

ENROLLMENT FOR 2010 BENEFITS

| OPEN ENROLLMENT | |
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| 1 | <p>When is Delta's annual open enrollment period? Updated</p> <p>Based on the significant interest expressed in learning about our account-based health plans, the open enrollment period for active and inactive employees has been extended to Tuesday, November 17th. This one week extension for active and inactive employees from Tuesday, November 10th will provide more time for employees to continue their research about Delta's account-based plans.</p> <ul style="list-style-type: none"> - This extension only applies to active and inactive employees. - Open enrollment for pre-merger Delta and pre-merger Northwest retirees and survivors is October 28 - November 17. <p>This is the only opportunity for pre-merger Delta and pre-merger Northwest employees to choose their 2010 benefits.</p> <p>NOTE: The brochure that was mailed in early October and got lost at the post office has now started to arrive at people's homes. The cover letter in that original mailing still states that Open Enrollment ends November 10th, since it was mailed before the extension to November 17th was announced.</p> |
| 2 | <p>What resources are available to help me understand all of the benefit options available and to make the best decision for me and my family? New</p> <p>The Health Plan Evaluator provides a "side-by-side" comparison of the medical options (see question 5 for a description of this tool and how to locate it online). Also, all of the following materials are available on the 2010 Benefits Enrollment Information page located on DeltaNet under Employee Connection, and on Benefits Direct on DeltaNet (Employee Info / Self Service / Benefits Open Enrollment - Enroll Now / Documents & Forms).</p> <p>These guides provide information and benefit summaries for the options offered by Delta:</p> <ul style="list-style-type: none"> • Your Guide to Delta's 2010 Account-Based Healthcare Plan Options - This guide is an exclusive informational document regarding the account-based plans. The summaries of the Gold HRA, Silver HRA, and the Diamond HSA begin on page 15. Summaries for the Ruby HSA and the Gold Out-of-Area HRA begin on page 19. A summary for PPO Option A begins on page 29. • Delta's 2010 Benefits Guide - This document is the comprehensive enrollment guide that is produced every year. This document captures any new plans that are offered and any changes that are occurring for the upcoming plan year. • There is also the 2008 Delta Healthcare Benefit Handbook (SPD) and the Northwest Summary Plan Descriptions. These documents provide additional detail about the complete list of covered services. <p>In addition, there have been a number of on-site meetings and webinars which have utilized some additional side-by-side comparisons (to view the presentation from the meetings, on DeltaNet go to Employee Info / Employee Connection / Health & Insurance / 2010 Open Enrollment / Meeting Schedule - 2010 Overview Presentation)</p> |
| 3 | <p>Where can I find the brochure "Your Guide to Delta's 2010 Account Based Healthcare Options"? Was that mailed to employee homes? New</p> <p>Yes, this brochure was delivered from the printer to the USPS on October 14th and was expected to be received in homes within a week of that time. Because there were some delays with the USPS, the brochure was resent to active pre-merger Northwest employees (for whom the account based</p> |

options are new for 2010). The brochure was also posted online to the 2010 Benefits Enrollment site in early October.

Active pre-merger NW employees with a Delta e-mail address received an e-mail on October 28th with instructions on how to access the brochure online in DeltaNet.

NOTE: The originally mailed brochure is starting to be received at home addresses now. The cover letter in that original mailing still states that Open Enrollment ends November 10th, since it was mailed before the extension to November 17th was announced. Pre-merger Northwest employees are likely to receive two copies of the same brochure.

4 How do I enroll?

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://dlnet.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, mouse over “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, mouse over “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.

5 Is there a tutorial that can show me how to access Benefits Direct and use the Health Plan Evaluator?
Updated

Yes. A tutorial is available on Employee Self-Service.

The Healthcare Evaluator Tool, named “Compare Your Healthcare Costs”, on the Benefits Direct site, can help users compare eligible medical plan options. It’s automatically loaded with personal claims data from UnitedHealthcare or Blue Cross Blue Shield for those employees and their dependents enrolled in a Delta or Northwest medical plan from June 1 of last year through May 31 of this year. Employees can make any necessary adjustments based on upcoming medical procedures or changes in health status. To view the tutorial, mouse over Benefits on the top menu bar in Employee-Self Service and select “2010 Open Enrollment Tutorial.”

6 If I don’t make a new election for 2010 coverage, will my current election roll over to next year? **New**

Yes, employees will default to their current coverage, or the plan most similar to what they have today, if they do not make an active election during Open Enrollment.

7 Can I make changes to my election until the last day of Open Enrollment? **New**

Yes, enrollment changes can take place anytime during the enrollment period. The active and inactive enrollment period will end at 11:59 p.m. on November 17, 2009.

8 What happens if I have a qualifying life event next year? Can I make changes to my benefits? **New**

If you have a qualified life event, such as your spouse or domestic partner losing their job and health care coverage, you will be able to make benefit enrollment changes specific to your life event within 30 days after the event.

9 How is enrollment being handled for employees on leave? **New**

Employees on leave, such as SLIP or company convenience, are included in the active & inactive open enrollment period. Their elections were based upon their coverage as of September 15, 2009. In some circumstances, employees were placed on leave after the September 15th cut-off. If they elected No Coverage at that time, they are not eligible to make an open enrollment election but will

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| | <p>have an opportunity to enroll when they return to active status. If there were coverage changes that took place after September 15th for any employees on leave, those changes may not have originally been captured for this enrollment period. The changes are in the process of being updated; therefore employees in this situation should check their enrollment worksheet again.</p> |
| | <p>HEALTHCARE</p> |
| 10 | <p>We were told in July that UnitedHealthcare will be the primary healthcare administrator for all Delta medical options in 2010. I understand that in September, 2009, Consumer Reports "PPO Health Plan Ratings" ranked the UnitedHealthcare PPO health plan 39th out of 41 PPO plans. Was this our plan they were talking about?</p> |
| | <p>No! The UnitedHealthcare plan that is referenced in the Consumer Reports ranking is a fully-insured, off-the-shelf PPO that has nothing to do with the plans that Delta offers. The Delta medical options administered by UHC are self-insured plans, and are highly customized including plan design and administration. (Self-insured means that all of the claims are paid from Delta's assets, not from the insurance companies' assets, like in a fully-insured plan.) Delta has a dedicated customer service call-center at UHC that receives only Delta member calls, as well as a highly customized care management program. This program provides Delta employees with access to a dedicated team of highly specialized nurses. These nurses are available to assist employees and their family members when facing a serious medical condition. All dedicated staff at UHC are highly trained on all Delta medical options. This type of customization and customer service is not provided in a standard, off-the-shelf health plan.</p> |
| 11 | <p>On Monday, November 2nd an article was published in the Atlanta Business Chronicle regarding a fine being incurred by UnitedHealthcare (UHC) for delaying payment on claims. Were claims paid for Delta members affected by this allegation? New</p> |
| | <p>This claim against UHC was made several years ago and is just now being settled. As referenced previously, the Delta medical options are self-insured and are not a part of their standard PPO medical plans offered to the general public. UHC has a dedicated staff set up to pay all medical claims for Delta employees and their dependents. Delta holds UHC to very strict performance guarantees when it comes to paying medical claims. If they do not meet these monthly guarantees, they incur substantial financial penalties. UHC pays 97% of Delta member medical claims within 10 days of receipt. Only high dollar claims that require further review are paid in a longer amount of time, usually within 20 days.</p> |
| 12 | <p>Can groups covered by a labor agreement choose to enroll in Delta's account-based medical options?</p> |
| | <p>Yes. Delta has traditionally offered to all employee groups the ability to enroll in the account-based medical options. In fact, in 2009, more than 93% of pilots and flight dispatchers who enrolled chose one of the account-based options over the plans available under their working agreements.</p> |
| 13 | <p>How can I find out if my healthcare provider participates in the UHC network? Updated</p> |
| | <p>The UHC pre-enrollment Web site is available now for employees to access in order to research network providers and review benefit information for 2010. Go to myHealthcareView.com and enter username <i>delta</i> and the password <i>delta</i>. This site remains available for anyone who is not a UHC member until the beginning of 2010.</p> |
| 14 | <p>What if I live in Minnesota, North Dakota, South Dakota, or western Wisconsin? What network will I have access to?</p> |
| | <p>If you live in one of these areas, UHC provides seamless access to the Medica network. If you are searching for a provider on the myHealthcareView.com Web site, you will need to click on the Medica link to search for providers in your area. If you would like to see a provider outside of one of these locations, you still have access to the national UHC premium provider network</p> |
| 15 | <p>What if I am a pre-merger Northwest employee currently under treatment from a physician that does not participate in the UnitedHealthcare network?</p> |
| | <p>You may be eligible for "Transition of Care", depending on your health condition. Transition of Care allows a transition period for a newly covered person before he/she is required to transfer from a non-network health care provider to a network health care provider in order to receive network</p> |

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| | benefits. Under Transition of Care, services with a non-network provider are reimbursed under the network level of coverage for a limited period of time. |
| 16 | How do I know if I am eligible for Transition of Care? |
| | The transition period applies only to current treatment for specific health issues. Some of these include pregnancy, non-surgical treatment such as radiation or chemotherapy, treatment for end-stage renal disease, or if you have recently undergone an organ transplant. |
| 17 | How can I find out more information about Transition of Care? |
| | You may call UHC member services at 877-683-8555 to determine if you qualify and to request a Transition of Care form. You or your physician must request transition of care within 30 days of the effective date of the network change, which is 1/1/2010. |
| 18 | I am currently engaged with a nurse case manager, or a disease case manager under the Northwest Medical Plan through Blue Cross/Blue Shield (BCBS), how do I obtain a case manager with UHC? |
| | BCBS will be providing a list of names with open case management cases to UHC. UHC will send a Welcome Letter to all members on the list, advising that a new case manager will be contacting them within the month of January. UHC will also provide you with a number you can call if you need to speak with a case manager prior to the time they reach out to you. |
| 19 | Can you provide more information and greater detail about the Gold HRA Out-of-Area (OOA) option country wide? New |
| | The OOA option is an option that is only offered to those individuals that do not reside in a UHC network location. The network that is offered to Delta employees by UnitedHealthcare is the Choice Plus network. If you are in an OOA location and use a UHC network provider, in any of their available networks you will get a discount. This is what the OOA provider link is displaying, those are not network providers that will be able to provide employees with in-network coverage under any of the network plans, including PPO Option B. |
| 20 | I understand there is a \$5 million medical coverage lifetime maximum. Do the health care expenditures carry over from pre-merger Northwest usage towards this cap for the non-contract Delta options as well? New |
| | Yes, BCBS claims experience will be transitioned to UHC in order to apply to the \$5 million lifetime maximum benefit for those employees that enroll in an option that includes this maximum. Keep in mind: <ul style="list-style-type: none"> • There has never been an individual covered by the Delta medical options reach this amount in covered medical expenses. It's not common for one individual to accumulate \$5 million dollars worth of medical expenses. Exceptionally high cost cases, like treatment for cancer, typically cost between \$50,000 - \$100,000. Even end of life care, with extended hospital ICU stays, rarely exceeds \$1 million dollars. Anyone who does get to that level would be so seriously ill that they will almost certainly qualify for continued medical coverage under either Medicare or Medicaid at the point they reach the maximum. • Having this maximum in the plan helps protect all of us from an undue increase in our medical costs (remember we are a self-insured plan - the amounts paid for medical expenses come from Delta, and the premiums paid by you, not an insurance company). |
| | DENTAL |
| 21 | What if I am a pre-merger Delta employee and have dental work in progress as of January 1, 2010? |
| | For work on root canals and major restorative services (crowns, bridges, dentures) started prior to January 1, 2010, and completed thereafter, payment of the claim will be made by Delta Dental of Minnesota (DDMN). There are no plan changes; however if your dentist participates in the DDMN network, you may be eligible for a discount. |
| 22 | Will DDMN honor a pre-treatment estimate obtained by my prior carrier for services after January 1 st ? |
| | Yes, DDMN will honor a prior administrator's pre-treatment estimate. Fees will be based on DDMN's 2010 network contracted rates, or their specific Reasonable & Customary schedule, which may be different from the estimate your prior administrator approved. The provider (dentist) or member should attach the estimate to the claim when submitted to DDMN for consideration. |

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| 23 | <p>How is orthodontic treatment in progress handled?</p> <p>If a covered participant is in active orthodontic treatment (bands placed), the provider needs to supply DDMN with the following information:</p> <ul style="list-style-type: none"> o Treatment type (procedure number) o Total fee for treatment o Number of months treatment will take place o Provider signature o Claim form completed by orthodontist or member <p>The amount of the benefit that will be paid will be pro-rated based on the number of months of active treatment remaining and the eligibility status of the covered participant. DDMN will coordinate the lifetime maximum amount payable with what the previous carrier paid.</p> |
| 24 | <p>If I started orthodontic treatment prior to January 1, 2009, am I still eligible for the \$2,500 lifetime maximum instead of the \$2,000 lifetime maximum?</p> <p>Yes, you are still eligible for the remaining balance of the additional \$500 allowed for orthodontic treatment if you started treatment prior to January 1, 2009.</p> |
| 25 | <p>What are the advantages of using a DDMN network dentist?</p> <p>A DDMN network dentist participates in the Delta Dental PPO network or the Delta Dental Premier network. Advantages to utilizing one of these providers include:</p> <ul style="list-style-type: none"> o No balance billing - participants won't be billed for the difference between the actual procedure charge and the charge the plan allows. When a participant receives care from a non-network dentist, they are responsible for the balance of the bill. Participants are responsible for their deductible and coinsurance amount o No claim forms to file - when participants utilize a network provider, they bill DDMN directly. Participants receive an Explanation of Benefits (EOB) detailing their financial responsibility for any deductible or coinsurance amounts |
| 26 | <p>Can I use any dentist?</p> <p>Yes, you have the freedom to see any dentist. You can also change dentists at any time. However, keep in mind using a DDMN network dentist can result in lower out-of-pocket expenses for you.</p> |
| 27 | <p>How are claims submitted?</p> <p>If you see a network dentist, they will bill DDMN directly. If you use a non-network dentist, in most cases, you will be required to provide your dentist with a claim form and you will need to file the claim with DDMN. The DDMN claim form will be located on Benefits Direct.</p> |
| 28 | <p>Will I receive a dental ID card?</p> <p>Yes, all participants will receive a dental identification card from DDMN. For pre-merger Delta employees this is a new procedure. It is important that you present this card to your dentist so he/she knows your dental coverage has changed and that your plan is now administered by DDMN. The card will contain your DDMN member number, which is your Delta employee number, and the address your dentist needs to submit claims. For pre-merger Northwest employees, please discard your old dental DDMN ID card and begin using your new one as of January 1, 2010. It will include your new member ID number, and the address the dentist needs to submit claims.</p> |
| 29 | <p>How will Flexible Spending Account (FSA) reimbursement be handled for dental claims through DDMN?</p> <p>If you enroll in a FSA with UHC for 2010 and elect the Automatic Payment Option on the myHealthcareView.com Web site, dental expenses are automatically submitted on your behalf by DDMN to UHC for payment from your FSA. This is the same procedure used for pre-merger Delta employees when MetLife was the claims administrator</p> |
| DISABILITY | |
| 30 | <p>I am a pre-merger Northwest employee and am newly eligible to participate in Delta's absence plans. Why should I enroll in short-term disability (STD) now?</p> <p>Optional STD coverage provides 60% after tax pay protection once your certified sick time has been exhausted. Although you may be tempted to waive your coverage for STD coverage, you should carefully consider the impact of opting out of this voluntary benefit. When you enroll in STD</p> |

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| | coverage at your first opportunity (either as a new hire or a newly eligible pre-merger NW employee), you are not required to provide Evidence of Insurability. If you waive coverage, it's important to know that any future enrollment in STD coverage will require Evidence of Insurability - and that coverage is not guaranteed. |
| 31 | When will I find out more details on how my NW sick time will be converted to Delta's certified sick time program? |
| | Pre-merger NW employees who are transitioning to the Delta absence plans on January 1, 2010, will receive personalized statements in early November detailing their sick time conversion plan. |
| | LIFE INSURANCE |
| 32 | I am a pre-merger Northwest employee. Will I need to submit a new Life Insurance beneficiary designation form because of the transition to MetLife? |
| | Beneficiaries for Basic and Optional (Supplemental) Life Insurances on file with Minnesota Life (current life insurance administrator at Northwest) will be transferred to MetLife. If you currently have coverage and would like to make a change to your beneficiary on file through the end of 2009, you should continue to review or update your beneficiary designation online on RADAR. |
| 33 | Will I have to complete the evidence of insurability (EOI) process in order to continue my optional and spouse life insurances in 2010? |
| | No. EOI will only be required if you wish to increase your coverage above certain levels (as is currently the case at both Delta and Northwest). |
| | ACCIDENT (AD&D) INSURANCE |
| 34 | I am a pre-merger Delta employee currently enrolled in group accident insurance. Will I need to submit a new beneficiary designation form because of the transition to The Prudential? |
| | Beneficiaries for Group Accident and Private Pilots Accident Insurances on file with The Hartford (current accident insurance administrator at Delta) will automatically be transferred to The Prudential. If you are currently enrolled in coverage and would like to make a change to your beneficiary on file through the end of the year, you should continue to submit a beneficiary form to The Hartford, available online on Benefits Direct. |
| | LONG-TERM CARE INSURANCE |
| 35 | I already have long-term disability (LTD) coverage. Why do I need long-term care insurance? |
| | LTD coverage and long-term care insurance are two completely different benefits. LTD coverage provides a level of pay protection when you are absent from work for an extended period of time due to illness or injury. Long-term care insurance is provided for someone with severe cognitive impairment or the inability to perform the activities of daily living: bathing, dressing, eating, toileting, transferring and continence. Long-term care services may be provided at home or in a facility. |