

ENROLLMENT FOR 2010 BENEFITS

QUESTIONS AND ANSWERS FOR RETIREES AND SURVIVORS

	OPEN ENROLLMENT
1	<p>When is Delta's annual open enrollment period?</p> <p>The open enrollment period for retirees and survivors begins October 28 and ends at 11:59 p.m. Eastern Time on Tuesday, November 17th.</p> <p>This is the only opportunity for pre-merger Delta and pre-merger Northwest retirees and survivors to choose their 2010 benefits.</p>
2	<p>Are retirees eligible for medical coverage until age 65?</p> <p>Yes, for many years, Delta's plans have offered coverage to the first day of the month the individual turns age 65.</p>
3	<p>What medical plan am I eligible for as a NW retiree?</p> <p>Retirees were mailed letters on October 17th. The letter outlined the plan options available to retirees. The 2010 Retiree/Survivor Benefit Guide is posted on Retiree Connection, which is accessible through DeltaNet. Current Northwest retirees are not eligible for the Delta medical plan options; however, they will continue to be offered their current Northwest Medical Plan.</p> <p>Note that the Health Plan Evaluator tool is not applicable to retirees and will only appear for active and inactive employees.</p>
4	<p>How do I enroll?</p> <p>ENROLL ONLINE VIA BENEFITS DIRECT</p> <p>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.</p> <ul style="list-style-type: none"> - 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	<p>I am a Northwest retiree over age 65 with a spouse under 65. While completing my enrollment elections on Benefits Direct, my Northwest VEBA credit was not subtracted from my spouse's retiree medical premium. Why?</p> <p>Northwest retirees over age 65, who are eligible for the VEBA credit with spouses younger than age 65, should receive the VEBA credit; however, due to an administrative error the online enrollment system did not properly display the VEBA credit for the spouse coverage. This error was discovered and we are working to have the system corrected by November 18, 2009. Please note that the percentage used to determine the dollar amount of your VEBA credit has not changed from what it</p>

	<p>was for 2009.</p> <ul style="list-style-type: none"> - If you were impacted by the error, you will receive a letter that will explain how and when the enrollment tool will be corrected to reflect the subsidy and how you can correct your enrollment elections if you desire after reviewing this subsidy information.
6	Is there a tutorial that can show me how to access Benefits Direct?
	Yes. A tutorial is available on Employee Self-Service. To view the tutorial, mouse over Benefits on the top menu bar in Employee-Self Service and select "2010 Open Enrollment Tutorial."
7	If I don't make a new election for 2010 coverage, will my current election roll over to next year?
	Yes, retirees and survivors 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.
8	Can I make changes to my election until the last day of Open Enrollment?
	Yes, enrollment changes can take place anytime during the enrollment period. The retiree and survivor enrollment period will end at 11:59 p.m. on November 17, 2009.
9	What happens if I have a qualifying life event next year? Can I make changes to my benefits?
	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.
	HEALTHCARE
10	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 39 th out of 41 PPO plans. Was this our plan they were talking about?
	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 retirees with access to a dedicated team of highly specialized nurses. These nurses are available to assist retirees 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.
11	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?
	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.
12	How can I find out if my healthcare provider participates in the UHC network?
	The UHC pre-enrollment Web site is available now for retirees 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.
13	What if I live in Minnesota, North Dakota, South Dakota, or western Wisconsin? What network will I have access to?
	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
14	What if I am a pre-merger Northwest retiree currently under treatment from a physician that does not participate in the UnitedHealthcare network?
	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 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.
15	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.
16	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.
17	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 to UHC a list of names with open case management cases. 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.
	DENTAL
18	What if I am a pre-merger Delta retiree and have dental work in progress as of January 1, 2010?
	For work on root canals and major restorative services (crowns, bridges, or 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.
19	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.
20	How is orthodontic treatment in progress handled?
	If a covered participant is in active orthodontic treatment (bands placed), the provider needs to supply DDMN with the following information: <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 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.
21	What are the advantages of using a DDMN network dentist?
	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: <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

	<p>non-network dentist, they are responsible for the balance of the bill. Participants are responsible for their deductible and coinsurance amount</p> <ul style="list-style-type: none"> 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
22	<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>
23	<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>
24	<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 retirees 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 retirees, 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>
<p>LIFE INSURANCE</p>	
25	<p>I am a pre-merger Northwest retiree. Will I need to submit a new Life Insurance beneficiary designation form because of the transition to MetLife?</p> <p>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.</p>
26	<p>Will I have to complete the evidence of insurability (EOI) process in order to continue my optional and spouse life insurances in 2010?</p> <p>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).</p>
<p>LONG-TERM CARE INSURANCE</p>	
27	<p>Why do I need long-term care insurance?</p> <p>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.</p>