



Delta Flex Travelers 2011 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.



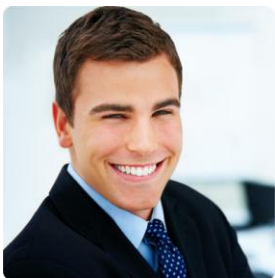
How to Enroll

Review your current benefit elections and make any changes, if necessary, by completing the 2011 Benefits Enrollment Form and submitting it to Risk Management. 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 10th. The benefits you elect during Open Enrollment will be effective from January 1, 2011 through December 31, 2011.



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.

If you or a dependent experience a qualified change in status, you must notify Risk Management within thirty (30) days. You must also complete and return a new 2011 Benefits Enrollment Form and provide any required supporting documentation.

Medical Plan Highlights

Delta Flex Travelers offers three medical plans through **United Healthcare** – Base, Buy-Up, and Premium.

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 UHC medical provider, visit www.myuhc.com.

FEATURES / COVERED SERVICES	Premium Plan		Buy-Up Plan		Base Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	80%	60%	80%	60%	80%	60%
Annual Deductible	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Annual Out-of-Pocket	\$2,250 Individual \$4,500 Family	\$4,500 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family	\$11,000 Individual \$22,000 Family	\$10,000 Individual \$20,000 Family	\$15,000 Individual \$30,000 Family
Primary Care Physician (PCP) Office Visit	\$20 copay	60% after deductible	\$25 copay	60% after deductible	\$25 copay	60% after deductible
Specialist Office Visit	\$40 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	\$250 copay		\$250 copay		\$250 copay	
Urgent Care Services	\$75 copay	60% after deductible	\$75 copay	60% after deductible	\$75 copay	60% after deductible
Retail Pharmacy (30 day supply)	\$15 - Generic \$30 - Preferred Brand \$65 - Non-Preferred Brand		\$15 - Generic \$30 - Preferred Brand \$65 - Non-Preferred Brand		\$15 - Generic \$30 - Preferred Brand \$65 - Non-Preferred Brand	
Mail Order Pharmacy (90 day supply)	\$37.50 - Generic \$75 - Preferred \$162.50 - Non-Preferred Brand		\$37.50 - Generic \$75 - Preferred \$162.50 - Non-Preferred Brand		\$37.50 - Generic \$75 - Preferred \$162.50 - Non-Preferred Brand	
CONTRIBUTIONS PER PAY PERIOD	Weekly		Weekly		Weekly	
Employee Only	\$22.73		\$9.14		\$0.00	
Employee + Spouse	\$113.68		\$86.50		\$68.21	
Employee + Child(ren)	\$95.50		\$71.02		\$54.57	
Employee + Family	\$204.63		\$163.84		\$136.42	

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 BCBS Rates	Reasonable & Customary 90% Percentile
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	Children up 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 **United Healthcare**. The plan pays benefits for both UHC providers and non-UHC providers; however, benefits will be greater (meaning your out-of-pocket costs for covered services will be lower) when you utilize UHC providers.

To find a UHC eyecare provider, visit www.myuhc.com.

FEATURES / COVERED SERVICES	Frequency of Service	Copayment at Network Provider	Non-Network Benefit
Routine Vision Examination	Once every 12 months	\$10	Up to \$40
Eyeglass Frames	Once every 24 months	\$25 from the Covered Eyeglass Frames Selection	Up to \$45
Eyeglass Lenses	Once every 12 months		
* Single Vision		\$25	Up to \$40
* Bifocal		\$25	Up to \$60
* Trifocal		\$25	Up to \$80
* Lentricular		\$25	Up to \$80
Contact Lenses	Once every 12 months	\$25 from the Covered Contact Lens Selection	Up to \$105
* Necessary Lenses		\$25	Up to \$210
CONTRIBUTIONS PER PAY	Weekly		
Employee Only		\$1.82	
Employee + Spouse		\$3.46	
Employee + Child(ren)		\$3.61	
Employee + Family		\$5.57	

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

You are eligible to select 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 Eyeglass Frames from your Network Provider 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 Contact Lenses from your Network Provider 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 designation on the 2011 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. You can access the Health Discount Program from www.myuhc.com by clicking on the Health & Wellness tab. Scroll down and click on Exclusive Health Discounts.

Questions & Answers

Changes that can be made effective January 1, 2011:

- ✓ 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, 2011.

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

- ✓ Forms are due no later than December 10, 2010 to enroll or waive coverage. Return completed forms to Talent.

Will I get new ID cards?

- ✓ All employees will receive new cards from United Healthcare for medical coverage.
- ✓ All employees will receive new cards from BCBS for dental coverage.

Who do I contact with questions?

- ✓ Contact the Risk Management with any questions you may have.

Contact Information

Type of Benefit Plan	Carrier / Vendor	Phone Number	Website Address / Email Addresses
Medical Plan	United Healthcare	(866) 633-2446	www.myuhc.com
Prescription Drug Plan	Medco	(800) 282-2881	www.myuhc.com
Dental Plan	BCBS	(800) 521-2227	www.bcbstx.com
Vision Plan	United Healthcare	(800) 638-3120	www.myuhcvision.com
Employee Benefits Helpline	Holmes Murphy	(877) 293-2949	mybenefits@holmesmurphy.com

2011 Required Health Plan Notices

Notice of Opportunity to Enroll in Connection With Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in The Delta Companies' Health & Welfare Plan (the "Plan"). Individuals may request enrollment for such children during this year's annual Open Enrollment. Enrollment will be effective January 1, 2011. For more information, call The Delta Companies Human Resources Department at (800) 521-5060.

The lifetime limits on the dollar value of benefits under The Delta Companies Health & Welfare Plan (the "Plan") no longer apply. Individuals whose coverage ended by reason of reaching a lifetime limit under the Plan are eligible to enroll. Individuals may request enrollment during this year's annual Open Enrollment. Enrollment will be effective January 1, 2011. For more information, call The Delta Companies Human Resources Department at (800) 521-5060.

Notice of Opportunity to Enroll Due to Removal of Lifetime Limits

The Delta Companies generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our United Healthcare (UHC) provider network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the UHC online provider directory at www.myuhc.com.

For children, you may designate a pediatrician as the primary care provider.

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 United Healthcare (UHC) online provider directory at www.myuhc.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

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of April 16, 2011. You should contact your State for further

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
ARIZONA – CHIP	ARKANSAS – CHIP
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275
CALIFORNIA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http://www.CHPplus.org CHIP Phone: 303-866-3243
FLORIDA – Medicaid	GEORGIA – Medicaid
Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237	Website: http://dch.georgia.gov/ (Click on <i>Programs</i> , then <i>Medicaid</i>) Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	INDIANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479
IOWA – Medicaid	KANSAS – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: https://www.khpa.ks.gov Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.la.hipp.dhh.louisiana.gov Phone: 1-888-342-6207
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: http://www.dhs.state.mn.us/ (Click on <i>Health Care</i> , then <i>Medical Assistance</i>) Phone: 800-657-3739	Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
NEVADA – Medicaid and CHIP	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org CHIP Phone: 1-877-543-7669	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345, ext. 5254
NEW JERSEY – Medicaid and CHIP	NEW MEXICO – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html (Click on <i>Insure New Mexico</i>) CHIP Phone: 1-888-997-2583
NEW YORK – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.dhhs.state.nc.us/dma/medicaid/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	PENNSYLVANIA – Medicaid
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730
RHODE ISLAND – Medicaid	SOUTH CAROLINA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
TEXAS – Medicaid	UTAH – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://ovha.vermont.gov/ Phone: 1-800-250-8427	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
WISCONSIN – Medicaid	WYOMING – Medicaid
Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program since April 16, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



2011

Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Delta Companies and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Delta Companies has determined that the prescription drug coverage offered by The Delta Companies plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan and drop your current The Delta Companies coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The Delta Companies and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Human Resources at the phone number shown below for further information. NOTE: You will get this notice each year. You will also get a notice before the next period you can join a Medicare drug plan and this coverage through The Delta Companies. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 2011

Name of Entity: Delta Flex Travelers

Contact/Office: Risk Management Department

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

Phone Number: (800) 521-5060