vision providers and non-Superior Vision providers; however, benefits will be greater (meaning your out-of-pocket costs for covered services will be lower) when you utilize Superior Vision providers.

To find a Superior Vision eyecare provider, visit www.superiorvision.com.

FEATURES / COVERED SERVICES	VISION PLAN	
	Superior Vision Provider	Non-Superior Vision Provider
Annual Exam	Every 12 Months	
Routine Eye Exam	\$10 copay	Plan pays up to \$42 (MD) Plan pays up to \$37 (OD)
Eyeglass Frames	Every 24 Months	
Frames	\$25 copay	Plan pays up to \$48
Eyeglass Lenses	Every 12 Months	
Single Vision	\$25 copay	Plan pays up to \$32
Bifocal	\$25 copay	Plan pays up to \$46
Trifocal	\$25 copay	Plan pays up to \$61
Lenticular	\$25 copay	Plan pays up to \$84
Lense Options	Every 12 Months	
Tint	20% discount or maximum of \$25 member cost	Not covered
Standard Polycarbonate	20% discount or maximum of \$40 member cost	Not covered
Contact Lenses	Every 12 Months	
Medically Necessary	\$25 copay	Plan pays up to \$210
Elective/Cosmetic	\$25 copay	Plan pays up to \$100
LASIK	Discount available at participating providers	
Contributions per Pay Period	Weekly	
Employee Only	\$1.76	
Employee + Spouse	\$3.48	
Employee + Child(ren)	\$3.41	
Employee + Family	\$5.19	

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 designation on the 2012 Benefits Enrollment Form.

Health Discount Program through Blue Cross and Blue Shield

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. You can access the Health Discount Program page at www.bcbstx.com/member/blue_extras.html.

Questions & Answers

Changes that can be made effective January 1, 2012:

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

When do the changes go into effect?

- ✓ All changes will be effective January 1, 2012.

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

- ✓ Forms are due no later than December 5, 2011 to enroll or waive coverage. Return completed forms to Talent.

Will I get new ID cards?

- ✓ All employees will receive one new card from BCBS for both medical and dental coverage.
- ✓ All employees will receive new cards from Superior Vision for vision coverage.

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 / Email Addresses
Medical Plan	Blue Cross Blue Shield	(800) 521-2227	www.bcbstx.com
Compass Health Pro	Compass	Available 1/1/2012	Available 1/1/2012
Dental Plan	BCBS	(800) 521-2227	www.bcbstx.com
Vision Plan	Superior Vision	(800) 507-3800	www.superiorvision.com
Employee Benefits Helpline	Holmes Murphy	(877) 293-2949	mybenefits@holmesmurphy.com

2012 Required Health Plan Notices

Patient Protection Disclosure

You do not need prior authorization from The Delta Companies or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the Blue Cross and Blue Shield online provider directory at www.bcbstx.com.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's summary plan description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, call The Delta Companies Human Resources Department at (800) 521-5060.

Newborn & Mother Protection Act

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

If you would like more information on the Newborn & Mother Protection Act, call The Delta Companies Human Resources Department at (800) 521-5060.

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. The Delta Companies is required to ensure that any private health information is not used without obtaining a signed authorization form from each individual.

Special Enrollment Rights Notice

A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we notify you about your right to enroll in The Delta Companies Health & Welfare Plan under its "special enrollment provisions." Generally, you must enroll in the Plan when you become eligible, or at open enrollments. However, under HIPAA, you may also enroll in the Plan if any of the following circumstances occurs:

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid Or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

All questions about special enrollment rights should be directed to:

Name of Entity: The Delta Companies

Contact/Office: Human Resources Department

Address: 1755 Wittington Place, Suite 175, Dallas, Texas 75234

Phone Number: (800) 521-5060

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to the insurer for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.

- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of May 20, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:
Privacy Officer
Wes Willard
The Delta Companies
May 5, 2011
(800) 521-5060

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

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