



Frequently Asked Questions about Enrollment

Delta Pilot's VEBA Q&A I

Q. I enrolled in the Delta insurance programs during the open enrollment window and now that the DP3 VEBA Trust is a qualified plan for 2011, I want to drop my coverage through Delta and join the DP3 VEBA. What steps do I need to take?

A. The first thing you need to do is make sure you are eligible for the HCTC program by:

1. Confirming you are receiving a check from the PBGC (or you have received a lump sum payment from the PBGC since 2002) due to your pension being turned over to the PBGC.

2. You have completed and mailed your enrollment form along with all the necessary documents to the third party administrator, Marsh, (**NOT** the IRS-HCTC). Those documents should include the following:

- Your enrollment application
- The "HCTC Group Registration Form" – or- the "HCTC Registration Update Form" (if you are previously enrolled in the state qualified or COBRA plan)
- A check for 100% of the 1st month's premium (for those people that did not enroll in the plan prior to 11/15/10)
- The "Reimbursement Request Form" to request a credit for the overpayment of the 80% of the premium that the HCTC will apply to your future invoices once processed (it could take 6-8 weeks for the credit to be processed).

3. Once you have completed the steps in 1 and 2 above, you will then need to contact the Delta Retiree Call Center (1-800-MYDELTA) and tell them you want to discontinue your coverage for healthcare for 2011. It is very important that you notify Delta that you want to terminate your coverage. If you fail to notify Delta and just stop paying for your healthcare through Delta, you will not be allowed to enroll in a Delta insurance program in the future enrollment windows.

Q. If I make a payment for my healthcare and pay the 100% required now to enroll for the first month in the program, how will I get the 80% back? Will I just not be required to pay for a few months?

A. When you send in your first payment for 100% of the cost to Marsh, the third party administrator, you will also need to complete the "Reimbursement Request Form". This form is what initiates your request for a credit to be issued to your HCTC account. Your form will take 6-8 weeks to process, but once completed, the 80% premium credit for January will be applied to your account. In the interim it will be necessary to make a payment for your February and possibly March, for your healthcare coverage. Therefore, if you receive a voucher that states that you owe the 20% cost for the premium, (following the passage of the legislation that will keep the subsidy at 80%) you will need to pay what is requested. The intent is that by the March or April bill, your reimbursement account will reflect a credit and you will owe ZERO dollars for the next four months. As a buffer though, Cone Insurance recommends that you leave at least 1 month of premium payment in your account as a backup in case you are late on a payment in the future.

Q. I am enrolled in a State plan and want to move to the DP3 VEBA Trust Plan. What steps do I need to take to move from my current plan in my state to the DP3 VEBA?

A. In order to move to the DP3 VEBA, you will need to follow the following steps to be enrolled in the DP3 VEBA Trust:

1. You will need to complete the DP3 Enrollment form you received from Marsh. If you did not get an enrollment packet from Marsh you can contact them by calling 1-877-928-8322 and request that they mail you one, or you can go to the DP3 website at www.dp3.org and download the necessary documents.

2. After you complete your enrollment form, you will need to complete an IRS-HCTC "Monthly Update" form that can also be found on the DP3 website. This will make the IRS-HCTC aware that you are moving from one program to another. Marsh will provide this form to the IRS-HCTC, so make sure to include both the enrollment form and the

update form in the materials returned to Marsh. The account number you have been using so far which is provided by the IRS-HCTC will not change; you keep the same account number so all the payments should be sent to the correct carriers as long as you make sure you send it through Marsh. If you are required to pay a higher cost for your healthcare than the amount of funds you have in your current HCTC account, then it is possible that you will be re-invoiced and will be sent a second invoice statement in the mail. In the second invoice you will need to include a check for the difference in payment, which is made out to the DP3 VEBA Trust. By the month of February though, the amount on your voucher should be correct.

3. Once you have enrolled in the DP3 VEBA Plan you will need to call and cancel your enrollment in the state plan so that you are not double covered for enrollment.

Q. Do I always make my payments to Marsh for my monthly premiums once I complete the enrollment process?

A. No, once you send Marsh your original paperwork to enroll in the DP3 VEBA Trust plan, you will then begin to receive an invoice from the IRS-HCTC asking you to pay the 20% cost of your healthcare for January (the United States Treasury Department). They will manage the process from there. It is very important to send your voucher back to the IRS and not to Marsh!

Q. Why are the plans bundled together where all 4 healthcare options are in one offering and I cannot make my own choices? I may not want the dental or vision now.

A. The IRS-HCTC requires the insurance providers to bundle the options together in order to pay the subsidy of 80% of the cost for all 4 options. If it was not bundled, the majority of people that do want to get dental and vision would have to pay the full price for those options as they require you to do in the State plans. The DP3 VEBA Board made the decision to provide them as bundled options.

Q. I am eligible for TRICARE, does that mean that I am not qualified for the DP3 VEBA Trust HCTC Plan? What about my spouse's plan, can I opt out of that plan if I am eligible?

A. Most people eligible for TRICARE can choose to opt out of TRICARE and participate in the DP3 VEBA Trust through the HCTC as long as they meet the qualifications. The key is that you cannot be enrolled in both plans at the same time. This also applies to people that are enrolled in their spouse's coverage or coverage through another employer; they can always turn it down and join this plan if they are HCTC eligible and get the subsidy for themselves and their eligible family members.

Q. If the plan does not get reauthorized at 80% and the cost goes to a 65% subsidy after January, 2011, will I have to pay the additional 15% for the month of January later?

A. No, you will not have to make up the difference at a later date. The billing was done under the 80% subsidy rate in 2010.

Q. How long do I have to decide if I want to enroll in this plan?

A. The DP3 VEBA Trust Under 65 program is open for enrollment until February 28, 2011. You will have until that date to decide to join the plan. If in the future you choose to enroll in the plan, there will be an opportunity to enroll each fall during the open enrollment window unless you experience a life event, at which time you can enroll immediately if necessary.

Q. What plans are offered through the DP3 VEBA Trust if I enroll in the Under 65 program and I am HCTC eligible?

A. You will have the choice of enrolling in the **Premium** plan, which provides the most cost effective and comprehensive coverage. The **Standard** plan has a higher deductible and out-of-pocket maximum, but both plans are excellent options. You will also be provided the **Dental** option that provides a total annual benefit of \$2500 per person, and the **Premium Vision** option provides for the progressive lenses co-pay to be purchased for a \$40 co-pay, no matter which Medical option you choose.

Q. If I need more information or know someone that did not receive an enrollment packet, who do we call for help?

A. Please call the Marsh, the third party administrator, at 1-877-928-8322 Monday through Friday from 8-5pm CST.