



2010 DELTA BENEFITS GUIDE
FOR ACTIVE, INACTIVE, COBRA AND
CERTAIN RETIREE AND SURVIVOR
PARTICIPANTS

2010 COMPASS BENEFITS GUIDE
FOR ACTIVE AND INACTIVE COMPASS EMPLOYEES

October 2009

Take Great Care Of You & Your Family



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Introduction

Delta is committed to offering benefit programs that meet your needs and deliver value so that you can take great care of you and your family. You may participate in a wide array of benefits designed to improve your health, balance your life at work and at home, and plan for your financial future.

This guide summarizes the many valuable benefits, programs and services available to you as a Delta employee, and also provides important information about Annual Open Enrollment and 2010 benefit plan changes. Remember to keep this guide as a reference document so it is available throughout the year any time you want general information about your benefits. This guide is just a summary of the plans described and is not intended to provide full details of the plans and benefits described. Complete details can be found in the plan documents, policies or HRPM (Human Resources Policy Manual), which govern in all cases.

Who This Guide Is For

Pre-merger Delta

- Active and inactive
 - Flight attendants
 - Flight dispatchers
 - Ground employees
 - Pilots
- Individuals eligible for standard COBRA coverage
- Retirees and survivors
 - Employees who retired on or after February 1, 2008
 - Pilots who were on the seniority list on June 1, 2006, but have since been removed from the seniority list for reasons such as retirement or reaching the FAA mandatory retirement age
 - Eligible survivors of those described above

Pre-merger Northwest

- Active and inactive
 - Employees covered by the International Association of Machinists (IAM)
 - Flight attendants covered by the Association of Flight Attendants (AFA)
 - Flight dispatchers
 - Pilots
 - Salaried and non-contract employees
 - COBRA participants

- Retirees and survivors
 - Employees, other than pilots, who retire after January 1, 2010
 - Pilots who retired after October 30, 2008
 - Eligible survivors

Compass Airlines

- Active and inactive
 - Pilots
 - Salaried and non-contract employees
 - COBRA participants

Note that each of the benefits described in this guide may not apply to all groups. For example, COBRA participants, inactive employees and retirees are not eligible to enroll in the disability benefits described in this guide. Likewise, Compass employees are not eligible to enroll in Delta or Northwest benefits.

Benefit Plan Details Are Available Online

This guide outlines Delta's 2010 benefit programs at a high level. For details of Delta's healthcare, life insurance, accident insurance and disability benefits, or for the healthcare benefits for Compass or pre-merger Northwest IAM or AFA employees, refer to the following applicable references that are accessible on Benefits Direct:

- *Delta Healthcare Benefit Handbook* (all pre-merger Delta and Northwest employees)
- *Delta Disability Benefit Handbook* (all pre-merger Delta and Northwest salaried and non-contract employees)
- *Delta Pilots Disability Benefit Handbook* (all pre-merger Delta and Northwest pilot employees)
- *Delta Accidental Death and Dismemberment (AD&D) Insurance Benefit Handbook* (all pre-merger Delta and Northwest pilot, salaried and non-contract employees)
- *Delta Life Insurance and Survivor Benefit Handbook* (all pre-merger Delta and Northwest pilot, salaried and non-contract employees)
- *Northwest Health Care Plans SPD* (AFA and IAM covered employees)
- *Northwest FlexSaver SPD* (AFA and IAM covered employees)
- *Northwest Life, AD&D, BTA SPD* (AFA and IAM covered employees)
- *Compass Health Care Plans SPD* (Compass employees)
- *Compass FlexSaver SPD* (Compass employees)

New Dependent Eligibility Rules

1) Legal Disclosure Notice

Effective January 1, 2010, Michelle's Law extends eligibility for group health benefit plan coverage to certain dependent children between age 18 and the plan's maximum age who are enrolled in coverage at the time that they take a medically necessary leave of absence due to illness or injury. Specifically, the law extends eligibility to those enrolled dependent children who have been full-time students at the time of an illness, but would lose coverage when a medically necessary leave of absence causes the child to fall below the course load required for full-time student status. This extension of eligibility is available for up to one year.

You must notify the Employee Service Center (ESC) and request extension of eligibility for your dependent within 60 days of the illness or injury that was cause for the medically necessary leave of absence.

2) Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) added two new HIPAA special enrollment events. You or your dependents are eligible for a CHIPRA special enrollment under the health plans if:

- You or your dependent loses coverage under Medicaid or a state child health plan (CHIP) due to loss of eligibility (not for non-payment of premiums) or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or a CHIP

You must notify and enroll with the ESC within 60 days of one of these events.

3) Effective January 1, 2010, coverage for newly eligible Foster Children and Grandchildren (new for pre-merger Delta employees) is as follows:

- Foster children are eligible dependents if (1) the child lives with the employee in a parent-child relationship; (2) the child primarily depends on the employee for support, and the employee does not receive government support for the child
- Grandchildren are eligible dependents if the employee's daughter (the child's mother) is a covered dependent living in the employee's household with the grandchild, and the grandchild is primarily dependent on the employee for support

You must notify and enroll your newly eligible dependent with the ESC within 30 days of your dependent attaining eligibility.

Special note for pre-merger Delta pilot employees retiring after 1/1/2010

Pre-merger Delta pilot employees who were hired on 7/31/2006 or earlier and who retire after 1/1/2010 (and who have not yet reached age 65) are eligible for an additional COBRA medical option at retirement. This COBRA medical option is in addition to the "regular" COBRA 18-month medical options and the retiree medical options (including the DABHP options) offered to you at retirement. If you qualify, you will be provided a one-time opportunity at retirement for the "To Age 65 COBRA" option, which includes only the Delta Family Care Medical Plan (DFCMP) options. If you elect "To Age 65 COBRA," it does not change your dental or vision options offered at retirement. Refer to page 9 of this guide for additional information about the To Age 65 COBRA option.

BENEFIT ENROLLMENT PERIODS FOR ACTIVE AND INACTIVE EMPLOYEES AND COBRA PARTICIPANTS

The 2010 annual open enrollment period for all active and inactive employees is October 21 – November 10, 2009. (COBRA participants' annual open enrollment period is November 2 – 20, 2009. Retirees and survivors should refer to page 8 of this guide for annual open enrollment dates.)

During this time, active and inactive employees can make benefit elections online via Benefits Direct. Changes can be made until midnight Eastern time on November 10, 2009.

Your online Enrollment Worksheet will list the coverage that you will be automatically enrolled in if you do not actively enroll, called your "default" coverage. Be sure to review the online Enrollment Worksheet to determine the default coverage you will receive if you do not make any elections during Annual Open Enrollment. Default coverage may be different from your current election and may require you to pay employee contributions, so review your options carefully. If you wish to decline coverage and avoid incurring such costs, you must actively enroll in the "No Coverage" option during the annual enrollment period.

COBRA participants do not enroll on Benefits Direct, but instead through the Web site of the COBRA administrator, SHPS.

Your elections will take effect January 1, 2010, and will continue for the entire year, provided you remain eligible for these benefits.

Changing Your Elections During the Year

Once your enrollment period ends, your healthcare and voluntary insurance benefit elections cannot be changed unless you experience a qualified life event, such as marriage, divorce or the birth of a child.

If, during this enrollment period, you decide to waive coverage for yourself or your dependents because you have opted for health insurance coverage elsewhere and that coverage later ends for certain reasons, you may be able to enroll yourself or your dependents in Delta's healthcare plan during the year as long as your request for enrollment is within 30 days after your other coverage ends.* In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself or your dependents, provided your request for enrollment is within 30 days after the marriage, birth, adoption or placement for adoption.*

* Pre-merger Northwest employees enrolled in the Northwest Medical Option (PPO Option B) and Compass employees have 30 days, but no later than 60 days, after the event to make such an enrollment request.

Changing Stations? You May Be Eligible to Change Disability Coverage*

While you can only enroll for voluntary disability coverage while on active status once a year during your Annual Open Enrollment, your disability coverage can change mid-year if your work location changes to a station based in a state that does not have a mandatory state disability plan. If this occurs, you will be eligible to enroll in voluntary disability coverage without having to provide Evidence of Insurability (EOI) to demonstrate proof of good health. Alternatively, you may drop Delta's voluntary disability coverage if you move to a station based in a state that has a mandatory state disability plan.

If a change in work stations will result in you gaining or losing coverage in a mandatory state disability plan and you are on active status, you will be mailed an ongoing enrollment notification, and you can enroll via the Delta Extranet or the DeltaNet home page: <http://dlnet.delta.com>. (See the "How to Enroll" section of this guide for step-by-step details.)

If, during this enrollment opportunity, you enroll in or drop voluntary disability coverage, that disability coverage becomes effective or ends on the first day of the pay period coincident with or following the effective date of your change in work stations.

New Hires and Employees Returning From a Leave of Absence After January 1, 2010

An Enrollment Notification will be mailed to your home address informing you of your enrollment deadline and guiding you to Benefits Direct, where you can view benefit options and make your elections.

After you enroll for benefits, your benefit elections become effective:

- *For new hires:* Generally, the first day of the pay period following 30 days of employment, unless your employment with Delta is terminated before then
- *For employees returning from a leave of absence:* The first day of the pay period following your enrollment deadline

You may not change your elections during the year unless you experience a qualified life event.

Compass employees, AFA and IAM covered employees, and pilots should refer to your applicable SPD or Benefits Handbook for enrollment and eligibility rules.

2010 Eligibility for Retiree Healthcare Benefits

Retiree healthcare eligibility for ground, flight attendant and flight dispatcher employees hired on or after 1/1/2010 will be age 52 and ten (10) years of service. Ground, flight attendant and flight dispatcher employees hired prior to 1/1/2010 retain the same retiree healthcare eligibility of age 52 and one year of service.

Survivors of ground, flight attendant and flight dispatcher employees hired on or after 1/1/2010 will receive survivor healthcare benefits, if eligible, only if the employee was age 52 and had 10 years of service at the time of his/her death.

* Compass employees, pilots and employees covered by AFA and IAM are not eligible for Delta's voluntary disability benefits.

If You Work in Massachusetts

If you are an active or inactive employee based in Massachusetts and you decline medical coverage at any time (during Annual Open Enrollment, as a new hire, or if you, for any reason, qualify for a mid-year change), Massachusetts state law requires you to complete and return a state Health Insurance Responsibility Disclosure (HIRD) form.

During Annual Open Enrollment, if you elect the "No Coverage" Option, Delta's ESC will send you a Confirmation Statement and the HIRD form. Complete the form and return it to the ESC, where it will be kept on file as required. Be sure to keep a copy of the HIRD form for your records.

2010 OPEN ENROLLMENT FOR DABHP-ELIGIBLE RETIREES AND SURVIVORS

The 2010 annual open enrollment period for retirees and survivors is **October 28 – November 17, 2009**.

During this time, you may make your benefit elections online via Benefits Direct. You may change your benefit elections up until midnight Eastern time on November 17, 2009. Your online Enrollment Worksheet will list the coverage that you will be automatically enrolled in if you do not actively enroll, called your “default” coverage. Default coverage may be different from your current election and require you to pay premium contributions. If you wish to decline coverage and avoid incurring such costs, you must actively enroll in the “No Coverage” option during the annual open enrollment period. Before deciding not to actively enroll, be certain the default coverage meets your needs.

Your elections take effect January 1, 2010, and continue for the entire year, provided you remain eligible for these benefits.

2010 Healthcare Options and Eligibility

The 2010 healthcare options for retirees and survivors described in this guide include the Delta Account-Based Healthcare Plan (DABHP): Gold HRA Medical Option, Silver HRA Medical Option, Gold Out-of-Area HRA Medical Option, Ruby HSA Medical Option, Diamond HSA Medical Option and PPO Option A (new for 2010); the Delta Pilots Medical Plan (DPMP), including Option N (new for 2010) for pilot retirees/survivors; and an HMO (for eligible residents of Hawaii or Puerto Rico). You also may choose not to enroll in a healthcare plan by selecting the “No Coverage” option.

Eligibility for these Delta benefits varies based on many factors, including age and flight attendant/ground employee/pilot status:

- **Under Age 65:** Medical and dental benefits under the DABHP are available to you and/or your eligible dependents under age 65. Pilot retirees/survivors also have the option of coverage under the DPMP, including Option N until age 65. Other benefits include vision and voluntary insurance coverage
- **Age 65 or Older:** You and/or your eligible dependents age 65 or older are not eligible to enroll in the DABHP medical or dental coverage, or in Delta vision coverage.* Instead, if you are eligible, you may enroll in:
 - The Delta Pilots Medical Plan (DPMP) out-of-area option (pilot retirees and survivors only)
 - The voluntary insurance coverage described in this guide (retirees only)

* A retiree/survivor or spouse age 65 or older is not eligible for the DABHP. However, *pre-merger Delta age 65 and older retirees, survivors and spouses* are eligible for the **Delta Air Lines Retiree Committee's Medical Plan for Delta Retirees (DALRC Medical Plan)**. The DALRC Medical Plan is established and controlled by the DALRC, not by Delta Air Lines. This plan offers medical/prescription drug, dental and vision coverage. The DALRC Medical Plan election and enrollment process are separate and independent from coverage and enrollment available through Delta. Marsh & McLennan Company (Marsh) is the administrator of the DALRC Medical Plan. If you wish to enroll in those plans, you must follow the enrollment instructions provided in the DALRC enrollment package or contact Marsh directly at **877-DALRC65**. The Delta Employee Service Center (ESC) cannot enroll you in the DALRC Medical Plan or answer questions regarding the DALRC plan coverages. For details about the DALRC Medical Plan, refer to the materials that will be mailed to your home from the DALRC.

- **COBRA Participants:** The COBRA open enrollment period is November 2 – 20, 2009. The 2010 COBRA Open Enrollment materials that you will receive by mail from SHPS, the COBRA administrator, will note the plans in which you are eligible to enroll. If you are a COBRA participant and waive COBRA coverage during this enrollment period, your COBRA coverage cannot be reinstated in the future

One-Time COBRA Opportunity for Certain Retired Delta Pilots and Survivors

Certain pre-merger Delta pilot retirees are eligible for a **one-time** COBRA election during the 2010 annual open enrollment period. This option will be available for pre-merger Delta pilots who:

- Retired on or before June 1, 2006 and:
 - were under age 60 on January 1, 2007; or
 - were over age 60 on January 1, 2007, had opted out of Delta retiree coverage as of December 31, 2006, and have not reached age 65 as of January 1, 2010
- Retired after June 1, 2006, and have not reached age 65 as of January 1, 2010

In these cases, this election also will be extended to such pilot's eligible spouses, survivors and dependent children. This option should provide many retired Delta pilots an opportunity that has not existed before to take advantage of the Health Coverage Tax Credit (HCTC), if they also meet the other eligibility criteria.

Retired pilots age 55 to 65 who are receiving a benefit from the Pension Benefit Guaranty Corporation (a PBGC recipient) may be eligible for the HCTC, which provides a subsidy from the federal government of up to 80% of the COBRA premium amount (note that this recently increased from a level of 65% on a temporary basis). To qualify for the HCTC, a PBGC recipient must have qualifying health coverage and meet a number of other requirements. The IRS has determined that COBRA coverage is qualifying coverage for the HCTC.

The PBGC may have sent you a brochure about the HCTC, or you can get more information from the IRS Web site at www.irs.gov. You should familiarize yourself with this material to determine whether you are eligible for the HCTC and wish to elect this one-time COBRA opportunity.

As is always the case with COBRA coverage, the premium for the COBRA option is 102% of the full cost of the coverage. There is no Company subsidy provided, even if you are between age 60 and 65. Therefore, if you or a family member does not qualify for the HCTC, this COBRA option may not be right for you.

While a number of retired pilots qualified for a lifetime COBRA election during Delta's bankruptcy, many others did not. No retired pilot in the groups described above qualified for a COBRA election at that time, and many have expressed the desire for this option ever since. As a result of health plan restructuring, we now offer a retiree-only plan under the DFCMP, and we are pleased to extend this one-time opportunity to the retired pilots described above. This is a voluntary offering of a COBRA option under the DFCMP, not the DPMP. We are not able to offer the voluntary COBRA option under the DPMP.

If elected, this coverage will begin on January 1, 2010 and may be continued until age 65, as long as the coverage is continued without lapsing and all other eligibility requirements are met.

Important points to remember:

- This option applies only to medical coverage (not dental coverage) under the DFCMP options, and is in addition to the 2010 retiree medical options for which the retiree is eligible during annual enrollment. Refer to Retiree Connection located on DeltaNet for information about the DFCMP
- This is a **one-time opportunity** to enroll in this COBRA option. Delta is extending this on a voluntary basis; it is not mandated by law. If you do not elect this coverage during the 2010 open enrollment period, you will not have another opportunity to do so
- If you do elect the COBRA option, you will get an open enrollment right to the DFCMP options each year, as well as your standard retiree options
- You must keep this COBRA option continuously in place. If it lapses (for instance, you decide to enroll in the DPMP during a future Annual Open Enrollment), it cannot be reinstated in the future
- You can add new dependents if reported within 30 days of the birth, marriage or adoption
- This COBRA option stops for each covered individual no later than age 65 because the plan does not provide coverage after age 65
- This COBRA option also is being extended to survivors of a deceased retired pilot in the retiree groups described above

Refer to the applicable DFCMP retiree benefit handbook online at Retiree Connection or call the ESC if you have questions about this offering.

Changing Your Elections During the Year

After your enrollment period ends, you may elect to decrease or drop your voluntary insurance coverage at any time during the year by contacting the ESC at **1-800 MY DELTA (1-800-693-3582)**.

After your enrollment period ends, you may not make changes to your healthcare benefit elections or covered dependents unless you experience a qualified life event, such as marriage, divorce or the birth of a child. However, if you do not enroll yourself or your dependents during this enrollment period because of other healthcare coverage, you may be able to enroll yourself or your dependents in the healthcare plan during the year provided your request for enrollment is within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your new dependent, provided that you are already covered under the healthcare plan, and you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Changing Your Elections Online

The online site/functionality described below is available to active and inactive employees as well as to retirees and survivors.

On Benefits Direct, click on the "Change Coverage" link to learn about or report a qualified life event change. If you are eligible, you can make benefit elections according to plan rules.

You may be asked to provide documentation confirming your dependents' eligibility for any events that you report online via Benefits Direct. Therefore, you should maintain all documentation as described on Benefits Direct. If you are unable to provide requested documentation, your life event change may be retroactively terminated, and you may be liable for claim costs paid by the plans for the ineligible family members.

Step 1: Go to <http://dlnet.delta.com>; the Delta Extranet home page will be displayed. Enter your 9-digit employee number (Username), along with your Delta Passport password to get to the DeltaNet home page

Step 2: Once on the DeltaNet home page, mouse over "Employee Info" on the top toolbar and select the "Self-Service" link

Step 3: On the Self-Service home page, mouse over "Benefits" on the top toolbar and click on the "Benefits Direct" link

Step 4: Once in Benefits Direct, click the link for "Health, Disability & Insurances." This site allows you to review your current coverage and dependents, and make your elections

It is your responsibility to maintain complete and accurate dependent data with Delta. Your failure to do so may result in the denial of eligibility and repayment of claims costs.

Need Help?

Call the Delta Employee Service Center (ESC) at **1-800 MY DELTA (1-800-693-3582)**. International callers should dial **404-677-8000**.

YOUR 2010 BENEFIT DECISIONS

The benefits you may elect and the eligibility rules that apply vary depending on your work group. The following work groups have different benefit options:

- Pre-merger Delta flight attendant and ground employees, and pre-merger Northwest salaried and non-contract ground employees (including pre-merger Northwest workgroups where representation has been resolved)
- Pilot and flight dispatcher employees
- Pre-merger Northwest AFA and IAM covered employees
- Compass employees

First, find the section in this guide that describes your work group and the benefits that are available. Then, read about each benefit option that you are eligible to elect. As you review the details, carefully consider which options best suit your needs.

Pre-Merger Delta Flight Attendant and Ground Employees and Pre-Merger Northwest Salaried and Non-Contract Employees

You may choose from the following Delta Account-Based Healthcare Plan (DABHP) medical and dental options:

- Gold Health Reimbursement Account (HRA) Medical Option
- Silver HRA Medical Option
- Gold Out-of-Area (OOA) HRA Medical Option, if eligible
- Diamond Health Savings Account (HSA) Medical Option
- Ruby HSA Medical Option
- Preferred Provider Organization (PPO) Option A
- Health Plan Hawaii, if eligible
- Humana Health Plan of Puerto Rico, if eligible
- Comprehensive Dental Option
- Preventive Dental Option
- CIGNA Dental Care Option, if eligible
- You may also be eligible to choose these additional welfare benefits:
 - Vision Coverage
 - Flexible Spending Accounts (FSAs) (if on active payroll status)
 - Delta's primary disability plan, which provides short-term and long-term disability benefits (if on active payroll status)
 - Delta's primary optional insurance plan, which includes life insurance, group accident and private pilots accident insurance, as well as long-term care insurance (you must have previously been enrolled as an active employee to continue the life insurance, and group accident and private pilots accident insurance, while inactive or retired)

Pilot Employees

You may choose from the following Delta Account-Based Healthcare Plan (DABHP) medical and dental options:

- Gold Health Reimbursement Account (HRA) Medical Option
- Silver HRA Medical Option
- Gold Out-of-Area (OOA) HRA Medical Option, if eligible
- Diamond Health Savings Account (HSA) Medical Option
- Ruby HSA Medical Option
- Preferred Provider Organization (PPO) Option A
- Health Plan Hawaii, if eligible
- Humana Health Plan of Puerto Rico, if eligible
- Comprehensive Dental Option
- Preventive Dental Option
- CIGNA Dental Care Option, if eligible
- You may also be eligible to choose these additional welfare benefits:
 - Vision coverage
 - Flexible spending accounts (FSAs) (if on active payroll status)
 - Delta's primary optional insurance plan, which includes life insurance, group accident and private pilots accident insurance, as well as long-term care insurance (you must have previously been enrolled as an active employee to continue the life insurance, and group accident and private pilots accident insurance, while inactive or retired)

Pilot employees may also choose the Delta Pilots Medical Plan (DPMP):

- DPMP Network Option
- DPMP Out-of-Area Option
- DPMP Option N
- DPMP Comprehensive Dental Option*
- DPMP Dental Option N*

Pre-Merger Northwest Pilots on Inactive or Disability Status or Who Were Using Sick Leave on October 30, 2008, and Who Have Not Returned to Work

Pre-merger Northwest pilots who were inactive or disabled on the collective bargaining agreement implementation date (CBAID), October 30, 2008, and have not yet returned to active status will be offered:

- PPO Option B (former Northwest Medical Option)
- Dental Option B

When you return to active status, you will be eligible for the options provided to active pre-merger Delta and pre-merger Northwest pilots. Northwest benefits (PPO medical and dental plan, and retiree life insurance) will be offered if you retire without returning to active status, in accordance with the rules of those plans.

* The Comprehensive Dental Option is combined as a package with the DPMP network or Out-of-Area Medical Option. The DPMP Dental Option N is combined as a package with the DPMP Option N medical option.

Flight Dispatcher Employees

You may choose from the following Delta Account-Based Healthcare Plan (DABHP) medical and dental options:

- Gold Health Reimbursement Account (HRA) Medical Option
- Silver HRA Medical Option
- Gold Out-of-Area (OOA) HRA Medical Option, if eligible
- Diamond Health Savings Account (HSA) Medical Option
- Ruby HSA Medical Option
- Preferred Provider Organization (PPO) Option A
- Health Plan Hawaii, if eligible
- Humana Health Plan of Puerto Rico, if eligible
- Comprehensive Dental Option
- Preventive Dental Option
- CIGNA Dental Care Option, if eligible
- You may also be eligible to choose these additional welfare benefits:
 - Vision coverage
 - Flexible spending accounts (FSAs) (if on active payroll status)
 - Delta's primary disability plan which provides short-term and long-term disability benefits (if on active payroll status)
 - Delta's primary optional insurance plan, which includes life insurance, group accident and private pilots accident insurance, as well as long-term care insurance (you must have previously been enrolled as an active employee to continue the life insurance, and group accident and private pilots accident insurance, while inactive or retired)

Flight Dispatcher employees on active or inactive status may also choose the Flight Dispatchers Medical Plan (FDMO):

- FDMO Network Option
- FDMO Out-of-Area Option
- FDMO Option N
- FDMO Comprehensive Dental Option *
- FDMO Dental Option N*

* The Comprehensive Dental Option is combined as a package with the FDMO network or Out-of-Area Medical Option. The FDMO Dental Option N is combined as a package with the FDMO Option N medical option.

Pre-Merger Northwest AFA and IAM Employees

During this fall’s open enrollment period, you are eligible for both the Northwest Medical Option (PPO Option B) and its applicable eligibility rules, or the Delta medical options and their applicable eligibility rules. Both medical plans include their own prescription drug coverages.

Your decision for which medical plan you will select will impact your options with dental, vision and FSA benefits:

- Package 1. If you elect a Delta medical option, you will be eligible for the Flexible Spending Accounts (FSAs) that align with that option, as well as dental and vision coverage
- Package 2. If you elect PPO Option B, you will be eligible for the FSAs that align with that option and Dental Option B, but you will not be eligible for vision coverage.

Be sure to make your medical elections first, since the option you choose will affect the FSA, dental and vision options available to you. If you choose to elect “No Coverage” for medical, you will still be able to choose your dental option from Package 1 or 2. If you elect “No Coverage” for dental, you will still be able to choose your FSA election from Package 1 or 2. However, once you make an active medical or dental election, the remaining options will align with the package you elected. Regardless of which package you select, you will continue to be eligible for the same Optional/Dependent Life Insurance or Group Accident Insurance coverages detailed by your respective contract.

Once you make your elections, your decision (Package 1 or Package 2) cannot be changed during 2010, even if you have a qualified life event.

Healthcare Benefits Available to Pre-Merger Northwest AFA and IAM Employees	
Package 1	Package 2
<p>Choose from:</p> <ul style="list-style-type: none"> ● Gold HRA Medical Option ● Silver HRA Medical Option ● Diamond HSA Medical Option ● Ruby HSA Medical Option ● Gold Out-of-Area Medical Option, if eligible ● PPO Option A (see page 22 for a high-level summary) ● Health Plan Hawaii, if eligible ● Humana Health Plan of Puerto Rico, if eligible ● No coverage <p>Covered services and eligibility as outlined in Delta’s <i>Healthcare Benefit Handbook</i>.</p>	<p>Choose:</p> <ul style="list-style-type: none"> ● PPO Option B (see page 25 for a high-level summary) ● No coverage <p>Covered services and eligibility as outlined in the <i>Northwest Health Care Plans Summary Plan Description</i>, with the addition of access to UHC programs (URN, Centers of Excellence, Healthy Pregnancy, etc.)</p>
Your dependent who is a full-time student is no longer eligible for coverage at age 23.	Your dependent who is a full-time student is no longer eligible for coverage at age 26.
If you choose an HRA option, you will be eligible for a company-provided account that you can use to pay your first dollars of medical cost. Unused dollars in any year roll over for use in future years.	No HRA account. First dollars of medical cost are paid from employee’s funds.

Healthcare Benefits Available to Pre-Merger Northwest AFA and IAM Employees	
Package 1	Package 2
If electing an HSA Medical Plan Option, you will be eligible to establish and contribute funds to an HSA (if electing an HSA Medical Plan Option).	No HSA
<ul style="list-style-type: none"> • Comprehensive Dental Option • Preventive Dental Option • CIGNA Dental Care Option, if eligible • No coverage 	<ul style="list-style-type: none"> • Dental Option B • No coverage
<ul style="list-style-type: none"> • Vision plan through Davis Vision • No coverage 	No vision plan coverage
Delta FSA contribution minimums and maximums: <ul style="list-style-type: none"> • Healthcare FSA: \$5 min.; \$9,984 max.* • Dependent Care FSA: \$120 min.; \$4,992 max. 	Northwest FSA* contribution minimums and maximums: <ul style="list-style-type: none"> • Healthcare FSA: \$1 min.; \$7,500 max. • Dependent Care FSA: \$1 min.; \$4,992 max.
* This is a limited purpose healthcare FSA (available for dental and vision expenses only) if enrolled in an HSA Medical Option	* 2½ month extension applies

If you are a pre-merger Northwest AFA employee, you will continue to be eligible for long-term disability, life insurances and group accident insurance as outlined in the AFA contract, regardless of your healthcare election. In addition, you will be newly eligible for long-term care insurance.

If you are a pre-merger Northwest IAM employee, you will continue to be eligible for long-term disability and life insurances as outlined in the IAM contract, regardless of your healthcare election. In addition, you will be newly eligible for long-term care insurance.

Compass Employees

You continue to have Compass benefits with eligibility requirements, and plan provisions as outlined in your summary plan description. There are no plan changes to the Compass Airlines Healthcare Plans and FlexSaver accounts for 2010; however, premiums are increasing slightly.

Also, some of your 2010 benefit administrators will change. Your medical, pharmacy and FSAs will be administered by UnitedHealthcare (UHC). Dental benefits will be administered by Delta Dental of Minnesota (DDMN). See the “Where To Get More Information” section at the end of this guide for additional details.

You may also enroll in the Davis Vision Option, which is paid entirely by the employee. See the premiums on the online Enrollment Worksheet and the Davis Vision Brochure posted on Benefits Direct for coverage details. Otherwise, no plan changes have been made to your 2010 benefits unless otherwise noted in this guide.

2010 BENEFIT PLANS

Medical Coverage

The medical options available to you vary based on your work group (see “Your 2010 Benefit Decisions” earlier in this guide for details). Most medical options are administered by UnitedHealthcare (UHC) and include pharmacy benefits through Medco.

Pharmacy Benefits

No plan design changes to DABHP or DPMP pharmacy benefits have been made for 2010. Pharmacy benefits vary by the type of medical option that you select. Refer to Delta's *Healthcare Benefit Handbook* for details. You generally save money on prescription drugs if you purchase available generics and medications on the Prescription Drug List (PDL). You can view the PDL on Benefits Direct, which is accessible through DeltaNet (<http://dlnet.delta.com>) or on the My Health & Insurance site located on Employee Connection.

Special Note for Pre-Merger Delta Pilot Employees Planning to Retire After 1/1/2010

Pre-merger Delta pilot employees who were hired on 7/31/2006 or earlier, and who retire after 1/1/2010 (and have not reached age 65) are eligible for an additional COBRA medical option at retirement. This COBRA medical option is in addition to the COBRA 18-month medical options and the retiree medical options (including the DABHP options) offered to you at retirement. If you qualify, you will be offered a one-time election at retirement for the “To Age 65 COBRA,” which is *only* in the Delta Family-Care Medical Plan (DFCMP). Medical options in the DFCMP include the Standard or Out-of-Area medical options (depending on where you live), as well as the High Value Option. Electing To Age 65 COBRA does not change the dental or vision options you are offered at retirement. Refer to page 9 of this guide for additional information about the To Age 65 medical option.

About UnitedHealthcare (UHC)

UHC offers you and your covered dependents:

- **Network Availability** — UHC has one of the largest national network of providers, with more than 4,800 hospitals and 500,000 healthcare professionals
- **Network Discounts** — Network discounts help keep costs down for employees and covered family members, especially for those enrolled in an account-based medical option
- **Care Management** — UHC has an excellent integrated care management program administered by OptumHealth, a UHC company. Current programs support cancer and chronic illnesses such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma; and also include the Healthy Pregnancy Program. In 2010 other programs will become available, including Kidney Resource Services, Neonatal Resource Services, Bariatric Resource Services, QuitPower[®] (which will replace the Free & Clear tobacco cessation program) and ParentSteps[®], a discount program offering infertility treatment support
- **Online and Telephone Support** — UHC supports its members with online and telephone resources, such as health, wellness and lifestyle coaches; as well as the Health Assessment and Personal Health Record

Medica Network for Employees in Minnesota, North Dakota, South Dakota and Western Wisconsin

If you live in Minnesota, North Dakota, South Dakota or western Wisconsin, UHC offers seamless access to the Medica Network, which is composed of more than 200 hospitals, thousands of clinics and nearly 27,000 healthcare professionals. If you want to use a provider outside the Medica network, you have access to the UHC Choice Plus national network.

Go to www.myhealthcareview.com to locate a provider and view your benefits information. Log on to the pre-enrollment Web site with Username: *delta* and Password: *delta*.

Delta Account-Based Healthcare Plan (DABHP) Medical Options

The following medical options are part of the DABHP. All share the same covered services, which are explained in Delta's *Healthcare Benefit Handbook* (available online at Benefits Direct).

- Gold HRA Medical Option
- Silver HRA Medical Option
- Diamond HSA Medical Option*
- Ruby HSA Medical Option* (see the chart on the next page for a high level overview)
- Gold Out-of-Area (OOA) HRA Medical Option — If you live outside the UHC network, you will not only be offered the Gold Out-of-Area (OOA) HRA Medical Option during the enrollment period, but you also will have the choice to enroll in a network option (Gold HRA Medical Option, Silver HRA Medical Option, Diamond HSA Medical Option or Ruby HSA Medical Option)

www.myhealthcareview.com

If you are not currently enrolled in a Delta UHC medical option, log on to the pre-enrollment Web site at www.myhealthcareview.com with Username: *delta* and Password: *delta*, to locate a provider and access benefit information for 2010.

Beginning January 1, 2010, all UHC participants will access www.myhealthcareview.com instead of myuhc.com to access claims and account information. You do not need to change your current username or password if you are a current UHC participant.

* If you enroll in an HSA Medical Option, you may enroll in a health savings account and elect a pre-tax contribution amount. For 2010, the IRS allows you to contribute up to \$3,050 if you elect Employee Only coverage or up to \$6,150 if you elect Family coverage. If you are age 55 or older, or you will turn 55 in 2010, you may be able to make additional catch-up contributions of up to \$1,000 in 2010. Tax rules may result in your maximum contribution being less.

2010 Ruby HSA Medical Option at a Glance	
Benefit Coverage Levels	Ruby HSA Medical Option
Annual Deductible	
Employee	\$2,400
Employee & Spouse <i>(Individual/Family)</i>	\$2,400/\$3,600
Employee & Child(ren) <i>(Individual/Family)</i>	\$2,400/\$3,600
Family <i>(Individual/Family)</i>	\$2,400/\$4,800
Annual Coinsurance Maximum <i>(includes deductible)</i>	
Employee	\$5,700
Employee & Spouse	\$8,600
Employee & Child(ren)	\$8,600
Family	\$11,400
Coinsurance	
The percentage of costs the plan will pay after the deductible is met	70% R&C* covered after deductible
Preventive Care	
Received in line with U.S. Preventive Services Task Force Guidelines	100% covered; not subject to the deductible R&C* applies for services provided by non-UHC participating providers
Annual Pharmacy Maximum	
Pharmacy benefits are paid as part of the Delta medical benefit	Included in medical deductible
Pharmacy	
Retail (31-day) and mail order (90-day) prescriptions	70% covered after deductible is met
Lifetime Maximum Benefit	
	\$5,000,000

* Reasonable and Customary. Expenses for services charged by a doctor or supplier over and above R&C do not apply to an individual's deductible or coinsurance maximum, and are not paid by the Plan. These charges can result in much higher costs than anticipated.

Advantages of Account-Based Healthcare Options

In 2008, Delta introduced account-based healthcare options as a new approach to healthcare benefits. These medical options encourage employees to make more choices about their healthcare benefits and to take greater control of their healthcare decisions.

The Delta health reimbursement account (HRA) medical options and the health savings account (HSA) medical options provide employees with access to quality healthcare — and, for many, cost savings. On December 31, 2008, 49% of all HRA Medical Option participants had a balance remaining in their Delta-provided HRA. These participants rolled over their funds to use during 2009. This ability to roll over unused funds is an outstanding advantage of the HRA medical options.

These options offer other advantages over traditional healthcare plans:

You have control

You are empowered to make your own medical care decisions and spend your healthcare dollars the way you see fit. By keeping yourself and your family healthy, your medical costs can decrease.

Cost management

With an HRA Medical Option or an HSA Medical Option, you pay lower payroll deductions than in the other medical options, but you have a higher deductible. There are no copayments. Instead, you meet the annual deductible, and then the program pays a percentage of your eligible in-network expenses.

Preventive care is covered 100%

Preventive care — such as annual physicals, immunizations, well baby and well woman visits — is covered in full when you use a network provider.

Tax advantages

Payroll-deducted contributions to your HSA are made pre-tax. When you incur eligible medical or prescription drug expenses, you may use your HSA dollars to pay them.

Lasting savings vehicle

You own your HSA, so you take it with you when you leave Delta. You may continue contributing to your HSA (following IRS rules) if you remain in a high-deductible health plan, and may use your HSA to pay for eligible medical expenses.

2010 Changes for the DABHP

Premiums are increasing slightly. The 2010 premium increase equates to fewer than \$10 per month for Family coverage in the Gold HRA Medical Option, which is the option with the highest enrollment.

There are several changes to DABHP mental health benefits for 2010.

- Changes to the Substance Abuse benefit for all DABHP medical options include:
 - Two episodes of inpatient treatment per lifetime per covered participant will be removed as a limitation of this benefit
- Changes to the Mental Health benefit of the Gold and Silver HRA and Diamond HSA medical options include:
 - Out-of-network Outpatient mental health services will be covered at 60% of 140% of the Medicare Reimbursement Rate (day limits will no longer apply)
 - Out-of-network Inpatient mental health hospital stays will be covered at 60% of 140% of the Medicare Reimbursement Rate (day limits will no longer apply). However, the \$700 non-notification penalty will continue to apply when UHC is not notified of the inpatient stay
- Medical changes include:
 - Acupuncture treatments are limited to 15 (instead of 30) combined network and non-network treatments per calendar year per episode
 - Up to six counseling sessions about weight loss, diet and/or nutrition per calendar year are covered
 - Bariatric (weight loss) surgery is covered with limitations if you use a Center of Excellence and receive services in-network. You must have been employed by Delta and/or Northwest for at least five consecutive years prior to the surgery. The hospital fees and surgery charges are covered; however, the surgeon's and assistant surgeon's fees are not covered
 - New clinical programs are available. Kidney Resource Services and Neonatal Resource Services are effective August 1, 2009; Bariatric Resource Services, Chiropractic Clinical Support Program, QuitPower[®] and ParentSteps[®] are effective January 1, 2010. For information regarding these programs, call UHC Member Services at **877-683-8555**

2010 HSA Maximum Contribution Limits

The U.S. Department of Treasury has set the following 2010 maximum amounts that an eligible HSA participant may contribute to his or her 2010 HSA on a tax-free basis:

- Up to \$3,050 annually for Employee Only Coverage
- Up to \$6,150 annually for Employee & Spouse, Employee & Child(ren) or Family coverage
- Up to an additional \$1,000 if you or your spouse is over age 55 and eligible for a catch-up contribution. If you are on active payroll status, you may contribute your catch-up contribution to your HSA through payroll deductions; however, your spouse's catch-up contribution must be made outside of Delta payroll to a separate HSA opened specifically for your spouse

2010 HSA Contribution Amounts for Delta Couples

If both you and your spouse are employed by Delta, you may elect the full \$3,050 Employee Only/\$6,150 Family HSA contribution. It is your responsibility to determine the appropriate split so you do not exceed the IRS family limit.

QuitPower® Replaces Free & Clear

QuitPower will replace Free & Clear on January 1, 2010. Employees or dependents who elect to participate in the Free & Clear program prior to January 1 will continue participation in Free & Clear throughout the duration of their treatment. For information about QuitPower, call **877-748-8797** or the number on the back of your UHC ID card, or go to www.myhealthcareview.com.

New Option for 2010: PPO Option A

This PPO, similar to the Northwest Medical Plan, is an additional DABHP medical option choice for 2010. Covered services for this option are the same as those for the DABHP.

2010 PPO Option A			
Benefit	Coverage Levels	Network Benefit	Non-Network Benefit
Annual Deductible	Employee Family	\$350 \$700	\$700 \$1,400
Annual Coinsurance Maximum <i>(Excludes deductible)</i>	Employee Family	\$2,000 \$4,000	\$4,000 \$8,000
Coinsurance		80% of network rate after deductible has been met	60% of 140% of the Medicare reimbursement rate* after deductible has been met
Preventive Care		100% Not subject to the deductible	Not covered out of network
		Network Retail Pharmacy	Network Mail Order Pharmacy
Pharmacy OOP Maximum	Employee Family	\$1,250 \$2,500	
Network Pharmacy	Tier 1 Tier 2 Tier 3	\$15 copay \$30 copay \$45 copay	\$37.50 copay \$75 copay \$112.50 copay
Out-of-Network Pharmacy	Tier 1 Tier 2 Tier 3	Not covered out of network	Not covered out of network
Lifetime Maximum Benefit		\$5,000,000	

* 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. Expenses for services charged by a doctor or supplier over and above 140% of the Medicare reimbursement rates do not apply to an individual's deductible or coinsurance maximum and are not paid by the Plan. These charges can result in much higher costs than anticipated.

2010 PPO Option A: Key Covered Medical Expenses

Services and supplies eligible for coverage must be provided for the purpose of preventing, diagnosing or treating a sickness, injury, disease or symptom, and meet certain established criteria.

Benefit	Network Benefit	Non-Network Benefit
Acupuncture <i>Limited to 15 combined network and non-network treatments per calendar year per episode</i>	80%	60%
Ambulance	80% of billed charges	80% of billed charges
Behavioral/Mental Health - Facility-based treatment - Outpatient care treatment	80% No day limits* No day limits*	60% No day limits* No day limits
Cancer Treatment at URN Facility* <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Chiropractic Care Office Visit <i>Limited to 20 visits per calendar year</i>	80%	Not covered out of network
Dental Care – Accidental Injury* <i>Limited to what is covered by medical; dental care benefit may cover other services</i>	80%	60%
Disposable Diabetic Supplies <i>Mail order program through Byram Healthcare</i>	100% Not subject to deductible	Not covered
Disposable/Consumable Medical Supplies - Ostomy supplies - Dialysis/tracheal and enteral feeding supplies - Wigs – with limits - Eyeglasses – post-operative cataract treatment - Custom made orthotics - Compression hose	80% Covered Covered Covered Covered Covered Not covered	60% Covered Covered Covered Covered Covered Not covered
Durable Medical Equipment* Examples include crutches, hospital beds, wheelchairs, inhalators, oxygen tents <i>Hearing aids are not covered</i>	80%	60%
Eye and Hearing Testing	Not covered	Not covered
Emergency Room Visit <i>Only covered if the visit is determined to be a "true medical emergency"</i>	\$100 copay	\$100 copay
Health Assessments <i>Routine physicals, annual GYN exams, mammograms, well child visits, immunizations, preventive lab work</i>	100% covered, Not subject to the deductible	Not covered
Home Healthcare* <i>40 combined network and non-network days per calendar year, medical review necessary beyond 40 days</i>	80%	60%
Hospice*	100% after deductible is met	60%

* The covered participant or his or her doctor/provider must notify UHC's Customer Service – Health Advocate Team before these services are rendered or procedures are performed. An additional \$700 non-notification penalty will be applied for failure to notify UHC.

2010 PPO Option A: Key Covered Medical Expenses

Services and supplies eligible for coverage must be provided for the purpose of preventing, diagnosing or treating a sickness, injury, disease or symptom, and meet certain established criteria.

Benefit	Network Benefit	Non-Network Benefit
Hospital Care – Inpatient* and Outpatient - Medical and surgical charges	80%	60%
Infertility Treatment <i>Only covers the initial diagnosis and treatment to identify underlying systemic conditions that may be the cause of infertility, but does not cover infertility procedures</i>	80%	60%
Lab Services – Diagnostic	80%	60%
Mammograms – Diagnostic	80%	60%
Maternity <i>Physician and facility charges</i>	80%	60%
Office Visits <i>Primary care physicians and specialists</i>	80%	60%
Organ Transplants* at URN Facility <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Private Duty Nursing*	80%	60%
Skilled Nursing Facility* <i>60 days combined network and non-network days per calendar year, medical review necessary beyond 60 days</i>	80%	60%
Substance Abuse/Chemical Dependency - Facility-based treatment - Outpatient care treatment	80% No day limits* No day limits	60% No day limits* No day limits
Surgeon Services	80%	60%
Assistant Surgeon Services	20%	20%
Multiple Surgical Procedures - 1 st procedure	80%	60%
- 2 nd procedure and subsequent procedures	50%	50%
Therapy – Physical, Occupational and Speech <i>30 combined network and non-network treatments per type of therapy per calendar year, medical review necessary beyond 30 treatments</i>	80%	60%
Weight Loss Treatment* - Dietician/nutritional counseling – 6 sessions - Bariatric surgery at Centers of Excellence	80% Covered Covered with limitations	Not covered
X-Rays – Diagnostic and Therapeutic Procedures	80%	60%

* The covered participant or his or her doctor/provider must notify UHC's Customer Service – Health Advocate Team before these services are rendered or procedures are performed. An additional \$700 non-notification penalty will be applied for failure to notify UHC.

PPO Option B

This option is only available to eligible pre-merger Northwest IAM and AFA covered employees as well as pre-merger Northwest pilots on inactive or disabled status on October 30, 2008 who have not returned to active status.

The chart below shows coverage details and plan provisions. Covered services are detailed in the *Northwest Health Care Plans Summary Plan Description*. For 2010, the plan is administered by UHC. You and your covered dependents may use the voluntary UHC programs described in this guide and in Delta's *Healthcare Benefit Handbook* (such as URN, Centers of Excellence and Healthy Pregnancy).

IAM covered employee premiums are increasing by 8% over what you paid in 2009 for the Northwest Medical Plan. AFA covered employee premiums are increasing by 7% over what you paid in 2009 for the Northwest Medical Plan. This is the maximum increase allowable according to the terms of your respective contracts. The premiums are calculated based on the claims experience of covered individuals enrolled in this option and the Northwest Medical Plan (which covers pre-merger Northwest retirees).

2010 PPO Option B			
Benefit	Coverage Levels	Network Benefit	Non-Network Benefit
Annual Deductible <i>(Network and non-network expenses combined)</i>	Employee Family		\$350 \$700
Annual Out-of-Pocket Maximum (Max) <i>(Network and non-network expenses combined)</i>	Employee Family		\$2,000 \$4,000 Annual OOP max does not include mental health, chemical dependency or prescription drug copays/coinsurance
Mental Health/ Chemical Dependency OOP Max <i>(Network and non-network expenses combined)</i>	Employee Family		\$2,000 \$4,000 Mental Health/Chemical Dependency OOP max is separate from and does not include medical or prescription drug copays/coinsurance
Coinsurance		80% after deductible has been met	70% of R&C* after deductible has been met
		Network Retail Pharmacy	Network Mail Order Pharmacy
Pharmacy OOP Max	Employee/Family	\$1,000 per covered individual	
Network Pharmacy	Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs Lifestyle Drugs	\$15 copay \$30 copay \$45 copay 50% (\$30 minimum)	\$37.50 copay \$75 copay \$112.50 copay 50% (\$75 minimum)
Out-of-Network Pharmacy	Participant must pay the full retail price of the prescription at the time it is filled, then send a claim for reimbursement. Prescription will be reimbursed at the in-network retail cost of the drug less the applicable retail copay.		
Lifetime Maximum Benefit		No Limit	

*Reasonable and customary. Expenses for services charged by a doctor or supplier over and above R&C do not apply to an individual's deductible or coinsurance maximum and are not paid by the Plan. These charges can result in much higher costs than anticipated.

2010 PPO Option B: Key Covered Medical Expenses

To be covered by the plan, medical care, treatment, services and supplies must be for the diagnosis or treatment of an "illness" or "injury" (except for certain in-network covered preventive/wellness care).

Benefit	Network Benefit	Non-Network Benefit
Alcohol/Chemical Dependency - Facility-based treatment - Outpatient care treatment (<i>prior authorization required beyond 20 visits</i>)	80% No day limits* No day limits	70% No day limits* No day limits
Acupuncture <i>Limited to 15 combined network and non-network treatments per calendar year per episode</i>	80%	70%
Ambulance	80%	70%
Behavioral/Mental Health - Facility-based treatment - Outpatient care treatment (<i>prior authorization required beyond 20 visits</i>)	80% No day limits* No day limits	70% No day limits* No day limits
Cancer Treatment at URN Facility* <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Chiropractic Care Office Visit <i>Prior authorization is required for all visits beyond 20 visits per calendar year</i>	100% for first \$600 of expenses, then 80% after the deductible	70%
Dental Care – Accidental Injury* <i>Limited to what is covered by medical; dental care benefit may cover other services</i>	80%	70%
Disposable/Consumable Medical Supplies - Diabetic supplies – external diabetic pumps - Ostomy supplies - Dialysis/tracheal and enteral feeding supplies - Wigs – with limits - Eyeglasses – post-operative cataract treatment - Custom made orthotics - Compression hose	80% Covered Covered Covered Covered Covered Covered Covered	70% Covered Covered Covered Covered Covered Covered Covered
Durable Medical Equipment* <i>Examples include crutches, hospital beds, wheelchairs, inhalators, oxygen tents and hearing aids</i>	80%	70%
Emergency Room Visit <i>If a true emergency, copay applies for facility and doctor charges</i>	\$50 copay	\$50 copay
Home Healthcare*	80%	70%
Hospice*	100%	100% after deductible is met
Hospital Care – Inpatient* and Outpatient - Medical and surgical charges	80%	70%

* The covered participant or his or her doctor/provider must notify and get pre-approval from UHC's Customer Service – Health Advocate Team before these services are rendered or procedures performed. If UHC is not notified and pre-approval is not obtained, expenses will be paid at the plan's normal benefit level after a \$500 in-network hospital penalty or \$1,000 out-of-network hospital penalty.

2010 PPO Option B: Key Covered Medical Expenses

To be covered by the plan, medical care, treatment, services and supplies must be for the diagnosis or treatment of an "illness" or "injury" (except for certain in-network covered preventive/wellness care).

Benefit	Network Benefit	Non-Network Benefit
Infertility Treatment <i>Only covers those diagnostic steps and procedures that establish the cause of, or reason for, infertility and surgical treatment to correct bodily defects</i>	80%	70%
Lab Services – Diagnostic	80%	70%
Mammograms – Diagnostic	80%	70%
Maternity* <i>Medical, surgical and hospital care</i>	80%	70%
Office Visits <i>Primary care physicians and specialists</i>	80%	70%
Organ Transplants* at URN Facility <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Organ Transplants* <i>Combined travel and lodging maximum lifetime benefit of \$5,000 per person</i>	80%	70%
Preventive Care - Routine physicals - Annual GYN exams - Mammograms - Well child visits - Immunizations - Preventive lab work and testing - Eye and hearing exam	90% covered, Not subject to the deductible The 10% coinsurance that participant pays does not count toward reaching the annual deductible	Not covered
Private Duty Nursing*	80%	70%
Skilled Nursing Facility*	80%	70%
Surgeon Services	80%	70%
Assistant Surgeon Services	20%	20%
Multiple Surgical Procedures - 1 st procedure - 2 nd procedure and subsequent procedures	80% 50%	70% 50%
Therapy – Physical, Occupational and Speech <i>Prior authorization is required for more than 20 outpatient visits</i>	80%	70%
Weight Loss Treatment* - Dietician/nutritional counseling – 6 sessions - Bariatric surgery at Centers of Excellence	80% Covered Covered with limitations	70% Covered Covered with limitations
X-Rays – Diagnostic and Therapeutic Procedures	80%	70%

* The covered participant or his or her doctor/provider must notify and get pre-approval from UHC's Customer Service – Health Advocate Team before these services are rendered or procedures performed. If UHC is not notified and pre-approval is not obtained, expenses will be paid at the plan's normal benefit level after a \$500 in-network hospital penalty or \$1,000 out-of-network hospital penalty.

Delta Pilots Medical Plan (DPMP) and Flight Dispatchers Medical Option (FDMO)

The DPMP/FDMO is a medical/dental package option. If you enroll in the DPMP/FDMO medical option, the DPMP/FDMO dental option becomes your only dental choice. You cannot waive dental coverage and enroll only for DPMP/FDMO medical coverage; neither can you waive medical coverage and enroll only for DPMP/FDMO dental coverage. Be sure to review the online Enrollment Worksheet on Benefits Direct for your default coverage. Some default coverage requires a premium.

2010 Change for the DPMP/FDMO

- For 2010, Delta is not making any changes to the DPMP/FDMO with regard to covered services, coverage levels, copay amounts or coinsurance amounts
- DPMP/FDMO premiums will not increase in 2010, except for a small increase for the out-of-area options
- Changes to the Substance Abuse benefit for the DPMP and DPMP OOA Medical Options for 2010 include:
 - Two episodes of inpatient treatment per lifetime per covered participant will be removed as a limitation of this benefit
- Changes to the Mental Health benefit of the DPMP for 2010 include:
 - Out-of-network Outpatient mental health services will be covered at 70% of 140% of the Medicare Reimbursement Rate (day limits and maximum daily dollar limits will no longer apply)
 - Out-of-network Inpatient mental health hospital stays will be covered at 70% of 140% of the Medicare Reimbursement Rate (day limits, maximum daily dollar limits and the additional \$200 inpatient stay deductible will no longer apply). However, the \$700 non-notification penalty will continue to apply when UHC is not notified of the inpatient stay

QuitPower® Replaces Free & Clear

QuitPower will replace Free & Clear on January 1, 2010. Employees or dependents who elect to participate in the Free & Clear program prior to January 1 will continue participation in Free & Clear throughout the duration of their treatment. For information about QuitPower, call **877-748-8797** or the number on the back of your UHC ID card, or go to www.myhealthcareview.com.

New for 2010: DPMP Option N and FDMO Option N

- Eligible pilots and flight dispatchers may choose to enroll in Option N (see chart below for details)
- This option is similar to the 2009 Northwest Medical Plan

2010 DPMP/FDMO Option N			
Benefit	Coverage Levels	Network Benefit	Non-Network Benefit
Annual Deductible <i>(Network and non-network expenses combined)</i>	Employee	\$350	
	Family	\$700	
Annual Out-of-Pocket Maximum (Max) <i>(Network and non-network expenses combined)</i>	Employee	\$2,000	
	Family	\$4,000	
		Annual OOP max does not include mental health, chemical dependency or prescription drug copays/coinsurance	
Mental Health/ Chemical Dependency OOP Max <i>(Network and non-network expenses combined)</i>	Employee	\$2,000	
	Family	\$4,000	
		Mental Health/Chemical Dependency OOP max is separate from and does not include medical or prescription drug copays/coinsurance	
Coinsurance			
		80% after deductible has been met	70% of R&C* after deductible has been met
		Network Retail Pharmacy	Network Mail Order Pharmacy
Pharmacy OOP Max	Employee/Family	\$1,000 per covered individual	
Network Pharmacy	Generic Drugs	\$15 copay	\$37.50 copay
	Preferred Brand Drugs	\$30 copay	\$75 copay
	Non-Preferred Brand Drugs	\$45 copay	\$112.50 copay
	Lifestyle Drugs	50% (\$30 minimum)	50% (\$75 minimum)
Out-of-Network Pharmacy	Participant must pay the full retail price of the prescription at the time it is filled, then send in a claim for reimbursement. Prescription will be reimbursed at the in-network retail cost of the drug less the applicable retail copay.		
Lifetime Maximum Benefit		No Limit	

* Reasonable and customary. Expenses for services charged by a doctor or supplier over and above R&C do not apply to an individual's deductible or coinsurance maximum and are not paid by the Plan. These charges can result in much higher costs than anticipated.

2010 DPMP/FDMO Option N: Key Covered Medical Expenses

To be covered by the plan, medical care, treatment, services and supplies must be for the diagnosis or treatment of an "illness" or "injury" (except for certain in-network covered preventive/wellness care).

Benefit	Network Benefit	Non-Network Benefit
Alcohol/Chemical Dependency - Facility-based treatment - Outpatient care treatment (<i>prior authorization required beyond 20 visits</i>)	80% No day limits* No day limits	70% No day limits* No day limits
Acupuncture <i>Limited to 15 combined network and non-network treatments per calendar year per episode</i>	80%	70%
Ambulance	80%	70%
Behavioral/Mental Health - Facility-based treatment - Outpatient care treatment (<i>prior authorization required beyond 20 visits</i>)	80% No day limits* No day limits	70% No day limits* No day limits
Cancer Treatment at URN Facility* <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Chiropractic Care Office Visit <i>Prior authorization is required for all visits beyond 20 visits per calendar year</i>	100% for first \$600 of expenses, then 80% after the deductible	70%
Dental Care – Accidental Injury* <i>Limited to what is covered by medical; dental care benefit may cover other services</i>	80%	70%
Disposable/Consumable Medical Supplies - Diabetic supplies – external diabetic pumps - Ostomy supplies - Dialysis/tracheal and enteral feeding supplies - Wigs – with limits - Eyeglasses – post-operative cataract treatment - Custom made orthotics - Compression hose	80% Covered Covered Covered Covered Covered Covered Covered	70% Covered Covered Covered Covered Covered Covered Covered
Durable Medical Equipment* <i>Examples include crutches, hospital beds, wheelchairs, inhalators, oxygen tents and hearing aids</i>	80%	70%
Emergency Room Visit <i>If a true emergency, copay applies for facility and doctor charges</i>	\$50 copay	\$50 copay
Home Healthcare*	80%	70%
Hospice*	100%	100% after deductible is met
Hospital Care – Inpatient* and Outpatient - Medical and surgical charges	80%	70%

* The covered participant or his or her doctor/provider must notify and get pre-approval from UHC's Customer Service – Health Advocate Team before these services are rendered or procedures performed. If UHC is not notified and pre-approval is not obtained, expenses will be paid at the plan's normal benefit level after a \$500 in-network hospital penalty or \$1,000 out-of-network hospital penalty.

2010 DPMP/FDMO Option N: Key Covered Medical Expenses		
To be covered by the plan, medical care, treatment, services and supplies must be for the diagnosis or treatment of an "illness" or "injury" (except for certain in-network covered preventive/wellness care).		
Benefit	Network Benefit	Non-Network Benefit
Infertility Treatment <i>Only covers those diagnostic steps and procedures that establish the cause of, or reason for, infertility and surgical treatment to correct bodily defects</i>	80%	70%
Lab Services – Diagnostic	80%	70%
Mammograms – Diagnostic	80%	70%
Maternity* <i>Medical, surgical and hospital care</i>	80%	70%
Office Visits <i>Primary care physicians and specialists</i>	80%	70%
Organ Transplants* at URN Facility <i>\$10,000 travel and lodging expenses are covered</i>	100%	N/A
Organ Transplants* <i>Combined travel and lodging maximum lifetime benefit of \$5,000 per person</i>	80%	70%
Preventive Care - Routine physicals - Annual GYN exams - Mammograms - Well child visits - Immunizations - Preventive lab work and testing - Eye and hearing exam	90% covered, Not subject to the deductible The 10% coinsurance that participant pays does not count toward reaching the annual deductible	Not covered
Private Duty Nursing*	80%	70%
Skilled Nursing Facility*	80%	70%
Surgeon Services	80%	70%
Assistant Surgeon Services	20%	20%
Multiple Surgical Procedures - 1 st procedure - 2 nd procedure and subsequent procedures	80% 50%	70% 50%
Therapy – Physical, Occupational and Speech <i>Prior authorization is required for more than 20 outpatient visits</i>	80%	70%
Weight Loss Treatment* - Dietician/nutritional counseling – 6 sessions - Bariatric surgery at Centers of Excellence	80% Covered Covered with limitations	70% Covered Covered with limitations
X-Rays – Diagnostic and Therapeutic Procedures	80%	70%

* The covered participant or his or her doctor/provider must notify and get pre-approval from UHC's Customer Service – Health Advocate Team before these services are rendered or procedures performed. If UHC is not notified and pre-approval is not obtained, expenses will be paid at the plan's normal benefit level after a \$500 in-network hospital penalty or \$1,000 out-of-network hospital penalty.

Health Maintenance Organizations (HMOs)

HMOs continue to be offered to eligible residents of Hawaii and Puerto Rico based on the HMO service area. These HMO options will be listed on your Enrollment Worksheet if you are eligible for them.

Humana Health Plan of Puerto Rico and Puerto Rico Out-of-Area Medical Option

There are no plan changes for 2010. Premiums for Humana Health Plan of Puerto Rico will increase approximately 8%. Premiums for Puerto Rico Out-of-Area Option will not increase for 2010.

Health Plan Hawaii

There are state mandated plan changes for 2010 described in the chart below. Premiums for Health Plan Hawaii will increase approximately 14%.

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
Lifetime Maximum	Unlimited
Annual Copayment Maximum	\$2,500 per person \$7,500 per family
Annual Deductible	None
MEDICAL SERVICES	
PHYSICIAN SERVICES	IN-NETWORK COPAYMENT
Office Visits	\$15
Hospital Visits	\$15 (hospital outpatient); None (hospital inpatient)
HOSPITAL AND FACILITY SERVICES	IN-NETWORK COPAYMENT
Hospital Room and Board (Semiprivate room rate; unlimited number of days)	\$75 per day
Hospital Ancillary	None
Intensive Care Unit; Coronary Care Unit	\$75 per day
Emergency Room	\$75 (in-state); \$75 (BlueCard provider); 20% worldwide
SURGICAL SERVICES	IN-NETWORK COPAYMENT
Surgical Procedures	None (outpatient surgical center) \$15 (outpatient professional charges) None (hospital operating room) None (inpatient professional charges)
Anesthesia	\$15 (outpatient professional charges); None (inpatient professional charges)
LABORATORY AND RADIOLOGY	IN-NETWORK COPAYMENT
Diagnostic Testing	10% (office visit); 10% (hospital outpatient); None (hospital inpatient)
Laboratory and Pathology	10% (office visit); 10% (hospital outpatient); None (hospital inpatient)
X-Ray and Other Radiology	10% (office visit); 10% (hospital outpatient); None (hospital inpatient)
Radiation Therapy for Malignancies and Non-malignancies	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
MENTAL HEALTH SERVICES	IN-NETWORK COPAYMENT
Hospital/Facility Services	None (hospital outpatient); \$75 per day (hospital inpatient)
Physician Services – Inpatient	None
Physician Services – Outpatient	\$15
OTHER MEDICAL SERVICES	IN-NETWORK COPAYMENT
Allergy Testing	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Ambulance (air or ground)	20%
Blood and Blood Products	None
Chemotherapy	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Dialysis and Supplies	10% (hospital outpatient); None (hospital inpatient)
Hospice	None
Injections	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Inter-Island Transportation ¹	None
Medical Equipment, Appliances and Supplies	None (internal devices); 50% (external devices)
Organ Donor Services	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Organ and Tissue Transplant ²	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Physical and Occupational Therapy	\$15 (office visit); \$15 (hospital outpatient); None (hospital inpatient)
Speech Therapy	\$15 (outpatient); None (inpatient)
Vision Exam	\$15 (One exam per calendar year)
SPECIAL BENEFITS	
BENEFITS FOR CHILDREN	YOUR COPAYMENT
Newborn Circumcision	Regular Plan Benefits
Well Child Care Immunizations	None
Well Child Care Laboratory	Regular Plan Benefits
Well Child Care Physician Office Visits	None
BENEFITS FOR MEN	YOUR COPAYMENT
Prostate Specific Antigen Test	Regular Plan Benefits
Vasectomy	Regular Plan Benefits
BENEFITS FOR WOMEN	YOUR COPAYMENT
Contraceptives ¹ (See <i>Limited Rx section for additional contraceptive benefits</i>)	
Implants	50%
IUD	50%
Injectables ³	50%

¹ Copayments will not count toward the annual copayment maximum.

² This benefit includes transplants such as bone marrow, heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. You must receive services from a provider that is under contract with Health Plan Hawaii for the specific type of transplant you will receive for these benefits to apply. Refer to your Guide to Benefits for information on other transplants.

³ A separate copayment may be charged for administration of the injection.

HEALTH PLAN HAWAII PLUS (XT)	
Plan Provisions	In-Network
Mammography (screening)	None
Pap Smears (routine)	None
Total Maternity Care	Regular Plan Benefits
Well Woman Exam	None
PHYSICAL EXAMS	
Physical Exams	None
ONLINE CARE	
Online Care	As an HMSA member, you and your covered dependents may access HMSA's Online Care through www.hmsa.com . Your copayment is \$10 for up to 10 minutes, and \$5 for an additional 5-minute extension. Each session is limited to a total of 15 minutes.
HEALTH ASSESSMENT	
HealthPass	As an HMSA member, you and your covered dependents age 14 and older are entitled to HealthPass, a free annual health assessment from a contracted HealthPass provider that evaluates your health and lifestyle. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.
DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS	
HE HAPAI PONO – The Good Pregnancy (Prenatal Care Management Program)	A program that offers guidance in receiving the appropriate care throughout the duration of your pregnancy and up to six weeks after the baby is born. You will receive specialized telephone support from clinicians as needed to enhance traditional office-based care, along with links to other resources in the community. Includes written information specific to your needs, as well as a free pregnancy or baby care book.
POSITIVELY PREGNANT (Pregnancy Workshop)	Free workshops open to all pregnant women and their partners, or women thinking about starting a family. You will be given information on appropriate prenatal care, taught how to look for signs and symptoms of complications and informed what to do if they occur. Includes a free pregnancy guide for all members.
HMSA'S CARE CONNECTION (For Asthma, COPD, Diabetes, Heart Disease and CKD)	Chronic disease management support services including regular care calls from a team of specially trained clinicians; medication review; educational newsletters; reminders for important tests and screenings; and strategies to engage in a healthy, active life. Members with diabetes are eligible to attend diabetes education classes from select participating providers at no additional cost.
BEHAVIORAL HEALTH (Mental Health & Substance Abuse)	Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and case management services if needed.
READY, SET, QUIT! (Stop-Smoking Program)	Personalized stop-smoking program including free private telephone counseling for up to 18 months, education on therapies and strategies from a care specialist, plus referrals to community resources.

HEALTH PLAN HAWAII PLUS (XT)		
LIMITED RX BENEFITS ⁴	Participating Providers	Non-Participating Providers
Diabetic Drugs		
- Generic	20%	20%
- Preferred Brand Name	20%	20%
- Other Brand Name	30%	30%
Diabetic Supplies		
- Preferred Brand Name	50%	50%
- Other Brand Name	50%	50%
Insulin		
- Preferred Brand Name	20%	20%
- Other Brand Name	30%	30%
Oral Contraceptives & Other Contraceptive Methods		
- Generic	50%	50%
- Preferred Brand Name	50%	50%
- Other Brand Name	50%	50%
Diaphragms/Cervical Caps	50%	50%
NOTE: Each drug dispensed is limited to a 30-day supply. A 30-day supply is defined as a supply lasting the member for a period consisting of 30 consecutive days.		
MAIL SERVICE PRESCRIPTION PROGRAM⁵ (90-day supply)		
	HMSA Contracted Providers	Non-Participating Providers
Diabetic Drugs		
- Generic	20%	Not covered
- Preferred Brand Name	20%	Not covered
- Other Brand Name	30%	Not covered
Diabetic Supplies		
- Preferred Brand Name	50%	Not covered
- Other Brand Name	50%	Not covered
Insulin		
- Preferred Brand Name	20%	Not covered
- Other Brand Name	30%	Not covered
Oral Contraceptives & Other Contraceptive Methods		
- Generic	50%	Not covered
- Preferred Brand Name	50%	Not covered
- Other Brand Name	50%	Not covered
Diaphragms/Cervical Caps	50%	Not covered
NOTE: If you have an HMSA drug rider with similar benefits, your drug rider benefits apply. There shall be no duplication or coordination of benefits between this plan and your HSA drug plan.		

⁴ Copayments will not count toward the annual copayment maximum.

⁵ To utilize the mail order program, only credit card payments are accepted.

Learn More About Your Medical Plan Options

To learn more about your medical plan options and how they work, look for:

The Health Plan Evaluator

Review your 2010 medical options with this interactive online tool, accessible through Benefits Direct for active and inactive employees. The Health Plan Evaluator helps you identify coverage features, out-of-pocket costs and other factors important to you.

If you are currently enrolled in a Delta health plan administered by UHC, your claims information from June 1, 2008 through May 31, 2009 automatically appears in the tool. Claims for pre-merger Northwest employees will be provided by Blue Cross Blue Shield of Minnesota and Medco if you are currently enrolled in the Northwest Medical Plan.

With the Health Plan Evaluator, you can:

- Compare your medical options side-by-side
- Use your claims history to help estimate your medical expenses for 2010
- Revise your claims costs to account for any anticipated healthcare needs or change in health status
- Calculate your cost of eligible expenses that can be reimbursed by an FSA or HSA

2010 Account-Based Plans Brochure

This brochure describes all of the 2010 account-based medical options and how they work. You should have received this brochure at your home in September 2009.

Delta's Healthcare Benefit Handbook

This summary plan description is available on the Health & Insurance Web site located on the Employee Connection link of Employee Information (which is accessed through DeltaNet). You will find other helpful benefit information in this location as well.

A pre-enrollment Web site, now available at www.myhealthcareview.com

This site features a video, benefits information and a provider search tool. Log on with Username: *delta* and Password: *delta*. Beginning January 1, 2010, this site replaces www.myuhc.com. Current UHC participants can use their www.myuhc.com log-in on the new site. New users can establish their own log-in to view account balances, claims information, tools and resources.

Online Webinar sessions

A Webinar session explaining the 2010 benefits, hosted by the benefits team, is posted to the Health & Insurance Web site for you to view at your convenience.

Links to plan administrator Web sites

Go to Benefits Direct to find plan administrator Web sites. These sites will show you if your doctor or provider is in the plan's network. Remember, using network providers typically saves you money.

Dental Coverage

2010 dental coverage for Delta, Northwest and Compass plans is administered by Delta Dental of Minnesota (DDMN). DDMN has one of the largest national provider networks. If you receive care from a network provider, you will benefit from much better network discounts.

DABHP Dental Options

- As a DABHP participant, you may elect either the Comprehensive Dental Option or the Preventive Dental Option
- There are no changes to covered services, copay or coinsurance amounts, or premiums for the Comprehensive Dental Option or the Preventive Dental Option for 2010

CIGNA Dental Care Option (a Dental HMO)

- You may enroll in the CIGNA Dental Care Option if you live in an area that is served by the CIGNA network
- Premiums are increasing for 2010 as a result of higher participant utilization and costs

DPMP/FDMO Comprehensive Dental Option

- In the DPMP/FDMO options, medical and dental are bundled in the healthcare plan. You cannot elect medical coverage without also electing dental coverage, and vice versa
- Because medical and dental are a bundled package, you must choose the same coverage tier for both medical and dental coverage
- There are no changes to covered services, copay or coinsurance amounts for the DPMP/FDMO Dental Option for 2010
- 2010 premiums will increase slightly for employee only coverage, and will decrease for all other coverage tiers

DPMP/FDMO Dental Option N

- In the DPMP Option N/FDMO Option N, medical and dental are bundled in the healthcare plan. You cannot elect medical coverage without also electing dental coverage, and vice versa
- Because medical and dental are a bundled package, you must choose the same coverage tier for both medical and dental coverage
- The covered services in this dental option are similar to the Northwest Dental PPO

Dental Option B

- Dental Option B is available to pre-merger AFA and IAM employees in 2010. The covered services in this dental option are the same as the Northwest Dental PPO
- If you elect PPO Option B for 2010, Dental Option B will be your only choice for dental coverage, other than electing No Coverage. The premiums for Dental Option B are not increasing for 2010

Vision Coverage

- Vision coverage is available to employees eligible for the DABHP and DPMP. The coverage tier you elect for medical benefits does not have to be the same as your vision plan elections. For example, you may elect Family medical coverage and Employee Only vision coverage
- The participant pays the full cost of vision coverage
- Pre-merger Northwest employees covered by the IAM and AFA enrolling in PPO Option B for 2010 are not eligible to elect the Vision Plan. Refer to the chart titled "Healthcare Benefits Available to Pre-Merger Northwest AFA and IAM Employees" earlier in this guide
- Compass employees may elect vision coverage for 2010

Flexible Spending Accounts

If you are an active employee, you may choose to enroll in a Healthcare or a Dependent Care Flexible Spending Account (FSA) administered by UHC. If you want to participate in an FSA, you must enroll in it each year, and you must specify the amount of money that you would like to contribute for 2010. Employees eligible for the DABHP or DPMP have until December 31, 2010 to incur eligible expenses and until March 31, 2011 to submit claims for reimbursement.

Employees who enroll in the Diamond HSA Medical Option or the Ruby HSA Medical Option may only enroll in the Limited Purpose Healthcare FSA. This FSA is only available to reimburse eligible dental and vision expenses.

All Active Pre-Merger Delta and Pre-Merger Northwest Employees [Except AFA and IAM Covered Employees Selecting "Package 2" and Compass Employees]

- You will make your election on an annual goal amount basis, rather than on a per-pay-period basis
- 2010 annual minimum and maximum contribution amounts:
 - Healthcare FSA: \$5 minimum; \$9,984 maximum
 - Dependent Care FSA: \$120 minimum; \$4,992 maximum

AFA and IAM Covered Employees Who Select Medical, Dental or FSA Benefits From "Package 2" and Compass Employees

- You will make your election on an annual goal amount basis rather than on a per-pay-period basis
- 2010 annual minimum and maximum contribution amounts:
 - Northwest Healthcare FSA: \$1 minimum; \$7,500 maximum
 - Northwest Dependent Care FSA: \$1 minimum; \$4,992 maximum
- This option provides the 2 ½ month year-end extension to incur eligible healthcare and day care expenses; claims may be incurred through March 15, 2011 and filed no later than April 15, 2011

Refer to the Package 1 and Package 2 information described on pages 15-16 of this guide.

IMPORTANT! If You Are Enrolled in the 2009 Northwest FlexSaver ...

If you enroll in the 2010 Diamond or Ruby HSA Medical Option and want to contribute to a health savings account on January 1, 2010, you must have a zero account balance in your FlexSaver account on December 31, 2009. This means you must have incurred expenses and been paid amounts from your FlexSaver account equal to your 2009 elections by December 31, 2009, so that your FlexSaver Account shows a zero balance on that day.

If you do not have a zero account balance on that day, you must wait until April 1, 2010 to contribute to an HSA. Federal regulations do not allow participation in both a full purpose healthcare FSA and an HSA at the same time.

Disability Benefits for Flight Attendant and Ground Employees

The disability options available to you vary based on your work group (see "Your 2010 Benefit Decisions" earlier in this guide for details). Delta's primary disability plan is administered by Sedgwick CMS and is available to pre-merger Delta flight attendants and ground employees, pre-merger Northwest salaried and non-contract employees, and flight dispatchers.

Delta Primary Disability Plan

- Delta offers the option to purchase Short-Term Disability (optional 60% STD) and Long-Term Disability (LTD) Buy-Up coverage. These coverage options are in addition to the basic 50% LTD coverage that Delta provides at no cost. For a high-level overview of these options, review the "Benefit Summary" section at the back of this Benefit Guide or refer to Delta's *Disability Benefit Handbook* for plan details

2010 Benefit Highlights

- Optional 60% STD premiums are not changing in 2010
- LTD Buy-Up premiums are decreasing by 8% in 2010
- Evidence of Insurability is waived for newly eligible employees who enroll in the STD plan at their first opportunity

IMPORTANT NOTE FOR EMPLOYEES NEWLY ELIGIBLE IN THE DELTA DISABILITY PLAN

Before You Elect "No Coverage" for STD, Be Aware of the Consequences of Not Enrolling During Your First Opportunity

The Evidence of Insurability (EOI) process for STD is waived for new hires and pre-merger Northwest employees transitioning to Delta benefits who enroll in coverage at their first opportunity. If you elect "No Coverage" for STD when you enroll for Delta benefits for the first time, you will not be able to enroll for this coverage until the next annual open enrollment period, and then you will be asked to provide EOI. This means that future coverage is not guaranteed. Newly eligible pre-merger Northwest employees will be notified of their certified time amounts in the next few weeks, but should clearly understand that the EOI requirements for STD apply to them if they do not enroll during their first enrollment opportunity.

Long-Term Disability for IAM and AFA Covered Employees and Compass Employees

Employees covered under these options will continue to be automatically enrolled in LTD coverage and will not see any change to their premiums in 2010. Long-Term Disability is administered by CIGNA (AFA), The Hartford (IAM) and MetLife (Compass).

Optional and Dependent Life Insurance

The life insurance options available to you vary based on your work group (see "Your 2010 Benefit Decisions" earlier in this guide for details). MetLife is the administrator for all Delta and Compass Life Insurance coverage for 2010. In addition to Company-provided basic life insurance, you can purchase additional life insurance coverage for yourself, your spouse or your children.

Delta Life Insurance Plan

Delta's primary life insurance plan is available to pre-merger Delta flight attendants and ground employees, pre-merger Northwest salaried and non-contract employees, as well as flight dispatchers and pilots.

2010 Benefit Highlights and Changes

- In 2010, premiums for Optional and Dependent Life Insurance will decrease or remain flat for most employees*
- New Child Life Insurance coverage levels of \$2,500 and \$5,000 will be added
- Pilots and their spouses who do not use tobacco may qualify for non-tobacco rates for Optional Life and Spouse Life Insurance
- Starting in 2010, new hires and newly eligible employees may elect an Optional Life Insurance coverage level up to the plan maximum (\$1,500,000) and \$20,000 Spouse Life Insurance coverage without providing EOI during their initial enrollment period only. Thereafter, EOI is required to increase coverage above certain levels
- Effective January 1, 2010, participants must provide EOI for any increase in Spouse Life Insurance coverage in the future

During the 2010 Annual Open Enrollment, employees who are considering increasing their coverage levels can take advantage of the following one-time enhancements to the Evidence of Insurability (EOI) criteria:

Optional Life Insurance

- \$900,000 or less may increase up to four coverage levels without providing EOI
- \$925,000 may increase up to three coverage levels without providing EOI
- \$950,000 may increase up to two coverage levels without providing EOI

Spouse Life Insurance

- During 2010 Annual Open Enrollment, you may increase your Spouse Life Insurance coverage by one coverage level without providing EOI. For all other increases in coverage during 2010 Annual Open Enrollment, you must provide EOI

* Note for pre-merger Northwest salaried employees: As a result of changes to the insurance rating pool for the 2010 optional insurance plans, most employees in this work group will see a premium increase to their optional life and group accident employee-only coverage.

Life Insurance for AFA and IAM Covered Employees and Compass Employees

There are no plan changes to Optional, Spouse and Child Life Insurance for 2010.

Default Coverage Settings

Pre-merger Delta or Northwest employees who currently participate in short-term disability, optional/dependent life insurance, and/or group accident coverage will default to current coverage levels during Annual Open Enrollment.

Accident Insurance

The accident insurance options available to you vary based on your work group (see "Your 2010 Benefit Decisions" earlier in this guide for details). The Prudential is the administrator for all Delta and Compass accident insurance coverage for 2010.

Delta Accident Insurance Plans

- Delta offers the option for employees to purchase Group Accident Insurance (AD&D) and Private Pilots Accident Insurance. For a high-level overview of these options, review the "Benefit Summary" section at the back of this Benefit Guide or refer to Delta's *Accidental Death and Dismemberment (AD&D) Insurance Benefit Handbook* for plan details. Delta's primary accident insurance plans are available to pre-merger Delta flight attendants and ground employees, pre-merger Northwest salaried and non-contract employees, as well as flight dispatchers and pilots

2010 Benefit Changes

- The maximum coverage level for 2010 increases from \$750,000 to \$1,500,000. Coverage amounts over \$750,000 cannot be greater than 10 times your annual earnings, rounded to the next higher coverage level
- Choose your 2010 coverage in the following increments:
 - For benefit amounts up to \$250,000, choose coverage in \$25,000 increments
 - For benefit amounts over \$250,000, choose coverage in \$50,000 increments

Private Piloting Coverage for Pre-Merger Northwest Employees

Group Accident Insurance in the Delta Accident Insurance plans does not include coverage while piloting a private aircraft. If you currently have group accident insurance coverage, you will default to your current coverage level for Group Accident Insurance and to "No Coverage" for Private Pilots Accident Insurance. If you would like to have accident insurance coverage while piloting private aircraft, you must make a separate active election for Private Pilots Accident Insurance during Annual Open Enrollment.

Group Accident Insurance Coverage for AFA Covered Employees and Compass Employees

There are no plan changes to Group Accident Insurance (AD&D) for 2010.

Long-Term Care Insurance

You may enroll in Long-Term Care Insurance directly with The Prudential at any time with proof of good health. If you are an active employee, a guaranteed issue (proof of good health not required) election period coincides with Delta's 2010 annual open enrollment period: October 21 – November 10, 2009. Proof of good health is always required for family members, inactive employees, retirees and survivors.

To enroll in Long-Term Care Insurance, log on to www.prudential.com/gltcweb, using Group Name *deltaltc* and Access Code *airline* (both lowercase). Long-term Care Insurance is not available to Compass Employees.

ENROLLMENT RULES

Different rules apply when you enroll for benefits, depending on your employment status.

Active Employees

As an active employee, you have the option to enroll in or change benefit elections during the annual open enrollment period, in accordance with plan rules.

Newly Hired Employees

As a new hire, you may enroll in any of the benefit options for which you are eligible, such as medical; dental; vision; FSAs; STD (Delta flight attendant and ground employees only); LTD Buy-up coverage (Delta flight attendant and ground employees only); voluntary optional, spouse and child life insurances; voluntary Group Accident Insurance (Delta flight attendant and ground employees, pilots, AFA covered employees and Compass employees); and Private Pilots Accident Insurance (Delta flight attendant and ground employees and pilots). Long-Term Care Insurance also is available for all Delta employees and AFA and IAM covered employees, but you do not enroll through Benefits Direct.*

New Hire Default Coverage

New hires who do not actively enroll during their new hire enrollment period will receive the following default coverage. Default coverage may require premium contributions. If you wish to decline coverage and avoid incurring such costs, you must actively enroll in the "No Coverage" option.

- Medical
 - Delta flight attendant and ground employees – No coverage option
 - Pilots – Silver HRA Medical Option, employee only coverage
 - AFA and full-time IAM covered employees – PPO Option B, employee only coverage
 - Part-time IAM covered employees – No coverage option
- Dental
 - Delta flight attendant and ground employees – No coverage option
 - Pilots – Comprehensive Dental Option, employee only coverage
 - AFA and full-time IAM covered employees – Dental Option B, employee only coverage
 - Part-time IAM covered employees – No coverage option
- Vision – No coverage option
- Healthcare FSA – No coverage option
- Dependent Care FSA – No coverage option

* To enroll in Long-Term Care Insurance, log on to <http://www.prudential.com/gltcweb> using Group Name *deltaltc* and Access Code *airline* (both lowercase). If you have questions, call Prudential at 877-232-3561. Prudential Long Term Care Insurance is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. (Contract series: 83500)

- Voluntary STD coverage^{*}, if eligible – No coverage option
- LTD Buy-Up coverage, if eligible – No coverage option
- Voluntary Insurance – No coverage option

Inactive Employees

If you are an inactive employee enrolled in healthcare coverage, you may participate in Annual Open Enrollment for healthcare coverage only.

If you choose the “No Coverage” option for medical, dental and/or vision coverage while on inactive status (such as on disability or a leave of absence), there are certain consequences. You won’t be able to reinstate coverage until you return to active payroll status unless you or your dependent(s) experience a qualified life event known as a Health Insurance Portability and Accountability Act (HIPAA) special enrollment event (for medical and dental coverage only), and you act within 30 days of the event.^{**} However, if you retire or die while on inactive status and are eligible for medical/dental benefits, you or your survivors will be given an opportunity to enroll in Delta coverage at the time of your retirement or death (for survivors). Also, if you elect “No Coverage” and you lose other coverage as a result of a HIPAA-qualifying event, you may reinstate Delta medical or dental coverage if you properly report the event to the ESC within 30 days of the event.^{**} See the “Life Events” section of the *Delta Healthcare Benefits Handbook* for information about HIPAA special enrollment events.

Retirees and Survivors

If you are an eligible Delta retiree or survivor, you have the opportunity to enroll in or change your medical, dental, vision and optional voluntary insurance coverage elections during the annual open enrollment period, in accordance with plan rules.

^{*} Proof of Good Health for voluntary STD coverage is not needed during your new hire enrollment period only. If you choose to enroll in voluntary STD coverage during a subsequent annual open enrollment period, you have to submit an Evidence of Insurability form to Sedgwick CMS.

^{**} Pre-merger Northwest employees enrolled in PPO Option B and Compass employees have 30 days, but no later than 60 days, to make such an enrollment request.

HOW TO ENROLL

STEP 1: ENROLL ONLINE VIA BENEFITS DIRECT

Enrolling is easy! Go online to <http://dlnet.delta.com>. You can use any computer with Internet access. You will need a valid Delta Passport password. (If you can access TravelNet or if you have home access to DeltaNet, you have a valid Passport password.) If you do not know your Passport password, go to <http://register.delta.com>.

- After going to <http://dlnet.delta.com>, the Delta Extranet home page will be displayed. Enter your 9-digit employee number (Username), along with your Delta Passport password to get to the DeltaNet home page
- Once on the DeltaNet home page, go to “Employee Info” on the top toolbar and select the “Self-Service” link. [Note: If you are entering DeltaNet at work, you will be required to enter your 9-digit Passport ID (Username) at this time]
- On the Self-Service home page, go to “Benefits” on the top toolbar and click on the “Benefits Direct” link
- Once in Benefits Direct, click the link for “Health, Disability & Insurances” on Benefits Direct

If you have questions about online enrollment, or if you experience difficulty enrolling, contact the Delta Employee Service Center (ESC) at **1-800 MY DELTA (1-800-693-3582)** Monday through Friday, 8 a.m. to 5 p.m. Eastern time. International callers should dial **404-677-8000**.

STEP 2: REVIEW YOUR OPTIONS

Details about your benefit options, coverage levels and plan costs are available on Benefits Direct. Be sure to review the online Enrollment Worksheet to determine the default coverage you will receive if you don't make any elections during Annual Open Enrollment. Default coverage may require you to pay employee contributions, so review your options carefully.

STEP 3: UPDATE YOUR ELECTIONS

Once you have determined which benefits are available and best meet your needs, make your elections by midnight Eastern time on:

- November 10, 2009, for Annual Open Enrollment if you are an active or inactive employee; or
- November 17, 2009, for Annual Open Enrollment if you are a retiree or survivor; or
- November 20, 2009, for COBRA Open Enrollment; or
- The last day of the enrollment period indicated on your Enrollment Notification if you are a new hire, you are returning from a leave of absence or you are retiring during the year

You will not have another opportunity to change your elections until the next annual open enrollment period, unless you experience a qualified life event.

If you are currently enrolled but wish to decline coverage and have no deductions for 2010, you must actively enroll in the “No Coverage” option.

STEP 4: SUBMIT ELECTIONS

After you have updated your elections, click “Submit Changes” to ensure that any changes you have made are received by Delta. **If you do not see a message confirming that your elections have been saved, your changes will not be effective.**

STEP 5: CONFIRM, REVISE IF NEEDED

Be sure to print the online confirmation page so you have a record of the elections you have made.

If you want to change those elections before the end of the enrollment period, go back to the enrollment area of Benefits Direct and make new elections. When you are done, click “Submit Changes” and reprint your confirmation page. Remember, when you make a change, you should print your confirmation page so you have a record of your 2010 elections.

No Additional Enrollment Opportunity or Opportunity to Change Elections

You must make your 2010 benefit elections during the annual open enrollment period or by the end of the election period noted on your Enrollment Notification. There will **not** be an additional enrollment opportunity or any opportunity for you to correct or change your 2010 elections before your coverage becomes effective. You will not be able to enroll or make any changes after your enrollment deadline unless you experience a qualified life event.

Making No Benefit Elections During Annual Open Enrollment

If you are a pre-merger Delta employee eligible to enroll for benefits during this annual open enrollment period but you do not enroll, your current medical, dental, vision, STD and LTD Buy-Up benefit elections, if applicable, continue in effect for 2010 without any action on your part. All applicable 2010 premiums will apply.

If you are a pre-merger Northwest employee eligible to enroll for benefits during this annual open enrollment period, but you do not enroll, you will default to the types of coverage (medical, dental, etc.) you had in 2009, but the option you will default to may differ based on your workgroup. Review your enrollment worksheet on Benefits Direct for the specific coverages you will be placed in as your default coverage.

Be sure to review the online Enrollment Worksheet to determine the default coverage you will receive if you don't make any elections during Annual Open Enrollment. Default coverage may require you to pay employee contributions, so review your options carefully.

If you are eligible for and want to participate in the Flexible Spending Accounts or the OptumHealth Bank Health Savings Account, you need to actively enroll and designate your annual contribution amounts for these accounts.

BENEFIT SUMMARY FOR DELTA EMPLOYEES

At Delta, you are the difference. That's why Delta offers comprehensive benefit programs that recognize your individual needs.

Look on Employee Connection for details about the benefit programs and services described below.

Delta Corporate Recognition & Incentive Programs

Profit Sharing Program

In years that targets are met, the Delta Profit Sharing Program pays eligible employees at least 15% of Delta's annual pre-tax profit, beginning with the first dollar of profit. Individual awards are based on your individual compensation as a percentage of total compensation for all eligible employees.

Eligibility for participation in this program begins on your first day of employment.

Shared Reward Program

Your actions determine how Delta performs. In recognition of this, the Shared Rewards Program has been designed to pay you dividends for your good work.

Shared Rewards pays up to \$100 per month when we work together to achieve top-tier performance. The program provides you with monthly incentive payouts based on achievement of the following company-wide goals: on-time arrivals, completion factor and baggage performance. Shared Rewards provides a payout of \$25 for meeting or exceeding one goal, \$75 for two and \$100 for three. You are eligible to participate in this program on your first day of employment.

MyDeltaRewards (MDR)

We can all help shape a work life that is purposeful and motivating — for ourselves and our colleagues. We have great people whose hard work and dedication make Delta a great company.

MDR is the online platform that supports all formal, and most informal, recognition and reward programs at Delta. Any time you observe above-and-beyond behavior, you can nominate a fellow Delta employee through the corporate recognition program, Gaining Altitude. You can earn points for above and beyond behavior through Gaining Altitude, along with participation in the other programs. Points are redeemed through the online MDR Universal Rewards Mall containing more than four million items, allowing you to choose what is most valuable to you. Register at www.mydeltarewards.com. For details, e-mail mydeltarewards@diamondh.com or call 800-318-9596.

Planning for Your Future

Delta Family-Care Savings Plan Delta Pilots Defined Contribution Plan Delta Pilots Savings Plan

Delta provides a 401(k) Plan to help you meet your long-term financial goals for retirement.

The Savings Plan offers a variety of investment options for you to save for retirement. Delta provides generous fixed and matching contributions (company contributions). Access plan information by visiting Fidelity NetBenefits® at www.401k.com or by calling the Fidelity Phone Line at **800-554-0262**.

Pre-merger Delta Flight Attendant and Ground Employees: To learn more about your projected retirement benefits from the frozen Delta Retirement Plan defined benefit plan, if eligible, use the Retirement Modeler located on Employee Connection on DeltaNet. Look for the link to Benefits Direct.

Delta Health and Insurance

Medical Benefits

Delta Account-Based Healthcare Plan (DABHP)

The DABHP was introduced in 2008 and offered to all active, inactive and eligible retired employees and survivors. The DABHP, administered by UnitedHealthcare (UHC), provides comprehensive healthcare coverage, while continuing to offer choice, affordability and flexibility. Each of the medical options (except PPO Option A) has an account, either provided by Delta or funded by you, to help offset out-of-pocket expenses.

Through this account-based plan, you have more visibility to healthcare costs and are empowered to make more choices about your health benefits — and pay according to how you use them. You have out-of-pocket protection during years when you have high healthcare costs. When you are healthy and have unused healthcare dollars in your account, you may roll over these healthcare dollars to use during future years.

You may be offered the following choices in the DABHP:

- 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
- PPO Option A
- If you live outside the UHC network, you will not only be offered the Gold Out-of-Area (OOA) HRA Medical Option during your enrollment period, but you also have the choice to enroll in a network option (Gold HRA Medical Option, Silver HRA Medical Option, Diamond HSA Medical Option or Ruby HSA Medical Option). For details of the network healthcare coverage options, refer to the *Healthcare Benefit Handbook* available online at Benefits Direct. Also, verify that you have adequate access to network providers by visiting www.myhealthcareview.com and selecting "Find A Doctor."

If you live in Minnesota, North Dakota, South Dakota or western Wisconsin, UHC offers seamless access to the Medica Network, which is composed of more than 200 hospitals, thousands of clinics and nearly 27,000 healthcare professionals. If you want to use a provider outside the Medica network, you have access to the UHC Choice Plus national network.

Go to www.myhealthcareview.com to locate a provider and view your benefits information.

For full coverage details on DABHP medical options, refer to Delta's *Healthcare Benefit Handbook* and the Frequently Asked Questions about HRAs and HSAs on the [Health & Insurance site](#) located on Employee Connection.

Smart Healthcare Consumer Checklist

The following tips may help you get the most out of your healthcare dollars.

- Seek services from providers and pharmacies in the UHC or, if in Minnesota, North Dakota, South Dakota or western Wisconsin, the Medica network
- Call the NurseLine **(877-912-1820)** with medical questions
- Learn the cost of medical services with the Treatment Cost Calculator on Employee Connection (after 12/31/09, use the Treatment Cost Estimator on www.myhealthcareview.com)
- Use emergency rooms only for emergencies
- Choose generic drugs
- Use the mail order pharmacy
- Ask your doctor for a sample supply of medication
- Consider over-the-counter (OTC) drugs
- Explore less expensive medication options with My Rx Choices on www.myhealthcareview.com
- Shop around for the best prescription drug prices
- See if your pharmacy offers free antibiotics

100% Coverage of Network Preventive Care

Preventing disease, and detecting disease early if it occurs, is important to living a healthy life. And the better your health, the lower your healthcare costs are likely to be. Following recommended guidelines, along with the advice of your doctor, can help you stay healthy.

Full network coverage is provided for preventive care in accordance with U.S. Preventive Services Task Force guidelines. A [summary](#) of these guidelines can be found on the [Health & Insurance site](#) of Employee Connection. Routine physicals, mammograms, immunizations and well baby/well child visits, among other preventive care services, performed by network providers continue to be covered at 100% with no deductibles or copays for employees in the Delta Account-Based Healthcare Plan options.

Health Savings Account

If you are currently enrolled in an HSA Medical Option, or are considering enrolling in the Diamond or Ruby HSA Medical Option, you may be eligible to make tax-free contributions to a Health Savings Account (HSA).

If you are on active payroll status and set up a Health Savings Account with OptumHealth BankSM, you can make contributions through Delta pre-tax payroll deductions. OptumHealth Bank customer service representatives are available at **800-791-9361** to answer your questions.

Delta Community Credit Union (DCCU) also offers a Health Savings Account if you would like to set up an account there. The DCCU account offers tiered interest rates based on the dollar amount in the account. You also may arrange for direct deposit of contributions from your Delta paycheck; however, those contributions will be deposited on an after-tax basis. Contact DCCU for more information.

Health Maintenance Organization (HMO) Options

HMOs are available in Hawaii and Puerto Rico, and are only for eligible employees in those locations.

PPO Option B and Dental Option B

These options are available to AFA and IAM covered employees and pre-merger Northwest pilot employees who were inactive or disabled on the collective bargaining agreement implementation date (CBAID), October 30, 2008, and have not yet returned to active status. PPO Option B (a medical option) is administered by UnitedHealthcare (UHC) and has network and non-network benefits for choice and flexibility. Dental Option B is administered by Delta Dental of Minnesota (DDMN). PPO Option B and Dental Option B have the same benefit services and coverage levels as described in the *Northwest Health Care Plans Summary Plan Description*.

Delta Pilots Medical Plan (DPMP) and Flight Dispatchers Medical Option (FDMO)

As provided through the current working agreements, pilots and flight dispatchers may choose to enroll in the DABHP or in the DPMP/FDMO (including Option N). Unlike the DABHP, the DPMP and FDMO are medical/dental packages. Enrollment in the DPMP or FDMO requires enrollment in the DPMP/FDMO dental option.

The DPMP/FDMO medical options are administered by UnitedHealthcare (UHC) and have network and non-network benefits for choice and flexibility. The DPMP/FDMO dental option is administered by Delta Dental of Minnesota (DDMN). Refer to Delta's *Healthcare Benefit Handbook* for details about these options.

Eligible pilots and flight dispatchers may also choose to enroll in Option N. This option is similar to the current Northwest Medical and Dental Plan as described in the *Northwest Health Care Plans Summary Plan Description*

Dental Benefits

The dental options you may choose include:

- **Preventive Dental Option** — This option is administered by Delta Dental of Minnesota (DDMN) and provides 100% of reasonable and customary charges for certain preventive procedures with an annual plan maximum of \$200 per individual. Restorative services, oral surgery and orthodontia are not covered
- **Comprehensive Dental Option** — This option also is administered by DDMN. It requires an annual deductible and covers certain preventive, basic restorative, major restorative and orthodontia services, with a \$2,000 annual plan maximum per individual and \$2,000 lifetime orthodontia maximum. Preventive services are covered at 100% and are not subject to the annual deductible

- **CIGNA Dental Care Option** — This option is a dental HMO that is available only to employees whose residential ZIP code falls within a CIGNA service area. To participate in this option, you must select or be assigned a dentist from CIGNA's list of participating dentists, and all of your dental care must be provided by this dentist. Covered services are generally subject to a fixed patient charge. You can view the 2010 CIGNA Fee Schedule on Benefits Direct

Vision Benefits

The Davis Vision option is voluntary and requires you to pay a pre-tax premium for coverage (active employees only; inactive employees, retirees and survivors pay an after-tax premium). The plan features network and non-network benefits, including an in-network eye examination for a \$10 copay.

Key features of the vision plan:

- One eye exam every calendar year
- One pair of eyeglass lenses every calendar year
- One eyeglass frame every 24 months
- Contact lenses may be selected instead of a complete pair of eyeglasses; one pair is covered every calendar year (disposable contact wearers receive a \$105 network credit or \$75 non-network)

Delta Flexible Spending Accounts (FSAs)

FSAs are administered by UHC and are available to active employees.

Full Purpose Healthcare FSA — If you are enrolled in a Delta medical option other than an HSA medical option, you may contribute up to \$9,984 (\$7,500 for PPO Option B participants) annually tax-free to a Full Purpose Healthcare FSA to reimburse yourself for eligible expenses such as medical and dental deductibles, copays, prescriptions, eligible over-the-counter medications, eyeglasses, contact lenses, orthodontia and laser eye surgery. The Full Purpose Healthcare FSA also is available to active employees enrolled in the "No Coverage" option.

Limited Purpose Healthcare FSA — If you are enrolled in an HSA Medical Option, you may contribute up to \$9,984 annually tax-free to a Limited Purpose Healthcare FSA to reimburse yourself for eligible dental and vision expenses only.

Dependent Care FSA — You may contribute up to \$4,992 tax-free annually to a Dependent Care FSA to reimburse yourself for IRS-approved, work-related day care for dependents under age 13 or dependents of any age if incapable of self-care. Many working adults have day care expenses for children, an elderly parent or a disabled spouse. If you need day care so you and your spouse can work, the Dependent Care FSA can help you budget and cover those expenses while saving on your tax dollars. Delta's Employee Assistance Program (EAP) provides resources to help you find day care and elder care facilities in your neighborhood. Visit Delta's [EAP Web site](#) located on Employee Connection on DeltaNet.

Valuable Services Provided Through Delta's Medical Plan Options

Personal health support is available when you need it. Look into these no-additional-cost programs and services, which have been customized by UHC especially for Delta's medical plan participants.

NurseLine

Speak with a registered nurse anytime, day or night, weekends and holidays. Through the NurseLine, you can hear health tips, get answers to health questions, help choose appropriate medical care, and access recorded messages on thousands of health and wellness topics.

Call **877-912-1820** or the number on the back of your UHC ID card.

Treatment Decision Support

Connect with treatment decision support (TDS) by calling the NurseLine. If you have questions about a specific medical condition, if you have recently been diagnosed with an illness or disease, or you are facing a medical procedure, an experienced registered nurse can help. Call TDS to:

- Understand your treatment options
- Explore the risks and benefits of treatments
- Develop questions to ask your doctor
- Discover what to expect from surgery
- Prepare for a successful recovery
- Learn what kind of costs to expect

Just as with the NurseLine, TDS nurses are available 24 hours a day, seven days week, including weekends and holidays. Call **877-912-1820** or the number on the back of your UHC ID card.

Health Advocate Program

This voluntary program is available for participants with a chronic condition or complex healthcare need. If you have coronary artery disease, diabetes, heart failure, asthma or another serious chronic condition, a registered nurse may reach out to you.

Health Advocate nurses specialize in these conditions and can be a valuable personal support resource. They can help you learn about your diagnosis and your potential treatment options, as well as make sure that you are following your treatment plan.

For information about the Health Advocate Program, call the NurseLine at **877-912-1820** or the number on the back of your UHC ID card.

Healthy Pregnancy Program

Moms-to-be and spouses: The Healthy Pregnancy Program links you with important pregnancy-related healthcare information to help ensure that you have everything you need to make healthy choices. This program is offered free of charge to expectant mothers who are enrolled in a UHC medical option.

The Healthy Pregnancy Program provides:

- High-risk assessments to help you deliver a healthy baby
- Access to self-help tools to help you make important decisions
- Access to health news and links to community resources

- Online tools to help you find healthcare providers in your plan's network and compare hospitals and physicians in your area
- Follow-up by a nurse after you deliver your baby

You can learn more about this program by visiting <http://www.healthy-pregnancy.com> or calling UHC at **800-411-7984** and selecting option one.

Transplant and Heart Disease Support

Register online with United Resource Network for transplant services and treatment of congenital heart disease. Access the nation's leading transplant network of 183 carefully selected transplant programs in 72 medical centers throughout the country. If you have a serious medical need, specialized programs and nurse consulting are available through UHC Transplant Centers of Excellence network programs. Log on to www.urnweb.com or call the NurseLine at **877-912-1820** for information.

Cancer Resource Services

Cancer Resource Services (CRS) gives you access to UnitedHealth Premium Network cancer programs and facilities. CRS also offers access to cancer nurses who can help you understand your diagnosis and potential treatment options, as well as provide information to help you maintain your health and well-being during treatment and recovery. If you have a serious medical need, specialized programs and nurse consulting services are available through UHC Cancer Centers of Excellence network programs. For information about CRS, call **866-936-6002** or the number on the back of your UHC ID card, or go to www.urncrs.com.

Kidney Resource Services

Kidney Resource Services (KRS) is for those with advanced stage chronic kidney disease who are transitioning into renal replacement therapy and for those on dialysis. As part of this program, you will receive assistance selecting in-network, better performing dialysis centers, including Centers of Excellence and specialty centers that meet quality of care standards. For information about KRS, call **888-936-7246** or the number on the back of your UHC ID card, or go to www.urnweb.com.

Neonatal Resource Services

Neonatal Resource Services (NRS) will help identify those with high-risk pregnancies and help with the coordination and management of their pregnancy, NICU admissions and a Centers of Excellence network when needed. For information about NRS, call **888-936-7246** or the number on the back of your UHC ID card, or go to www.urnweb.com.

Bariatric Resource Services

Bariatric Resource Services provides access to a top-performing Centers of Excellence network, delivering improved clinical outcomes. It also provides pre- and post-surgical telephonic clinical case management by a dedicated nurse. For information about BRS, call **888-936-7246** or the number on the back of your UHC ID card, or go to www.urnweb.com.

ParentSteps

Although infertility benefits are not covered for most Delta medical options, this program will help you manage infertility treatment and NICU costs of multiple gestations through contractual medical and pharmaceutical savings, clinical case management, and an infertility Centers of Excellence network. For information about ParentSteps, call **866-774-4626** or the number on the back of your UHC ID card, or go to www.parentsteps.com.

Chiropractic Clinical Support Program

The program provides access to a high-performing chiropractic network focused on delivering quality care and helping ensure the right care is delivered. This is achieved through utilization reviews and provider dialogue within the chiropractic community.

Quit Power

Quit Power is a tobacco cessation program that combines telephone coaching with appropriate nicotine replacement therapy. For information about QuitPower, call **877-748-8797** or the number on the back of your UHC ID card, or go to www.myhealthcareview.com.

International Medical Assistance

International SOS (SOS) provides you with global medical assistance while you are traveling internationally on company business outside your home country of record. Free of charge to you, the program provides medical advice, referrals, case management and evacuation, if necessary. Medical treatment expenses incurred are billed against your Delta or pre-merger Northwest health plan as in-network urgent care.

Contact SOS before you seek medical attention (if possible) by calling collect **215-245-4707**. For more information, go to www.internationalsos.com and enter Delta's Corporate Medical Membership number: 11BCMA000044.

Travel tip: If you travel internationally on company business, print an SOS wallet card and carry it with you at all times. Select the "print a wallet card" link by following this path on DeltaNet: Employee Info → Employee Connection → Health & Insurance → Health At Work → Air Crew & Passenger Health Services.

Travel Health Vaccinations

Delta provides designated flight attendants and pilots with company-paid yellow fever vaccinations and the prescription medication Malarone for malaria prevention. Non-crew employees traveling on international business may obtain similar company-paid travel vaccinations. Company Business travelers may contact Air Crew & Passenger Health Services (ACPHS) for itinerary-specific travel health recommendations.

Employees enrolled in the DABHP who travel for personal reasons may take advantage of 100% fully covered travel health vaccinations (90% for PPO Option B participants) when administered by a UHC network provider. Malarone is subject to the DABHP pharmacy coinsurance. To find a UHC provider who administers vaccinations, visit www.myhealthcareview.com and select "Find A Doctor." You can find more information about Travel Health Vaccinations on the [Health & Insurance site](#) of Employee Connection.

Life, Accident and Disability Insurances

Life Insurance

Delta provides Basic Life Insurance coverage to offer some financial protection for your family in the event of your death. Through Delta, you also may be eligible to participate in voluntary optional, spouse and child life insurance benefits. Because the amount of coverage you might need is based on several factors, you may want to use the online life insurance calculator on Benefits Direct to help determine the amount that is right for you and your family.

Remember, you must provide Evidence of Insurability (EOI) if you want to newly enroll in optional or spouse life insurance coverage, unless you are enrolling during your first enrollment opportunity. You must also provide EOI for certain increases of your existing optional or spouse life insurance coverage. For details, see "Evidence of Insurability (EOI)" below.

Inactive employees cannot newly enroll in or increase Optional or Spouse Life Insurance coverage until they return to active status.

Evidence of Insurability (EOI)

You may decrease your coverage amounts to any level during Annual Open Enrollment. However, in most cases, you must provide EOI, also known as proof of good health, to increase your optional and spouse life insurance coverage.

If you have previously waived Optional or Spouse Life Insurance coverage, you must submit EOI for any level of coverage you elect. New hires may elect up to \$1.5 million of optional life insurance coverage and up to \$20,000 of spouse life insurance coverage without the need to submit EOI. You do not need to produce EOI for Child Life Insurance coverage.

If you elect an Optional Life Insurance benefit amount that requires EOI, you will receive a Statement of Health form with your Confirmation Statement. Complete the form and, within 30 days, return it to MetLife at the address on the form. Until your request is approved (or denied), or if you do not return the form within 30 days, you will be covered for the highest level of coverage for which you are eligible without approval.

Group Accident Insurance

Because accidents can happen to anyone at any time, you should have a plan for coping with them. If a serious accident were to severely injure or kill you, Group Accident Insurance (administered by The Prudential) could provide your family with financial protection. Group Accident Insurance is not available to IAM covered employees.

For coverage information, review the brochures available on the [My Health & Insurance site](#) of Employee Connection.

Private Pilots Accident Insurance

Private Pilots Accident Insurance, administered by The Prudential, can provide accidental death and dismemberment coverage if you are injured or killed while operating private or military aircraft or performing the duties of a pilot in such aircraft. Private Pilots Accident Insurance is not available to AFA or IAM covered employees.

For more information, review the brochures available on the [My Health & Insurance site](#) of Employee Connection.

Make Sure Your Beneficiaries Are Up to Date!

To designate or update a beneficiary for your Basic and Optional Life Insurance coverage, visit www.metlife.com/MyBenefits.^{*} As the employee, you are automatically the designated beneficiary for your Spouse Life and Child Life Insurance coverage.

To designate or update a beneficiary for your Group Accident and Private Pilots Accident insurance, visit <https://giselfservice.prudential.com>. First-time users should enter Control Number 50002.^{**}

Long-Term Care Insurance for Delta Employees

If you one day suffer from a chronic illness or disability, and need help performing activities of daily living (such as dressing and eating), or have a severe cognitive impairment (such as Alzheimer's disease), you may need long-term care. Among people turning age 65 today, 69% will need some form of long-term care, whether in the community or in a residential care facility. This type of care can extend over a long period, and can be expensive.

Long-Term Care Insurance, issued by The Prudential, can help pay for costs associated with long-term care services. Prudential underwrites and administers this program. It is not sponsored by Delta.

Prudential Long Term Care Insurance is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. (Contract series: 83500)

Absence and Disability Benefits for Pre-Merger Delta Flight Attendants and Ground Employees, Pre-Merger Northwest Salaried Employees Non-Contract Employees and Flight Dispatchers

Just as routine preventive care can help you prevent future illness, disability coverage can prevent financial hardship if you become disabled and cannot work.

Being disabled and unable to provide an income for yourself and your family can be a serious threat to your financial security. When you are unable to perform your job due to illness, injury or pregnancy, you may be eligible for disability benefits under the Delta Family-Care Disability and Survivorship Plan.

^{*} Pre-merger Northwest employees should continue to update their life insurance beneficiaries with Minnesota Life until January 1, 2010. From Radar on the Benefits page, select the "NROL & More" link, and then the "Beneficiary" link. Beneficiary designations submitted to Minnesota Life will be automatically transferred to MetLife in 2010.

^{**} Pre-merger Delta employees should continue to update their Group Accident and Private Pilots Accident Insurance beneficiaries with The Hartford until January 1, 2010. Beneficiary forms can be downloaded from the Employee Connection Forms page. Beneficiary designations submitted to The Hartford will be automatically transferred to The Prudential in 2010.

Delta offers several programs to help ease your concern about meeting your financial needs during an absence from work.

Delta's primary disability plan is administered by Sedgwick CMS and is available to pre-merger Delta flight attendants and ground employees, pre-merger Northwest salaried and non-contract employees, and flight dispatchers. You have the option to purchase Short-Term Disability (STD) and Long-Term Disability (LTD) Buy-Up coverage. These coverage options are in addition to the basic 50% LTD coverage that Delta provides to you at no cost. Evidence of Insurability may be required.

AFA and IAM covered employees and pilots should consult the applicable summary plan descriptions for information on their disability or other absence benefits.

Optional 60% Short-Term Disability (60% STD)

If enrolled, 60% STD coverage provides you with 60% pay protection during your approved absence. This 60% STD coverage is an optional employee-paid benefit that begins after you exhaust any available Certified Time. If you do not enroll in 60% STD coverage, you may not be eligible for any pay protection during the 26-week STD period once your Certified Time is exhausted.

Company-Provided Benefits for a Work-Related Disability (66.67% OJI Pay)

If you suffer a work-related illness or injury, 66.67% OJI (on-the-job injury) pay provides you with a supplement to your Workers' Compensation payments so that, together with those payments, you will be provided with 66.67% pay protection during your approved absence. Your company-provided 66.67% OJI pay begins after you exhaust any available Certified Time.

How to Certify Your Absence

To receive disability benefits under the Delta Family-Care Disability and Survivorship Plan, your absence must be certified by Sedgwick CMS. It is your responsibility to call Sedgwick CMS at **877-67-DELTA (877-673-3582)** for both occupational and non-occupational absences as soon as you expect that your illness or injury will keep you out of work more than seven calendar days.

You also must notify Sedgwick CMS of pregnancy, planned surgeries or procedures that require a recuperation period longer than seven calendar days. You must follow these procedures even if you are not enrolled in voluntary STD coverage (or have no remaining Certified Time).

Company-Provided Certified Time

Certified Time, if available, provides you with 100% pay protection when you are unable to work due to illness, injury or pregnancy.

Check your Certified Time balance online in Employee Self-Service (Pre-merger Northwest employees will receive personalized statements in October detailing their sick time conversion plan). From the DeltaNet home page, select Employee Connection from the top navigation area and click on "Self-Service" from the drop-down menu. Once logged in, select "View Your Personal Information" and click on the "Certified Time Balance" tab.

Company-Provided Basic 50% Long-Term Disability (Basic 50% LTD)

If you continue to be disabled beyond the 26-week STD period, Basic 50% LTD provides you with 50% pay protection. Delta provides this coverage at no cost to you.

Optional 60% Long-Term Disability Buy-Up (60% LTD Buy-Up)

You may choose to purchase additional coverage that can increase your pay protection from 50% to 60% during your approved absence.

To learn more about Delta's disability benefits, view the *Disability Benefit Handbook* on the [Absence from Work site](#) located on Employee Connection.

Time Off Benefits

Time away from work is important for everyone. We all need time to rest, recharge and refocus. Because Delta recognizes the need for a good work/life balance, the company offers you holidays, vacation and Paid Personal Time.

Eligibility for these options varies. To learn more about these Delta benefits, visit the [Absence from Work site](#) located on Employee Connection or refer to your duty manuals (flight attendants and pilots).

Pass Travel Privileges

Delta's pass travel privileges are the envy of the industry. As a Delta employee, unlimited nonrevenue travel on a space-available basis is available to you and your eligible family members for leisure, vacation and emergency travel. With these privileges, you are able to explore amazing destinations around the world.

Eligibility for nonrevenue travel varies based on employee category. To learn more about these pass travel privileges, visit the [Pass Travel site](#) located on Employee Connection.

Employee Assistance Program (EAP) and WorkLife Services

We all experience issues that can impact our ability to live and work well. Between work and family, relationship and financial pressures, sometimes we need help. Delta's EAP and WorkLife services are free to Delta employees and members of their household, regardless of other healthcare elections. Delta's confidential EAP and WorkLife services are designed to provide you with the support to manage everything from basic, everyday issues like pulling together a budget, coping with your child going away to college, or wanting to create a better work/life balance — to more serious challenges such as going through a divorce, facing bankruptcy or coping with substance abuse.

Delta's EAP and WorkLife Services can save you money. Consider using the EAP instead of spending your healthcare account dollars on psychologist visits. Also, consider contacting the EAP to inquire about available services prior to consulting with a financial planner or attorney on your own.

Through Delta's EAP and WorkLife Services, you can get:

- Free, unlimited calls for personal concerns, with three free face-to-face sessions per topic per year
- Free calls with professional financial experts for up to an hour per financial issue per year
- Free legal or mediation services for up to 30 minutes per legal matter per year, and a 25% discount on services thereafter
- Free referrals to verified, community resources for anything ranging from finding childcare, to caring for your parents, applying to college or living with a chronic condition

These services are provided at no cost to all Delta employees and their family members, and are available by calling **800-533-6939**, 24 hours a day, seven days a week. Additional information about the program is available on Delta's [EAP Web site](#) located on Employee Connection.

Other Programs for Delta Employees

Delta offers other programs and policies that focus on your total well-being. The programs listed below are only available to Delta employees.

Adoption Support Program

Delta's Adoption Support Program provides active Delta employees with reimbursement of eligible adoption-related expenses, up to a maximum of \$1,500 per adopted child, with a lifetime maximum benefit of \$3,000 per eligible employee. The program also offers free confirmed travel for employees to pick up their adopted child relocating from another state or country. You are eligible to participate in the Adoption Support Program on your first day of employment. For more information, visit Delta's [EAP Web site](#) on Employee Connection.

Delta Higher Education Award Program

Each year, Delta Higher Education Awards are available to eligible active Delta employees pursuing degrees. To be eligible, you must be an active Delta employee for at least six months and in good standing. You also must pursue an undergraduate degree in a field related to Delta's business, an MBA or a graduate degree in the same field as your current position or in a commercial aviation program. The number and dollar amount of the awards varies each year. For more information, visit Employee Connection on DeltaNet.

Matching Gifts Program

The Matching Gifts Program matches 50 cents for every dollar of your charitable cash contributions, up to \$2,000 per year, made to accredited institutions of higher education, or their charitable funds or foundations. You are eligible to participate in this program on your first day of employment if you are a full-time active employee or a Delta retiree. Part-time employees are not eligible to participate. For more information, visit Employee Connection on DeltaNet.

Other Programs and Services

Delta Community Credit Union (DCCU)

DCCU was founded by Delta employees and continues to be managed by them today. The credit union offers a full line of deposit and loan products, including high-interest checking and savings accounts, credit cards, consumer loans and mortgage loans. Because it is a nonprofit organization, DCCU is able to offer highly attractive rates and convenience services, such as online banking and a growing network of branches and ATMs.

Delta Employee & Retiree Care Fund

Delta employees and retirees are doing great things for each other through the Delta Employee & Retiree Care Fund, a nonprofit 501(c)(3) charitable organization run by Delta people for the benefit of Delta people. The Care Fund provides assistance to eligible Delta employees, retirees and their survivors who suffer a severe financial hardship from an unforeseen and unavoidable crisis, including loss due to a catastrophic event. Employees experiencing any type of hardship are encouraged to contact the Employee Assistance Program for counseling and financial planning assistance.

The Fund's success and growth are dependent on financial support from Delta people. You can help people in crisis through tax-deductible payroll deductions through ESS now and throughout the year. Employee recycling efforts benefiting this fund include office, household and electronic recycling (cell phones, digital cameras, iPod, MP3, game systems, laptops). Planned giving options also are available by contacting the Care Fund office at **404-715-1726**. More than 70% of our competitors' employees are supporting their crisis fund. Although 7% of Delta employees are currently supporting our fund, up to 80% of many areas have now pledged their support with payroll deductions when learning how we are helping Delta people in need. Delta's goal is for all areas to beat our competitors — each of us giving a small amount each paycheck will get us there quickly and keep us ready to help Delta people in crisis. A Champion Toolkit is available from the portal site on DeltaNet to help you learn how you can help Delta people facing a crisis. For more information, visit the Delta People Care and Care Fund sites located under Employee Info.

United Way

Many Delta employees already support the United Way through payroll deductions. The United Way supports many nonprofit organizations in communities across the country benefiting people in need. To start or modify your payroll deductions, see ESS. You can call **211** at any time to identify agencies in your area that may be able to assist you or a loved one in need.

Delta Scholarship Fund

Delta employees and their eligible dependents pursuing higher education can apply for an award from Delta's nonprofit 501(c)(3) Scholarship Fund. Awards are based on various criteria including academic performance, leadership and financial need. The Scholarship Fund is in addition to Delta's Higher Education Award. The Fund's success and growth are dependent on financial support from Delta people. You can pledge a payroll deductible donation when you enroll through ESS now and throughout the year. Planned giving options also are available by contacting the Scholarship Fund office at **404-715-1726**. All donations are tax-deductible. Currently, 3% of Delta people are supporting the Scholarship Fund through payroll deductions. As this increases, we will be able to offer more scholarships to benefit Delta people. A Champion Toolkit is available from the portal site on DeltaNet to help you learn how you can help us grow this fund. For more information, visit the Delta People Care and Scholarship Fund sites located under Employee Info.

Discounts for Delta Employees

Your Delta benefits are not limited to the traditional “medical and dental” coverage. Delta has negotiated valuable discounts for you and your family. For more information on these programs, check out the Discounts page on Employee Connection.

Sparkfly Discounts

Your hard work and dedication are appreciated! As a benefit to our employees and retirees, Delta has partnered with Sparkfly, a unique employee discount program. To see the discounts, visit Sparkfly on the Discount page of Employee Connection. You and your family can save time and money when making travel reservations, searching for restaurants, shopping, buying movie and event tickets, and much more. And the best part ... there is no need to register. As a Delta employee, you are already a Sparkfly customer. Sparkfly deals include:

- **Auto and Recreational Vehicle Purchases** — See a listing of dealerships that offer discounts to Delta employees
- **Computer Purchases** — Find discounts on Apple and Dell computers
- **Dining & Entertainment** — Get discounts on dining as well as discounted tickets to national theme parks, concerts and movies
- **Legal Services** — Learn about pre-paid legal services at group discount rates
- **Pet Insurance** — Consider a licensed insurance plan for your pets to better manage your veterinary costs
- **Shopping** — Receive discounts at major retailers for both online and in-store purchases
- **Travel & Accommodations** — Find discounted stays at hotels and resorts, as well as discounted car rentals

Travelers Auto and Home Insurance

Save money on your auto and home insurance. The Auto and Home Insurance Program from Travelers offers Delta employees and retirees quality protection at special group rates.

With no designated enrollment period, you may apply for auto and home insurance coverage at any time throughout the year. Take advantage of customized coverage options and convenient payments, including payroll deductions.

Contact Travelers at **877-754-0474** or www.travelers.com/delta for free coverage reviews and no-obligation quotes.

Weight Loss Programs

Are you ready to do something about those extra pounds you've been carrying around? Delta has partnered with two proven weight management programs that may be able to get you focused. Jenny Craig® and Weight Watchers® have each helped thousands of people take charge of unhealthy eating habits and transform them into success stories. Visit the Discounts page on Employee Connection for details.

Will Preparation Service

Will Preparation* connects eligible employees and retirees, and their spouses or same sex domestic partners/same sex spouses with a participating attorney who can prepare or update a will at no charge. When you choose a participating Hyatt Legal Plans attorney, the attorney's fees are fully covered and there are no claim forms to file. Contact Hyatt Legal Plans at **800-821-6400** or visit www.legalplans.com. Group Number: 300533

* Will Preparation is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation is subject to approval in certain states. Will Preparation is currently unavailable for New York-based employer groups and is not approved for Texas-based employer groups or Texas residents.

WHERE TO GET MORE INFORMATION

Benefits Contact Information			
Benefit	Provider	Phone	Web
Delta Benefit Eligibility	Employee Service Center (ESC)	1-800 MY DELTA (1-800-693-3582)	http://dlnet.delta.com
Delta Family-Care or Pilots Savings Plan	Fidelity	800-554-0262	www.401k.com
Dental	Delta Dental of Minnesota	877-810-4023	www.deltadentalmn.org/dal
	CIGNA Dental Care	800-367-1037	www.mycigna.com
Disability	<i>Ground employees and pre-merger Delta flight attendants:</i> Sedgwick CMS	877-67-DELTA (877-673-3582)	www.sedgwickcms.com
	<i>Pilots:</i> Harvey Watt & Co.	800-241-6103	www.harveywatt.com
	<i>AFA & Republic:</i> CIGNA	800-238-2125	www.cigna.com
	<i>IAM:</i> The Hartford	800-752-9713	www.thehartford.com
	<i>Compass:</i> MetLife	866-729-9200	www.metlife.com
Employee Assistance Program (EAP)	OptumHealth Behavioral Solutions	800-533-6939	www.liveandworkwell.com
Flexible Spending Accounts (FSAs)	UnitedHealthcare (UHC)	877-683-8555	www.myhealthcareview.com
	Blue Cross/ Blue Shield of Minnesota (for pre-merger Northwest Employees with a 2009 Flex Saver Account)	866-870-0407	www.bluecrossmn.com/nwa
Group Accident & Private Pilots Accident Insurance	The Prudential Insurance Company of America (Prudential)	877-232-3561	https://giselfservice.prudential.com If you are not currently enrolled, enter the following into the first-time user log-on: Control Number 50002
Life Insurance	Metropolitan Life Insurance Company (MetLife)	866-939-7409	www.metlife.com
Long-Term Care Insurance	The Prudential Insurance Company of America (Prudential)	877-232-3561	www.prudential.com/gltcweb Group Name: <i>deltaltc</i> Access Code: <i>airline</i>

Benefits Contact Information			
Benefit	Provider	Phone	Web
Medical	UnitedHealthcare (UHC)	877-683-8555	www.myhealthcareview.com If you are not currently enrolled, enter the following to log-on to the site: User Name: <i>delta</i> Password: <i>delta</i>
	Health Plan Hawaii	808-948-6372	www.hmsa.com
	Humana Health Plan of Puerto Rico	787-282-7900 ext. 5500	www.pr.humana.com
NurseLine	UnitedHealthcare (UHC)	877-912-1820	www.myhealthcareview.com If you are not currently enrolled, enter the following to log on to the site: User Name: <i>delta</i> Password: <i>delta</i>
Vision	Davis Vision	800-947-9955	www.davisvision.com

This guide provides summary highlights of some Delta and Compass benefit plans. In the event of a discrepancy between these highlights and the plan documents, the terms of the plan documents will govern. Delta and its affiliates reserve the right to amend, modify or terminate all or any part of their benefit plans at any time, for any reason. Any such amendment, modification or termination may apply to active employees, inactive employees, retirees, disabled employees, COBRA participants, or employees on a leave of absence or furlough and their dependents and survivors. Any amendment or modification may be applied prospectively or retroactively and may be applied only to one group of participants, such as retirees, but not to other groups of participants. This guide is not a contract or guarantee of your benefits, nor is it a contract or guarantee of employment.

The Health Savings Account is not an employee benefit plan sponsored or maintained by Delta. An individual who participates in the Ruby HSA Medical Option or Diamond HSA Medical Option is participating in a high-deductible health plan sponsored by Delta, and accordingly, may be eligible to establish a Health Savings Account for his or her 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. The employee is responsible for monitoring all legal requirements associated with contributing to and seeking payments from his or her HSA. A participant in the Ruby HSA Medical Option or Diamond 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.