

WINNING TOGETHER
FOR YOUR HEALTH

YOUR GUIDE TO DELTA'S 2010 ACCOUNT-BASED HEALTHCARE PLAN OPTIONS



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DELTA'S MEDICAL OPTIONS FOR 2010

For 2010, Delta will continue to provide all eligible employees access to medical coverage through account-based healthcare plan options. These options give you control over how you spend your healthcare dollars.

Your account-based healthcare plan options for 2010 include:

- Gold Health Reimbursement Account (HRA) Medical Option*
- Silver Health Reimbursement Account (HRA) Medical Option*
- Diamond Health Savings Account (HSA) Medical Option*
- Ruby Health Savings Account (HSA) Medical Option **
- Gold Out-of-Area HRA Medical Option (offered during open enrollment to those who live outside the UnitedHealthcare service area) **

* offers both network and non-network benefits

** does not have network and non-network benefits, but discounts apply only to services provided by UnitedHealthcare participating providers

In addition to the account-based healthcare options, Delta will offer a traditional Preferred Provider Organization (PPO) Option in 2010. This option will be similar to the Northwest Medical plan and will be called PPO Option A. For more information on this option see page 29.

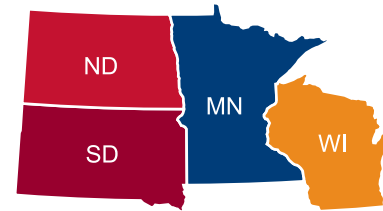
All of these options will be administered by UnitedHealthcare. UnitedHealthcare offers you a choice of over 590,000 network doctors and 4,900 hospitals so you can find the provider that has the right experience, credentials, services and fees to meet your needs.

Note: You may be eligible to participate in an HMO if you reside in Hawaii or Puerto Rico. Additionally, the Delta Pilots Medical Plan (DPMP), DPMP Option N, the Flight Dispatchers Medical Option (FDMO), FDMO Option N, and PPO Option B (which reflects the terms of the Northwest Medical Plan and is available only to employees covered by the AFA and IAM) will continue to be available for eligible employees. These plans are not discussed in this brochure.

If you live outside the UnitedHealthcare service area and are interested in enrolling in one of the medical options that offers both network and non-network benefits, you should confirm that your providers are in the UnitedHealthcare network to avoid the higher costs associated with using non-network providers. To do this, visit UnitedHealthcare's pre-enrollment Web site for Delta, **myHealthcareView.com** (username=delta, password=delta)

EMPLOYEES WHO RESIDE IN MINNESOTA, WESTERN WISCONSIN, NORTH DAKOTA, AND SOUTH DAKOTA

UnitedHealthcare and Medica have established an Alliance to provide you with comprehensive, best-in-class health care services. Because of this Alliance, residents of Minnesota, North Dakota, South Dakota, and western Wisconsin (the Medica service area) will have access to Medica's network of highly regarded doctors and hospitals.



If you live in and receive health care services in the Medica service area, you should access doctors and hospitals in the Medica Choice network for the highest level of coverage. When receiving care outside the Medica service area, you should access the doctors and hospitals in the UnitedHealthcare network to receive the highest level of coverage. In either case, you have the option of accessing doctors and hospitals outside the preferred network, but at a reduced level of coverage.

Note: You will access your claims, network information, and benefit summaries at **myHealthcareView.com**.

FEATURES OF ACCOUNT-BASED HEALTHCARE PLANS

Account-based healthcare plans have four key components:

1. **Paid preventive care benefits**
2. **A comprehensive medical plan**
3. **An account available to pay for eligible medical expenses and**
4. **Tools and programs to help you manage your health — and your costs.**

PAID PREVENTIVE CARE BENEFITS

Delta's account-based options include coverage for preventive care benefits, including routine check-ups, annual screenings, immunizations and more. These services are paid in full by the plan when performed by a UnitedHealthcare network provider. See page 12 for important details.

COMPREHENSIVE MEDICAL PLAN

In many ways, account-based healthcare options are similar to traditional medical plans: They include comprehensive medical coverage for expenses such as doctor's office visits, emergency care, X-rays, laboratory expenses and more. You pay the cost of covered medical services until you meet the annual deductible.

ACCOUNT

What makes account-based healthcare options different from traditional medical plans is the account that accompanies them – either a health reimbursement account (HRA) or a health savings account (HSA). Both of these accounts help offset your out-of-pocket costs — in particular, your plan deductibles and coinsurance amounts.

TOOLS AND PROGRAMS

UnitedHealthcare and Delta offer a variety of online, phone and person-to-person resources to help you get the most of your healthcare benefits. See page 36 for more details.



ACCOUNT-BASED HEALTHCARE PLANS: WHAT'S IN IT FOR YOU

Account-based healthcare plans generally:

- **Give you more flexibility over how you spend your healthcare dollars, and**
- **Have lower premiums than most traditional HMO or PPO plans.**

These plans encourage you to be an educated consumer in your healthcare because they:

- **Give you tools to evaluate providers and compare the cost of healthcare services and supplies, including prescription drugs (see page 36), and**
- **Encourage wellness and prevention with disease management and comprehensive preventive care benefits.**

WHAT ARE HRAs AND HSAs?

HEALTH REIMBURSEMENT ACCOUNTS

Health Reimbursement Accounts (HRAs) are recordkeeping accounts provided by Delta to help you pay for eligible healthcare expenses. When you enroll in an HRA Medical Option, Delta provides you an annual dollar amount in an HRA as part of your medical benefit - the account is automatically yours to use when you enroll. The dollar amount you receive is based on the option you select and which eligible dependents you cover. Dollars in your HRA are automatically used first to pay for eligible medical expenses.

If you remain in one of the HRA Medical Options, any unused dollars in your account will roll over to the next year — you don't lose them when the calendar year ends. This allows you to use less of the account in one year and more the next as your health expenses change. If you leave the company or change to a Delta medical option that does not feature an HRA, any remaining account balance is lost. If you continue to be enrolled in a Delta HRA Medical Option after you leave — through COBRA or retiree medical coverage — you are eligible to use your HRA balance.

HEALTH SAVINGS ACCOUNTS

If you enroll in an HSA Medical Option, you have high deductible health plan coverage that makes you eligible to contribute to a Health Savings Account (HSA). With health savings accounts (HSAs), you establish a bank account and, if eligible, use your own pre-tax dollars to fund the account up to federal limits each year. You can opt to use your HSA dollars for eligible medical and pharmacy expenses each year, or you can save them for future use. Unused funds roll over each year and can earn interest or be invested once you reach a certain amount, based on the terms of your HSA account.

Because you make the contributions to an HSA, you own it. Since it is your individual account, if you change employers or retire, your HSA funds stay with you.

For more information on HSAs, visit www.irs.gov or a tax advisor for details.

Remember: While the deductibles for Delta's account-based healthcare options may be higher than traditional plans, your HRA or HSA is available to help offset this amount.

HOW DELTA'S HRA OPTIONS WORK

1. Your HRA pays the first medical expenses

Delta provides you with HRA dollars at the beginning of the year. These HRA dollars are automatically applied toward your deductible and any coinsurance amounts until your account balance is zero. If you don't spend everything in your HRA during the plan year, you can carry the balance over to the next year.

2. You pay your share of the annual deductible

If you have used all of your HRA dollars but still have not met your annual deductible, you pay the full cost of medical services (which are discounted when you use network providers) up to the annual deductible.

3. You share expenses with Delta until you reach your annual coinsurance maximum

Once the deductible has been met, you and the medical plan share expenses. This is known as

“coinsurance.” For your protection, there is an annual limit on the amount of coinsurance you pay. This is known as the “coinsurance maximum.”

4. Delta pays all eligible expenses at 100% for the remainder of the plan year

Once you reach the coinsurance maximum, the plan pays 100% of eligible healthcare costs for the remainder of the year. The deductible does not count toward the coinsurance maximum for any of the HRA medical options.

Remember: Preventive care services are covered at 100% when you use network providers – even if you have not met your deductible. Payment for these services does not come out of your HRA. See page 12 for more details.

NETWORK PROVIDERS SAVE YOU MONEY.

You control how slowly — or rapidly — your HRA or HSA dollars are spent on your eligible healthcare expenses. To make the most of your healthcare funds, be a smart consumer: Shop around and always visit network providers if possible. Network providers typically cost less than non-network and out-of-area providers because they have contracted with UnitedHealthcare to offer you discounted rates. Non-network providers have no affiliation with UnitedHealthcare: therefore, you will pay more for their services.

HOW TO MEET YOUR HRA MEDICAL OPTION DEDUCTIBLE

With the HRA Medical Options, the expenses of multiple family members can be combined to meet your medical option's overall family deductible. However, unless you are enrolled in employee only coverage, no one family member can meet the overall family deductible.

Consider this example: Karen is a Delta employee who covers her husband, Kyle, and daughter, Kelly, through the Gold HRA Medical Option (family coverage). On January 1, Delta provides an HRA with an account balance of \$1,500.

On January 2, Kyle has a cycling accident and racks up more than \$1,000 worth of covered medical expenses. Karen and Kelly haven't had any covered expenses yet — so the family has not met its \$3,000

family deductible. However, since Kyle reaches his individual \$1,000 deductible (paid automatically from the HRA), the Gold HRA Medical Option now operates like a coinsurance plan for any expenses he has in excess of \$1,000.

If Kyle has any other expenses during the year, the plan will pay 80% and he will pay the remaining 20%, up to the coinsurance maximum. And, if there are dollars remaining in the HRA, his expenses will be paid automatically from the HRA. When Karen and Kelly have covered expenses, however, if the HRA amount is zero because of Kyle's expenses, they will be responsible for paying the full cost for services until their individual deductibles are met or the family deductible is met — whichever happens first.

Delta employees Save with AN HRA

49% of Delta employees enrolled in an HRA Medical Option rolled over unused amounts into 2009. This means nearly half of these employees spent nothing out-of-pocket in 2008, with the exception of prescriptions and premiums.

PHARMACY BENEFITS

Your Delta HRA Options include coverage for both retail and mail order prescriptions. Payments for prescription drugs are not paid from your HRA; therefore, *you will be responsible for paying these out-of-pocket up to the annual pharmacy maximum.*

The annual pharmacy maximum is separate from and in addition to the annual medical coinsurance maximum and includes Tier 1 copays and the coinsurance you pay for drugs in the other tiers. Once this maximum is met, your covered prescription costs are paid by Delta at 100% for the remainder of the calendar year.

HOW DELTA'S HSA OPTIONS WORK

1. You can choose to put money in your Health Savings Account

You can choose to set aside tax-free dollars in your HSA up to the maximum amount allowed by law.* There are no minimum contribution requirements – i.e. you are not required to contribute to your HSA. Use the money in your HSA to pay for eligible medical and pharmacy expenses or save it for future medical and pharmacy bills — even save it for retirement. You own the funds in your account from day one and you choose when to use them. If you change jobs, your HSA stays with you.

2. You meet your annual deductible

You are responsible for the cost of all medical and pharmacy expenses (which are discounted when you use network providers) up to the annual deductible. You can choose to use your HSA to help pay your deductible.

Remember: Preventive care services are covered at 100% when you use network providers – even if you have not met your deductible. See page 12 for more details.

3. You share expenses with Delta until you reach your annual coinsurance maximum

Under the Ruby HSA Medical Option, once the deductible has been met, you and the medical plan share the cost of covered expenses. This is known as “coinsurance.” You continue to pay coinsurance until you reach your annual coinsurance maximum. Under the Diamond HSA Medical Option, there is no coinsurance. This means that once you meet your annual deductible, the plan pays 100% of covered expenses.

4. Delta covers all eligible medical expenses at 100% for the remainder of the plan year

Once you meet your deductible (Diamond HSA Medical Option) or coinsurance maximum (Ruby HSA Medical Option), your medical plan covers your eligible expenses at 100% for the remainder of the year. The deductible counts toward the coinsurance maximum in the Ruby HSA Medical Option.

*For 2010, federal regulations allow you to set aside in an HSA pre-tax dollars up to \$3,050 for individual coverage and \$6,150 for family coverage. This reduces your taxable income and provides you with funds to help pay your deductible. You choose how and when to use these account dollars. See the example on the next page and on page 28. Note that current laws may prevent the HSA funds from being used for medical expenses for a same-sex spouse or domestic partner or a same-sex spouse or domestic partner's child. An eligible same-sex spouse or domestic partner may be enrolled in the Diamond HSA Medical Option or Ruby HSA Medical Option; however, the spouse or domestic partner would have to establish and contribute to a separate health savings account.

HOW TO MEET YOUR HSA MEDICAL OPTION DEDUCTIBLE

Like the HRA Medical Options, the expenses of multiple family members can be combined to meet your HSA Medical Option's overall family deductible. However, unless you are enrolled in employee only coverage, no one family member can meet the overall family deductible.

Here is an example: Mark is a Delta employee who covers his wife, Julia, and their son, Tommy, through the Diamond HSA Medical Option (family coverage) for the entire year. They contribute the maximum amount — \$6,150 — to their HSA.

Julia is the first in the family to incur medical expenses — she has an emergency appendectomy which costs

\$10,000. Julia is responsible for her \$2,300 individual deductible. She can access their HSA for the funds, if available, to pay her deductible. The plan then pays the balance of her expenses at 100% for the rest of the year.

When Mark and Tommy have covered expenses, however, they will be responsible for paying the full cost for services until their individual deductibles are met or the \$4,500 family deductible (combining all family members' expenses) is met — whichever happens first. They can choose to use funds in their HSA to pay for the eligible expenses or pay out-of-pocket.

PHARMACY BENEFITS

With the HSA Medical Options, you pay the full cost for retail or mail order prescriptions and the cost of covered prescriptions is combined with covered medical costs to reach one common deductible. There is no separate maximum for pharmacy costs. Once you meet the medical option deductible, the plan pays 100% (Diamond HSA Medical Option) or 70% (Ruby HSA Medical Option) of the cost for eligible prescription and medical expenses until you reach your coinsurance maximum. After you reach the coinsurance maximum in the Ruby HSA Medical Option, the plan covers your eligible prescription and medical expenses at 100% for the remainder of the year.



TAKE CONTROL OF YOUR SAVINGS AT OPTUMHEALTH BANKSM

If you are enrolling in a Delta HSA medical option for the first time, you will be prompted to set up a health savings account with OptumHealth Bank during the online enrollment process. OptumHealth Bank, Member FDIC, is one of the nation's largest administrators of HSAs. Your OptumHealth Bank HSA may be funded with your pre-tax payroll deductions. You can also set up an HSA at another financial institution of your choosing such as the Delta Community Credit Union; however, you will be unable to contribute to that HSA through pre-tax payroll deduction. Before you set up an HSA, you should compare terms and conditions, investment options, fees and other factors and then decide which HSA is best for you. Please note that the account you set up is not part of Delta's medical plan, but is an individual arrangement you may set up on a voluntary basis.

OptumHealthBankSM

When you open your HSA with OptumHealth Bank, you will receive a Health Savings Account MasterCard[®] Debit Card to easily and conveniently access your HSA dollars. To pay a bill from a provider who accepts Mastercard, you can either write your debit card number in the space provided on the invoice or you can pay your bill online at OptumHealth Bank. When you pay your bills online, OptumHealth Bank will print and mail a check to the provider with funds from your account. If you want to reimburse yourself for expenses you already paid out-of-pocket, use your debit card at any ATM displaying the Mastercard brand mark.





PREVENTIVE CARE IS 100% COVERED!

You've heard the old adage: An ounce of prevention is worth a pound of cure. Preventive care is designed to encourage you to actively monitor your health. Annual check-ups and screenings can often catch potential problems early — and, in some cases, prevent serious illness from developing. The Delta Account-Based Healthcare Plan options cover preventive care services based on recommendations of the U.S. Preventive Services Task Force. This panel of health experts reviews and judges the benefits of preventive services and makes recommendations about what preventive services have demonstrated improved health outcomes. To view a summary of these guidelines online:

1. Visit Employee Connection on DeltaNet
2. Click the “Health & Insurance” icon
3. Click “Health Programs and Services” icon
4. Click the link for Preventive Services

HERE ARE THE SPECIFICS:

- **Gold HRA/Silver HRA/ Diamond HSA/PPO Option A**
Annual check-ups and routine screenings in line with U.S. Preventive Services Task Force guidelines are covered at 100% only when performed by a UnitedHealthcare network provider. Preventive care is not covered when performed by a non-network provider.



- **Gold OOA HRA and Ruby HSA**
Annual check-ups and routine screenings in line with U.S. Preventive Services Task Force guidelines are covered at 100% when you use a provider who participates with UnitedHealthcare. If you use a provider who does not participate with UnitedHealthcare, your preventive services are covered at 100% of Reasonable and Customary or at 100% of the Maximum Non-Network Reimbursement Program (MNRP) rate. This means that you may be responsible for the difference between the amount the provider charges and the reasonable and customary or MNRP fee.

Note: Your provider assigns procedure and diagnosis codes for your service after each doctor's visit. Occasionally, providers will code a preventive care visit as diagnostic if they detect something they want to follow up on. If this happens, UnitedHealthcare will assume this visit was not for preventive care, and the visit will be paid incorrectly. If you encounter a coding error following a preventive care visit, contact a UnitedHealthcare Customer Care Professional at 877-683-8555.



2010 MEDICAL OPTION HIGHLIGHTS

The following charts compare coverage for the Gold HRA, Silver HRA, and Diamond HSA Medical Options.

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COMPARING YOUR 2010 ACCOUNT-BASED HEALTHCARE OPTIONS

	Gold HRA Medical Option		Silver HRA Medical Option		Diamond HSA Medical Option	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Employee Contribution/Monthly Premium						
Employee Only	\$70		\$27		\$43	
Employee & Spouse	\$152		\$57		\$92	
Employee & Child(ren)	\$119		\$45		\$72	
Family	\$200		\$74		\$120	
Company-Provided HRA Dollars¹						
Employee Only	\$500		\$250		NA	
Employee & Spouse	\$1,000		\$500		NA	
Employee & Child(ren)	\$1,000		\$500		NA	
Family	\$1,500		\$750		NA	
Employee HSA Dollars²						
Employee Only	NA		NA		Up to \$3,050 annually ³	
Family	NA		NA		Up to \$6,150 annually ³	
Annual Deductible						
Employee Only	\$1,000 (HRA pays first)	\$1,500 (HRA pays first)	\$2,000 (HRA pays first)	\$3,750 (HRA pays first)	\$2,300	\$4,600
Employee & Spouse (Individual/Family)	\$1,000/\$2,000 (HRA pays first)	\$1,500/\$3,000 (HRA pays first)	\$2,000/\$4,000 (HRA pays first)	\$3,750/\$7,500 (HRA pays first)	\$2,300/\$3,500	\$4,600/\$7,000
Employee & Child(ren) (Individual/Family)	\$1,000/\$2,000 (HRA pays first)	\$1,500/\$3,000 (HRA pays first)	\$2,000/\$4,000 (HRA pays first)	\$3,750/\$7,500 (HRA pays first)	\$2,300/\$3,500	\$4,600/\$7,000
Family (Individual/Family)	\$1,000/\$3,000 (HRA pays first)	\$1,500/\$4,500 (HRA pays first)	\$2,000/\$6,000 (HRA pays first)	\$3,750/\$11,250 (HRA pays first)	\$2,300/\$4,500	\$4,600/\$9,000

COMPARING YOUR 2010 ACCOUNT-BASED HEALTHCARE OPTIONS continued

	Gold HRA Medical Option		Silver HRA Medical Option		Diamond HSA Medical Option	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Coinsurance (after deductible is met)						
All Levels of Coverage	Plan pays 80%; you pay 20%	60% of 140% of the Medicare reimbursement rate ⁴	Plan pays 80%; you pay 20%	60% of 140% of the Medicare reimbursement rate ⁴	Plan pays 100%	60% of 140% of the Medicare reimbursement rate ⁴
Annual Coinsurance Maximum⁵						
Employee Only	\$2,500	\$5,000	\$6,500	\$13,000	N/A	\$9,200
Employee & Spouse (Individual/Family)	\$2,500/\$3,750	\$5,000/\$7,500	\$6,500/\$9,750	\$13,000/\$19,500		\$9,200/\$14,000
Employee & Child(ren) (Individual/Family)	\$2,500/\$3,750	\$5,000/\$7,500	\$6,500/\$9,750	\$13,000/\$19,500		\$9,200/\$14,000
Family (Individual/ Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$6,500/\$13,000	\$13,000/\$26,000		\$9,200/\$18,000
Lifetime Maximum Medical Benefit						
Employee & Family	\$5,000,000 per covered individual					

1. Company-provided HRA dollars are provided annually. Unused balances roll over from year to year as long as participant remains enrolled in a Delta HRA medical option.
2. The account associated with the HSA medical options is not part of Delta's medical plan.
3. If you are age 55 or older, you may be eligible to make additional catch-up contributions up to \$1,000 in 2010. Note that the limits shown above apply if you are enrolled in an HSA medical option for the entire year. Tax rules may result in your maximum contribution being less. Refer to www.irs.gov or a tax advisor for details.
4. The Medicare reimbursement rate is the fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier is paid by Medicare. It may be less than the actual amount charged by the doctor or supplier.
5. For the HRA medical options, this amount excludes the deductible.

COMPARING YOUR 2010 ACCOUNT-BASED HEALTHCARE OPTIONS

	Gold HRA Medical Option		Silver HRA Medical Option		Diamond HSA Medical Option	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Annual Pharmacy Maximum						
(Individual/Family)	\$1,250/\$2,500	No non-network coverage	\$1,250/\$2,500	No non-network coverage	Included in medical deductible	Paid at 60% as part of the medical benefit, once deductible is met
Retail Pharmacy (coinsurance minimum/maximum for up to a 31-day supply) ¹						
Tier 1	\$10	No non-network coverage	\$10	No non-network coverage	Covered 100% after deductible	Paid at 60% as part of the medical benefit, once deductible is met
Tier 2	25% (\$30 min./\$75 max.)		25% (\$30 min./\$75 max.)			
Tier 3	25% (\$50 min./\$125 max.)		25% (\$50 min./\$125 max.)			
Tier 4	25% (\$100 min./\$200 max.)		25% (\$100 min./\$200 max.)			
Mail Order Pharmacy (coinsurance minimum/maximum for a up to a 90-day supply) ¹						
Tier 1	\$25	No non-network coverage	\$25	No non-network coverage	Covered 100% after deductible	Paid at 60% as part of the medical benefit, once deductible is met
Tier 2	25% (\$75 min./\$175 max.)		25% (\$75 min./\$175 max.)			
Tier 3	25% (\$125 min./\$300 max.)		25% (\$125 min./\$300 max.)			
Tier 4	25% (\$250 min./\$500 max.)		25% (\$250 min./\$500 max.)			

1. If the cost of the drug is less than the minimum amount, you are only responsible for the cost of the drug.

2010 MEDICAL OPTION HIGHLIGHTS

The following charts compare coverage for the Ruby HSA and Gold Out-of-Area HRA Medical Options.

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COMPARING YOUR 2010 ACCOUNT-BASED HEALTHCARE OPTIONS

	Ruby HSA Medical Option	Gold OOA HRA Medical Option
Employee Contribution/Monthly Premium		
Employee Only	\$27	\$79
Employee & Spouse	\$57	\$167
Employee & Child(ren)	\$45	\$132
Family	\$74	\$222
Company-Provided HRA Dollars¹		
Employee Only		\$500
Employee & Spouse	NA	\$1,000
Employee & Child(ren)		\$1,000
Family		\$1,500
Employee HSA Dollars²		
Employee Only	Up to \$3,050 annually ³	NA
Family	Up to \$6,150 annually ³	NA
Annual Deductible		
Employee Only	\$2,400	\$1,000 (HRA pays first)
Employee & Spouse (Individual/Family)	\$2,400/\$3,600	\$1,000/\$2,000 (HRA pays first)
Employee & Child(ren) (Individual/Family)	\$2,400/\$3,600	\$1,000/\$2,000 (HRA pays first)
Family (Individual/Family)	\$2,400/\$4,800	\$1,000/\$3,000 (HRA pays first)
Coinsurance (after deductible is met)		
	Plan pays 70%; you pay 30% ⁴	Plan pays 80%; you pay 20% ⁴

	Ruby HSA Medical Option	Gold OOA HRA Medical Option
Annual Coinsurance Maximum		
Employee Only	\$5,700 ⁵	\$2,500
Employee & Spouse (Individual/Family)	\$5,700/\$8,600 ⁵	\$2,500/\$3,750
Employee & Child(ren) (Individual/Family)	\$5,700/\$8,600 ⁵	\$2,500/\$3,750
Family (Individual/Family)	\$5,700/\$11,400 ⁵	\$2,500/\$5,000
Lifetime Maximum Medical Benefit		
Employee & Family	\$5,000,000 per covered individual	
Pharmacy Maximum		
(Individual/Family)	Included in medical deductible	\$1,250/\$2,500
Network Retail Pharmacy (coinsurance minimum/maximum for up to a 31-day supply)⁶		
Tier 1	Covered 70% after deductible	\$10
Tier 2		25% (\$30 minimum/\$75 maximum)
Tier 3		25% (\$50 minimum/\$125 maximum)
Tier 4		25% (\$100 minimum/\$200 maximum)
Network Mail Order Pharmacy (coinsurance minimum/maximum for a up to a 90-day supply)⁶		
Tier 1	Covered 70% after deductible	\$25
Tier 2		25% (\$75 minimum/\$175 maximum)
Tier 3		25% (\$125 minimum/\$300 maximum)
Tier 4		25% (\$250 minimum/\$500 maximum)

1. Company-provided HRA dollars are provided annually. Unused balances roll over from year to year as long as participant remains enrolled in a Delta HRA medical option.
2. The account associated with the HSA medical options is not part of Delta's medical plan.
3. If you are age 55 or older, you may be eligible to make additional catch-up contributions up to \$1,000 in 2010. Note that the limits shown above apply if you are enrolled in an HSA medical option for the entire year. Tax rules may result in your maximum contribution being less. Refer to www.irs.gov or a tax advisor for details.

4. Reasonable and Customary (R&C) apply. Expenses for services charged by a doctor or supplier who does not participate in the UnitedHealthcare network that are over and above R&C do not apply to any individual's deductible or coinsurance maximum and are not paid by the Plan. These charges can result in much higher costs than anticipated.
5. The annual coinsurance amount includes the deductible.
6. If the cost of the drug is less than the minimum amount, you are only responsible for the cost of the drug.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

You may enroll in a Healthcare Flexible Spending Account (FSA) each year through Delta. Because FSAs reduce your taxable income, they can be a valuable tax-saving tool.

There are two kinds of Healthcare FSAs:

- 1. Full Purpose** (which can accompany any Medical Option except for the HSA Medical Options)
- 2. Limited Purpose** (which only accompanies the HSA Medical Options)

With either type of Healthcare FSA, you can set aside up to \$9,984 annually in pre-tax dollars through payroll deduction from your active payroll check. Use those funds to reimburse yourself for eligible healthcare expenses. However, unlike an HRA or HSA, **FSA funds do not roll over** at the end of the calendar year. If you don't use the funds, you lose them.

You are not required to contribute to Delta's Healthcare FSA. If you choose to participate, certain conditions — and different FSA rules — apply when you also have an HRA or HSA. (See page 24)



IMPORTANT 2010 FSA INFORMATION FOR PRE-MERGER NORTHWEST EMPLOYEES

Attention Pre-Merger Northwest Employees: The healthcare flexible spending accounts that were known as FlexSaver Accounts at Northwest will be called the Healthcare Flexible Spending Account (FSA) and will be administered by UnitedHealthcare.

Due to the interaction between FSAs, HRAs, and HSAs, there is not a 2 1/2 month grace period for the Healthcare FSA.* You may continue to incur eligible expenses under your 2009 FlexSaver Account through March 15, 2010, and submit those expenses to Blue Cross Blue Shield for reimbursement by April 15, 2010. However, please be aware of how expenses are first covered by the HRA, should you enroll in an HRA option for 2010. This is explained below:

If you enroll in an HSA Medical Option and want to contribute to a health savings account beginning on January 1, 2010, you must have a **zero account balance** in your 2009 FlexSaver on December 31, 2009.

This means you must have incurred and have been reimbursed all amounts from your 2009 FlexSaver by December 31, 2009. If you do not have a zero account balance on December 31, 2009, you must wait until April 1, 2010 to contribute to an HSA. Federal regulations do not allow participation in both the Full Purpose Healthcare FSA (or FlexSaver Account) and an HSA at the same time. You can, however, choose to participate in a Limited Purpose Healthcare FSA effective January 1, 2010. See page 25 for more information about the Limited Purpose Healthcare FSA.

* Note: Pre-merger Northwest employees covered by AFA and IAM that enroll in PPO Option B will continue to have the 2 1/2 month FSA grace period and their 2010 maximum contribution for the Healthcare FSA will continue to be \$7,500.

HRAs, HSAs AND FSAs:

Understanding how they work together

Due to the interaction between FSAs, HRAs, and HSAs, it is very important that you understand how your eligible expenses will be reimbursed through your Healthcare FSA.

HRA AND FULL PURPOSE FSA

If you enroll in an HRA Medical Option and contribute to Delta's Healthcare FSA:

- Your FSA will be a Full Purpose FSA. You may use the funds in your FSA to pay for eligible medical, dental, vision, and over-the-counter expenses.
- Eligible **medical** expenses will first be paid by your HRA. This will happen automatically and is not optional. Pre-merger Northwest employees should try to spend any 2009 FlexSaver Healthcare funds by December 31, 2009, or use the remaining 2009 funds for eligible dental, pharmacy, vision, and over-the-counter expenses to avoid possible forfeiture of those funds. If you have remaining 2009 FlexSaver funds as of January 1, 2010, you can still use the grace period to incur additional expenses against your 2009 FlexSaver, but the HRA will always apply

first to eligible medical expenses such as deductibles and coinsurance. This means that it may be more difficult to use your 2009 FlexSaver for expenses that are covered by the HRA options. You will need to manually submit those FlexSaver expenses to Blue Cross Blue Shield before the April 15, 2010 deadline.

- If you have more covered healthcare expenses than you have HRA funds, you must pay those expenses out-of-pocket. You can choose to reimburse yourself with your Healthcare FSA contributions.
- The "use-it-or-lose-it" rule applies to your FSA. You must use your total FSA election during the calendar year or those amounts will be forfeited. You must incur FSA eligible expenses by December 31, 2010, and submit for reimbursement by March 31, 2011.

HSA AND LIMITED PURPOSE FSA

If you enroll in an HSA Medical Option and want to contribute to Delta's Healthcare FSA:

- Your FSA will be a Limited Purpose FSA. This means that you may use the funds in your FSA to pay for non-medical healthcare expenses only – such as dental and vision care expenses. IRS rules prevent having coverage for medical expenses through both an HSA and FSA.
- You can choose to use the funds in your HSA to pay for eligible medical and pharmacy expenses or you can pay out-of-pocket. If you pay out-of-pocket, you can not use the FSA to reimburse yourself for those expenses.

- The “use-it-or-lose-it” rule applies to your Limited Purpose FSA. Unused FSA contributions in your account at the end of the calendar year will be forfeited; these funds do not roll over for use in future calendar years. You must incur FSA eligible expenses by December 31, 2010, and submit for reimbursement by March 31, 2011.



EXAMPLES OF HOW ACCOUNT-BASED HEALTHCARE PLANS CAN WORK FOR YOU

The following examples show how costs in account-based healthcare options might look after a year of expenses.

HRA EXAMPLE: THE JOHNSON FAMILY

The Johnson family (George, Angela, Chris and Stephanie) enrolls in the Gold HRA Medical Option.

- The annual network deductible for the family is \$3,000. Note: There is a maximum per person deductible of \$1,000.
- Delta provides \$1,500 to the HRA for the Johnsons to access. When the Johnsons have an eligible covered expense these HRA dollars are automatically paid until the account is depleted.

The annual cost with the Gold HRA Medical Option for the Johnson family is **\$2,670** (\$2,400 in premiums plus \$270 in out-of-pocket prescription drug costs). That's because all of the family's expenses other than the prescriptions were paid automatically through their HRA. If they participate, the Johnsons can use their FSA to reimburse the \$270 in prescription drug costs. After adding it all up, the family uses **\$1,283** of their **\$1,500** HRA balance, and will roll over **\$217** for use next year.



JOHNSON FAMILY'S COST

Procedure/Expense	Family Member	Gold HRA Medical Option
Annual premiums		\$2,400 (\$200 per month)
Office visit to primary care physician (PCP) for ear infection	Stephanie	\$83 paid automatically through HRA
Office visit to PCP for strep throat	Chris	\$48 paid automatically through HRA
Lab services for strep throat	Chris	\$17 paid automatically through HRA
1-year exam with immunizations. Network preventive care – 100% covered	Stephanie	\$0 paid in full by the plan
Office visit to specialist for chronic ear infections	Stephanie	\$41 paid automatically through HRA
Office visit to PCP for sinus infection and bronchitis	Angela	\$52 paid automatically through HRA
Office visit to a dermatologist	Chris	\$101 paid automatically through HRA
Dermatology procedure	Chris	\$106 paid automatically through HRA
Annual well-woman exam. Network preventive care – 100% covered	Angela	\$0 paid in full by the plan
Mammogram. Network preventive care - 100% covered	Angela	\$0 paid in full by the plan
Follow-up dermatology procedure	Chris	\$140 paid automatically through HRA
Hospital services for broken arm Cost of service is \$1,123	Chris	\$695 paid automatically through HRA (\$588 = remainder of his \$1,000 individual deductible; \$107 = 20% coinsurance)
Annual physical: Network preventive care – 100% covered	George	\$0 paid in full by the plan
Retail prescription (Omnicef — Tier 3)	Angela	\$50 paid out-of-pocket at the pharmacy
Retail prescription (Tylenol with Codeine (generic equivalent) — Tier 1)	Chris	\$10 paid out-of-pocket at the pharmacy
Retail prescription (Amoxicillin — Tier 1)	Chris	\$10 paid out-of-pocket at the pharmacy
Four retail prescriptions (Omnicef — Tier 3)	Stephanie	\$200 paid out-of-pocket at the pharmacy
Total costs to the Johnson family		\$2,670
Total medical expenses for the Johnson family		\$1,283 (paid by the HRA)
Total prescription drug expenses for the Johnson family		\$270 (paid by the Johnson family)
Total premiums paid by the Johnson family		\$2,400 (paid through payroll deductions)

HSA EXAMPLE: NANCY

Nancy is a single employee with rheumatoid arthritis (RA). She decides to enroll in the Diamond HSA Medical Option and remains enrolled the entire year. She also sets up a health savings account with OptumHealth Bank.

- Her annual deductible is \$2,300. She contributes \$2,300 — tax-free — to her HSA to cover the deductible.
- Remember, once the deductible is met, the Diamond HSA Medical Option pays 100% of all covered services, including prescriptions. There is no separate coinsurance maximum.

Nancy's annual cost with the Diamond HSA Medical Option is **\$2,816** (\$516 in premiums plus \$2,300 in out-of-pocket costs). Nancy also saved on taxes by using her HSA contributions tax-free to pay her deductible and contributing pre-tax payroll deductions into her HSA administered by OptumHealth Bank. This means she does not pay federal income or FICA tax on her contribution amount.

NANCY'S COSTS	
Procedure	Diamond HSA Medical Option
Annual premiums	\$516 (\$43 per month)
Annual well-woman exam <i>Network preventive care—100% covered</i>	\$0 paid in full by the plan
Office visits to her RA specialist <i>8 network visits</i>	\$852 (\$106.50 per visit)
Lab costs <i>Total cost of network labs—\$650</i>	\$650
Prescriptions for Enbrel—Tier 3 <i>Ordered 4 three-month supplies through mail order (Full annual cost of drug = \$16,400)</i>	\$798 Nancy has already met \$1,502 of her deductible, leaving \$798. Once she meets the deductible (\$2,300), all network covered expenses are paid in full
Prescriptions for Omeprazole —Tier 2 <i>Ordered 4 three-month supplies through mail order (Full annual cost of drug = \$573)</i>	\$0 (Nancy has already met her deductible, so the cost to her is \$0)
Total costs to Nancy	\$2,816

PPO OPTION A

Delta will offer to all employees a traditional Preferred Provider Option (PPO) in 2010. This option is very similar to the former Northwest Medical Plan.

WINNING TOGETHER
FOR YOUR HEALTH

2010 PPO OPTION A BENEFITS

Employee Contribution/Monthly Premium

Employee Only	\$88.42
Employee & Spouse	\$194.53
Employee & Child(ren)	\$153.16
Family	\$259.26

Annual Deductible

	Network	Non-Network
Employee Only	\$350	\$700
Employee & Spouse (Individual/Family)	\$350/\$700	\$700/\$1,400
Employee & Child(ren) (Individual/Family)		
Family (Individual/Family)		

Preventive Care

	100%; not subject to the deductible	Not covered
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Coinsurance (after the deductible is met)

Employee Only	80% covered after Deductible is met	60% of 140% of Medicare Reimbursement Rate covered after deductible is met*
Employee & Spouse		
Employee & Child(ren)		
Family		

2010 PPO OPTION A BENEFITS *continued*

Annual Coinsurance Maximum (excludes deductible and prescription drugs)

	Network	Non-Network
Employee Only	\$2,000	\$4,000
Employee & Spouse (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Employee & Child(ren) (Individual/Family)		
Family (Individual/Family)		

Pharmacy Benefits (coverage available only for network pharmacies)

	Network Retail Pharmacy (up to 31 day supply)	Network Mail Order Pharmacy (up to 90 day supply)
Tier 1	\$15 copay	\$37.50 copay
Tier 2	\$30 copay	\$75 copay
Tier 3	\$45 copay	\$112.50 copay

Annual Pharmacy Out-of-Pocket Maximum

Employee & Family \$1,250 per covered individual / \$2,500 per covered family

Lifetime Maximum Medical Benefit

Employee & Family \$5,000,000 per covered individual

*The Medicare reimbursement rate is the fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier is paid by Medicare. It may be less than the actual amount charged by the doctor or supplier.

NOTE: PPO Option A does not replace any negotiated health plan options available to employees represented by a labor agreement. This is offered in addition to the collectively bargained options.

A SPECIAL NOTE ABOUT COVERAGE FOR MAINTENANCE DRUGS UNDER PPO OPTION A

If you take a prescription medication on an ongoing basis, you need to order your prescription through our mail order program after your second fill through retail, in order for it to be reimbursed under your plan. Otherwise, you will be responsible for the full cost of the medication if you continue to fill your long term medications at your local retail pharmacy. There may

be instances when the full cost of your medication is less than either your standard retail or mail-order copayment, such as a \$4 program at a local retail pharmacy. In those cases you can continue to pay the lower pharmacy price through retail regardless of the number of fills purchased.

SWITCHING TO MAIL-ORDER PRESCRIPTIONS

Transferring your retail prescription into mail is simple and you have several options. You can call the number on the back of your UnitedHealthcare ID card and ask a pharmacy representative to contact your physician, you can download an order form from **myHealthcareView.com** and mail in your 90 day prescription, or you can ask your doctor to call 1-888-EASYRX1 (1-888-327-9791) for instructions on how they can fax your prescription into the mail order pharmacy.





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BEST CASE, WORST CASE

The following chart shows the most — and least — an employee can expect to spend for covered network services in Delta's account-based healthcare options.

- **The Best Case Scenarios** are if the employee pays his or her employee contribution (premium) through payroll deduction only, and has no other out-of-pocket medical expenses for the year.
- **The Worst Case Scenarios** show what an employee could potentially pay if he or she pays the premium, meets the deductible and pays coinsurance until the medical coinsurance and pharmacy coinsurance maximums have been met.

In addition, the employee may contribute on a pre-tax basis to either an HSA (if enrolled in an HSA Medical Option) or FSA.

Need help deciding which medical option is best for you?

The Health Plan Evaluator, available on Benefits Direct, can help you estimate your health plan costs ahead of time. Before you sign up for your medical option, use our online Health Plan Evaluator to compare your costs under the medical options available to you. The Health Plan Evaluator will be available beginning in mid-October and will be pre-populated with your medical and pharmacy claims from June 1, 2008 – May 31, 2009.

BEST CASE*

Employee Contribution (Premium) Annual Cost

	Gold HRA Medical Option	Silver HRA Medical Option	Diamond HSA Medical Option	Ruby HSA Medical Option	PPO A
Employee Only	\$840	\$324	\$516	\$324	\$1,061
Employee & Spouse	\$1,824	\$684	\$1,104	\$684	\$2,334
Employee & Child(ren)	\$1,428	\$540	\$864	\$540	\$1,838
Family	\$2,400	\$688	\$1,440	\$888	\$3,111

*In a best-case scenario, the employee might not use account dollars for medical expenses, and so he or she might be able to roll over the full HRA dollar amount to use for future expenses.

WORST CASE

Maximum Annual Cost Network (Includes Employee Premium, Network Deductible, Network Coinsurance Maximum, and Prescription Drug Out-of-Pocket Maximum)

	Gold HRA Medical Option	Silver HRA Medical Option	Diamond HSA Medical Option	Ruby HSA Medical Option	PPO A
Employee Only	\$5,090	\$9,824	\$2,816	\$6,024	\$4,661
Employee & Spouse	\$9,074	\$16,434	\$4,604	\$9,284	\$9,534
Employee & Child(ren)	\$8,678	\$16,290	\$4,364	\$9,140	\$9,038
Family	\$11,400	\$21,638	\$5,940	\$9,488	\$10,311

Note: The Gold and Silver HRA Medical Options worst case scenarios are reduced by Delta-provided Health Reimbursement Account \$250-\$1,500. Unused HRA balances will roll over to future years.

TOOLS AND PROGRAMS

Delta's healthcare plan options are designed to provide you with the resources you need to take control of your health and manage your benefits.

As a Delta employee, you have access to the following tools and resources:

PRE-ENROLLMENT

- **Pre-Enrollment Web Site** – Visit **myHealthcareView.com** for information about your plan options and benefit extras. You can also search for a network provider. If you don't have your own account, log in with the Username delta and Password delta.
- **UnitedHealthcare Customer Care** – Dedicated Customer Care Professionals are available to answer your questions on account-based medical options.
- **The Health Plan Evaluator**, available on Benefits Direct, can help you estimate your health plan costs ahead of time. Before you sign up for your medical option, use our online health plan evaluator to compare the costs for the medical options available to you.

POST-ENROLLMENT

- **UnitedHealthcare Customer Care** – Dedicated

Customer Care Professionals are available to answer your questions on account-based options, claims activity, account balances, and more.

- **Member Web Site** – Track your HRA or HSA balance, compare treatment costs, explore prescription drug choices, review medical claims, compare physician and healthcare professional cost and quality information and more at **myHealthcareView.com**.
- **Print Resources** – Look for newsletters that focus on wellness and your plan options.
- **Health Advocate Program** – The Health Advocate Program is designed to help you manage chronic conditions such as diabetes, asthma and heart concerns. Other Health Advocate Program services include NurseLinesm, a 24-hour-a-day hotline staffed with nurses to answer your health questions; Healthy Pregnancy Program for parents-to-be; cancer support resources; and hospital care support.

- **Wellness Coaches** - You have the support of wellness coaches to help you maintain good health and help you understand the basics of nutrition, stress management, weight management, diabetes, heart failure, pregnancy and hypertension. These services are just a telephone call away and are provided with no additional cost.
- **QuitPower** – Our new advanced tobacco cessation program that combines online cessation program capabilities with print material, a personalized telephone wellness coach, and nicotine replacement therapy.

Note: this new program will be available January 2010 and will replace the current Free and Clear® Quit for Life™ program.

- **Consumer Alerts** – Personalized messages on your member Web site and health statements may help you save money, improve the quality of your healthcare and manage your benefits.
- **Personal Health Record** - Keep track of your medical history, your conditions, your allergies and other important health facts for the whole family, all in one convenient place — the Personal Health Record

on **myHealthcareView.com**.

- **Health Assessment** - Take a confidential online Health Assessment at **myHealthcareView.com**, and see how you're doing health-wise. Then, get ideas for steps you can take and programs you can use to get healthy, stay healthy, or manage a condition.
- **Treatment Cost Estimator** – Calculate the cost of treatment before you buy. When you need treatment for an illness, our online treatment cost estimator lets you see how much you might expect to pay for a particular type of treatment. Prior to January 1, 2010, you can use the Treatment Cost Calculator located on the Health & Insurance page of Employee Connection on DeltaNet. After January 1, a new Treatment Cost Estimator will be available on **myHealthcareView.com**.





To explore how account-based healthcare plans work, go to DeltaNet and click on Employee Info, then click on Employee Connection to access the Health & Insurance page. Or visit UnitedHealthcare's pre-enrollment Web site for Delta at **myHealthcareView.com** (username=delta, password=delta).

QUESTIONS? REFER TO THE CONTACT INFORMATION CHART AT THE BACK OF THIS GUIDE.

TERMS TO KNOW

ACCOUNT-BASED HEALTHCARE PLAN

This type of plan generally has four parts: paid preventive care; a comprehensive medical plan that begins paying after you meet an annual deductible; either a health reimbursement account (HRA) or access to a health savings account (HSA); and tools and programs to help you manage your healthcare.

COINSURANCE

Coinsurance is a percentage of healthcare costs that you are responsible for paying. The percentage you pay is based on the medical option and coverage level you choose, and if you use network or non-network healthcare providers. You may use HRA dollars, if available, to pay coinsurance.

COINSURANCE MAXIMUM

The coinsurance maximum, also known as the out-of-pocket maximum, is the most you will have to pay out-of-pocket each year for covered medical services. After you reach your coinsurance maximum, the plan will pay all remaining eligible medical expenses at 100% for the remainder of the year.

With the HRA Medical Options, the coinsurance maximum excludes the deductible. (Note: There are separate coinsurance maximums for network and non-network services, and the coinsurance maximum does not cross apply.) With the Diamond HSA Medical Option, there is no applicable coinsurance maximum. Once the deductible is met, the plan pays 100% of covered network expenses. The Ruby HSA Medical Option coinsurance maximum includes the deductible.

In the HRA Medical Options, there is also a separate pharmacy coinsurance maximum you must pay. After you reach that maximum, the plan will pay all remaining eligible pharmacy expenses for that year at 100%. In the HSA Medical Options, prescription drug costs are combined with the medical benefit and are your responsibility until you meet the deductible. After you've reached the deductible, the Diamond HSA Medical Option pays 100% of covered network expenses for the remainder of the year. The Ruby HSA Medical Option pays 70% of covered network expenses for the remainder of the year until the coinsurance maximum is reached.

TERMS TO KNOW continued

DEDUCTIBLE

With most traditional medical plans, the term “deductible” refers to costs you must pay out-of-pocket before your medical option begins paying benefits. With an HRA Medical Option, however, the deductible is not always an up-front cost you must pay before services begin. Instead, the money in your Delta-provided HRA is automatically used when you have a covered medical expense. You are only required to pay out-of-pocket toward the deductible if your annual medical expenses exceed the amount in your HRA.

With an HSA, however, you pay your deductible with the funds that you contribute to your HSA or out of your pocket.

EMPLOYEE CONTRIBUTION (PREMIUM)

The employee contribution (premium) is your cost to have health coverage through Delta. These costs are generally deducted from your paycheck.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

The Healthcare FSA is a tax-advantaged savings account set up through Delta to allow tax-free savings

for qualified healthcare expenses. You contribute pre-tax dollars, up to annual limits, which you can then use to pay for eligible healthcare expenses that year. Amounts not used by the end of the year are forfeited.

FULL PURPOSE HEALTHCARE FSA

You may participate in this type of FSA as long as you are not enrolled in an HSA Medical Option. Use your FSA funds to pay eligible deductible and coinsurance amounts, prescription drug expenses, over-the-counter drugs, dental and vision expenses. You may enroll in a Healthcare FSA even if you do not have medical, dental, or vision coverage with Delta.

LIMITED PURPOSE HEALTHCARE FSA

If you enroll in an HSA Medical Option, you can elect a Limited Purpose FSA that is available to reimburse eligible dental and vision expenses only.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

An HRA is a company-provided account that gives you access to benefit dollars to be used first to pay your eligible medical expenses subject to a deductible. The

HRA covers 100% of your eligible healthcare expenses while dollars are available. The amount in your HRA depends on the coverage tier you select. For many people, the HRA may cover all their annual healthcare expenses. And, unlike Healthcare Flexible Spending Accounts (FSAs) in which you “use or lose” your benefit dollars, any unused benefit dollars automatically roll over to the next year — as long as you remain enrolled in a Delta HRA plan option.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a self-funded account that enables you to save money for healthcare expenses with tax-free dollars. It is an individual account that belongs to you and is not part of Delta’s medical plan. Unused funds in your HSA roll over each year. There is no “use-it-or-lose-it” rule with an HSA. You own the HSA, which means you can take your HSA balance with you if you retire or leave Delta. And you don’t have to pay taxes on HSA withdrawals or earnings as long as you use the HSA dollars to pay for eligible healthcare expenses. Health savings accounts may earn interest or investment returns, based on the terms of the HSA.

PREVENTIVE CARE

Preventive care includes age- and gender-appropriate routine examinations and screenings recommended by U.S. Preventive Services Task Force guidelines. These screenings are 100% covered when performed by a UnitedHealthcare network provider. There is no cost to you. This benefit may be used at any time; you are not required to meet your deductible first. The cost of preventive care does not apply to your deductible and is not paid from your HRA or HSA. In the Gold HRA, Silver HRA, and Diamond HSA medical options, preventive care is covered only when performed by a UnitedHealthcare network provider. In the Gold OOA HRA Medical Option and the Ruby HSA Medical Option, if you use a UnitedHealthcare participating provider, your preventive services are covered at 100%. If you use a non-participating provider, your preventive services are covered at 100% of Reasonable and Customary or covered at 100% of the Maximum Non-Network Reimbursement Program (MNRP) rate. This means that you may be responsible for the difference between the amount the provider charges and the reasonable and customary or MNRP fee.

WHO SHOULD YOU CALL?

Find the answers you need



Call **1-800 MY DELTA** (1-800-693-3582)
(Employee Service Center) For ...

- General information on 2010 account-based healthcare options
- Technical and navigational support for Benefits Direct Web site, including the Health Plan Evaluator Tool
- Plan premiums
- Corrections to your employee information (such as birth date or Social Security number)
- Enrollment process, including enrollment dates, plan eligibility, etc. (for actives, inactives, retirees and survivors)
- Life event changes (such as marriage, divorce or birth of a child)
- Non-medical benefit enrollment or coverage (dental, vision, disability, optional insurances)
- Requests for Summary Plan Descriptions/benefit coverage documents
- Verification of dependent eligibility (related to age, student status)
- COBRA enrollment questions

Call **877-683-8555**
(UnitedHealthcare) For ...

- Delta medical option information
 - What's covered
 - How the benefits work, including pharmacy
 - Network provider search
- Claims*
- Healthcare Flexible Spending Account (FSA) — Full Purpose and Limited Purpose*
- Replacement ID cards
- Member complaints/appeals
- Coordination of benefits
- Network questions
- Medical plan questions
- Transition of care

*If you have questions about medical claims or FlexSaver claims incurred prior to January 1, 2010, please call Blue Cross/Blue Shield of Minnesota at 651-662-5518 or 866-870-0407.



This brochure only provides highlights of the benefit plans available to eligible Delta Air Lines employees. In all cases, the legal plan documents will govern all aspects of each benefit plan. Delta Air Lines, Inc. reserves the right to amend, modify or terminate all or any part of its plans, at any time, for any reason. Any such amendment, modification or termination may apply to active employees, inactive employees, furloughed employees, former employees, retirees, survivors, COBRA participants, and any other participant or dependent covered under the plan.

The Health Savings Account (HSA) is not an employee benefit plan sponsored or maintained by Delta. An individual who participates in an HSA Medical Option is participating in a high deductible health plan sponsored by Delta, and accordingly, may be eligible to establish an HSA account for his own benefit. The OptumHealth Bank HSA, to which employee payroll deductions may be made, or any other HSA to which a participant contributes, is not a Delta-sponsored plan, but instead is an individual arrangement set up by the employee. A participant in an HSA Medical Option has the choice of any HSA product he or she wishes to use and is not required to set up an HSA with OptumHealth Bank or any other financial institution.



WINNING TOGETHER
FOR YOUR HEALTH

