

AFA Questions to Delta Benefits – 10/28/09

- **Why isn't there a side by side comparison of all options/plans, comparing them "apples to apples" like we've had in past years?**

Needless to say, the Open Enrollment process this year is unlike anything we've ever seen at NWA. The information is spread all over the place in different documents and sites. The reference materials (SPDs, etc.) are hard to find, while the "sales" type docs are copious and readily available. There certainly isn't a lack of info about the Account Based options, while the PPO information is hard to find. It becomes fairly clear why HRA Gold is chosen by so many.

- **Pre-merger Northwest FAs are reporting that UHC says they will get a "booklet" about their options in the 2nd week of November.**

Is this true? Why so late?

- **Due to all the confusion and late mailings, do you plan to extend the enrollment windows?**

That could go a long way toward building our confidence in Delta

"ok now I do feel an emergency coming on! I have spent the last 2 days on Deltanet and on the phone to nwa to try and get some answers for those of us poor retirees who want to get info re the health options and how much are they going to charge us? And which options are we eligible for? Because we may not be eligible for all of them. I know it is early in the process but we were supposed to receive materials in mail by mid sept. it is mid oct and no one has received them. When I call Delta I get rerouted back to nwa benefits and they say they have zero information on the 2010 choices. So, there is no where on the phone we can get info. We cant get thru to Delta and nwa does not know anything. I have tried to find the "health plan evaluator" on Delta net. Cant find it. I have tried to find the open enrollment tutorial on Delta net. Cant find it. Maybe I am just dumb, but alot of their instructions dont make sense. So, if you get to where you can find these tools or if you can find out if the retirees are going to be eligible for the HRAs where Delta puts dollars in your account, could you call me? Also, I heard thru the grapevine that if you dont make a new selection for coverages, it just rolls over to next year? I can tell you that none of the info on the health plans says anything about retirees even existing. It is scary. The only way I have been able to contact anyone at Delta by phone is on Travel privileges!!!! The last of my worries right now. Please call me when you get any info or insight on any of this!" – NWA Retiree

- **Why are the cost comparisons and benefit choices on the enrollment page split into two pages (1st page – HRA/HSA and 2nd page – PPOs)?**

Due to this and the scattered information many report they didn't even know they HAD a contractual PPO option!

- **Why wasn't the pre-merger NWA Benefits department involved in open enrollment for 2010?**

Based upon our experience over the years at NWA, their expertise and assistance could have made a big difference in this very complicated and messy transition. As it is MyDelta reps keep referring NW FAs to them and they don't have any information or answers. Needless to say, that is not popular.

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- **UHC/MyDelta don't seem to know about PPO Option B – Why?**

A lot of complaints are coming in that UHC doesn't seem to know anything about the contractual PPO Option B or be able to answer questions about it. What information do they have about it?

- **Do you plan to place all SPDs (including NW retiree info) for ALL options on the enrollment page?**

The last we checked the NWA SPDs are not on there, nor was there an SPD under that link for PPO Option A. Will you place pre-merger NWA retiree information on there as well?

- **Contractual Subsidized Retiree Benefit Eligibility LOA?**

There were assertions made on the IFS conference call last week, and now also pertaining to answers given in the Q&A that Rob Kight sent to AFA, it is our position that we need to work with you on a quick Letter of Agreement to codify these assurances of retiree medical eligibility in 2010. This is necessary since these assurances vary from the language in our contract. While it is certainly welcome news to see these information in a company email (albeit after open enrollment has started), we require a legally binding LOA to ensure the protection of our members and perspective retirees. When can we meet to draw up this simple LOA?

- **Are all health plan coverage costs for our 2010 benefits now shown “per pay period”?**

“Here is another problem that I just spent 30 minutes trying to figure out - why my election for Option B was showing about \$147 (family) for 2010 but for 2009 was \$295 (family). Answer: In NW Radar 2009 health coverage costs are shown "per month" and on Deltanet 2010 costs are shown "per pay period"! - DTW FA

- **Out of Area Option – Only for HRA or also applicable to PPO Option B? Can you provide more information and greater detail about OOA options country wide?**

If a flight attendant has PPO Option B and their doctor is listed as “in-network” under OOA (Out of Area)... will “In-Network” coverage apply? According to Tracy Gallegos, HR West Region, when Local President Dave Tadlock discussed the OOA “Out Of Area” she said all this means is that UHC has little or no presence in a particular area. When he searched for his doctor, he did not show up in the “Delta Network Plans”, however, he did show up in OOA... “Out of Area” as “In Network” (a little notation under his listing). When he presented this to Tracy and asked specifically... “does this mean that if I have option B that “In Network” coverage will apply”? Her response was “YES”... the following day she asked to see the print out of the listing for Dave’s doctor and said she needed to get further clarification on OOA in Hawaii and she also said she knows very little about our contractual PPO Option B. According to Ben (HNL manager), Tracy is trying get Hawaii designated as OOA, however, has been unable to get any further info. The bottom line is we need clarification if we have our contractual PPO Option B and your doctor is listed as “In Network”, regardless if you are OOA or not than “In Network” coverage should and will apply.

28OCT09 Update from DL’s Faith Quick: “During our investigation, we noticed a problem with the type of plan being displayed on the pre-enrollment site. It should have given network

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providers who are part of the UHC Choice Plus network as opposed to the UHC Select Plus POS network. UHC will correct the problem within 24 hours and employees who want to check the network providers for the Delta plans again in HNL will probably find more providers listed than previously. Please advise this group to check the UHC pre-enrollment site again by Thursday afternoon before making a final selection. They can change any previous selection at any time until 12am Midnight (EST) on the last date of the enrollment period.”

“At one point I was able to log on and the search for "delta network plans" did not have any of my four (4) Doctors listed as participating. Our major hospital here in Honolulu, Queens Medical Center, also was not listed in the Delta network for hospitals. I did not search the "out of area" option search yet I'm wondering if my Doctors are listed there and I use them, would I incur higher costs? I know UHC has a "transition of care" where one can continue to use their Doctors if a form is signed before the end of Jan.2010 requesting extension of a Doctors care for out of network Doctors. How long does "transition of care" last? I couldn't find this information anywhere. Calling the UHC rep. did not help as he was doing the same search as I was on the above mentioned web site. I plan to use the PPO package 2, option B as my insurance plan.” – HNL FA

- **Myhealthcareview.com issues – Is Myhealthcareview going down frequently?**

“I know you are on the Interim Insurance Committee Chair and wanted to give you some feedback as to problems I will have in having UHC manage our healthcare. The web site www.myhealthcareview.com yesterday as well as today showed a "temporary unavailable" when trying to log on.

- **Can you answer the following Qualifying Events/Enrollment Questions?**

“I was unable to find an answer to this in my contract and was hoping you might know the answer. I would like to go under my partners insurance to see a specific doctor her network covers, under ours, he isn't covered. If something were to happen to her job, and we lost our insurance, would we be able to sign up for insurance with Nwa/Delta” – DTW FA

Am I right that we could sign-up for the DL plan later as long as there is a qualifying event (spouse/partner loses job/coverage)? But does it matter that they are not legally married? I am curious to the answer as I am in the same boat. I am covered under my same-sex partner's coverage at his place of employment (because it's better and cheaper). – DTW FA

- **Can you clear up Short Term Disability Insurance confusion at Delta regarding Pre-Merger NWA?**

STD Insurance is not available to ANY NWA FAs – correct? Please see below misinformation that is being given out by MyDelta. Will you clarify this matter with those who are answering these calls?

I was able to talk to someone at 1-800-MyDelta. They informed me that since I chose the PPO B (NWA plan) that short term disability is not an option and only comes with the Delta plans. As far as the converting our sick time to Delta's certified sick time program, the person knew nothing about that.

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- **Some FAs are being quoted the COBRA charge when they elect PPO Option B and the contractual dental option – why?**

Is that corrected yet?

- **Some Active and Retired FAs are reporting they are having trouble changing elections – is that fixed?**

Do you know why this is happening and has it been completely addressed? We can change elections until last day of enrollment – NW's Susan Kramer sent this over from DL's Michelle Swanson: I was able to confirm that there have not been any problems or reports to date of someone being "locked out". The employee should be able to go back in and make any changes up until the time that the enrollment window closes November 10. If you are able to obtain an employee name and ID #, I could have someone further research/investigate.

- **How is enrollment being handled for those on SLIP leaves? CCL? Medical Leave?**

"Good morning, I spent quite a bit of time over the weekend trying to make my enrollment elections and finding that I COULDN'T SEE or elect any of my options! I'm on a 3 mo. SLIP leave (returning Dec. 1st) and thought maybe that had something to do with it.... This morning I called the ESS and was told that although I'm considered an active employee, I'm off payroll and therefore cannot make elections until I return to work. Then I have 30 days to make those elections! What about all those folks that are on SLIP leaves right now, and many that are on leaves for 6-9-and 12 mos? Are they aware they can't make those necessary elections during this enrollment period" – SEA FA

- **Transition of Care Questions**

Fight attendants are calling about Transition of Care and the number below they were directed to contact. They state it is a basic UHC number and they are getting no where with them. Who else can answer questions about Transition of Care and do you have a list of conditions that would qualify?

FROM THE Q&A: *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.*

Q7 How do I know if I am eligible for Transition of Care?

A7 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.

Q8 How can I find out more information about Transition of Care?

A8 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.

- **\$5 million cap**

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Do the health care expenditures carry over from pre-merger Northwest usage towards this cap for the non-contract Delta options as well?

- **Primary and Secondary Insurance Option – Contractual & Non-Contractual Options – How would this be handled?**

We received a call from a flight attendant whose husband is a pilot. They both take the insurance and in the past she took advantage of our contractual right to have primary coverage on his insurance and secondary on her's. With the new plans she was told under the Gold/Silver etc that is not an option but she can't seem to get an answer from Delta what happens if he opts for a non-contract plan and she takes the AFA contractual PPO plan.

- **Is there any movement in the negotiations for improved UHC network coverage in MI?**

The lack of coverage in many parts of MI is not acceptable. Complaints continue to come in about the lack of network maintenance in MI. Can this be corrected before January 1st?

"Isn't it ironic that Delta so publicly puts on the face of Breast cancer advocate but takes away quality care from it's employees. My wife was diagnosed in 06/06 with breast cancer. In 07/08 it went to her brain, it returned again in her brain 03/09 and we are fighting it now. None of her Medical team is a UHC physician. We live 5 miles North of Ann Arbor, Michigan, within 7 miles of two of the best hospitals in the state and none of them are a part of the UHC plan. Her Hospital is St. Joseph in Ypsilanti/Ann Arbor. Her medical team is led by Dr Thomas of Michigan Brain and Spine, her Hematology Oncologist, which took us several tries before we found one with our same views, is Dr Chottner of Ann Arbor Hematology and her Radiation Oncologist is Dr. Sahajack (sp?) of St Joseph Hospital. None of our Family Doctors are in the plan. Dr. Brenner, and Dr. Pacifico both from Associates of Internal Medicine, Ann Arbor, and Dr. Dumont, Pediatrician. I have enough to deal with in my life right now. I don't need the added stress of finding a whole new medical team and having to go to Detroit or Royal Oak for care." DTW FA

"I was hugely disappointed to discover than none of my doctors are in network, and neither are the two major medical facilities in the Ann Arbor, MI, area. Apparently, despite being a major medical community with premier facilities and a plethora of PHDs, Washtenaw County is the final frontier for UHC. I have heard similar reports from Chicago and elsewhere." DTW FA

"There is no coverage in Williamsburg MI with any of my doctors". – Northern MI FA

- **Is there any plan to improve the network coverage in TN and other areas of little to no network coverage?**

"Not a single doctor I have will accept UH in Tennessee. They are #48 out of 50 plans in this state..." – Knoxville, TN area resident

- **Mayo Clinic – Will there ever be negotiations to re-instate this highly valued health resource in MN? Would the below situation qualify for transition of care?**

"I travel to Mayo Clinic in RST for a checkup every 12 months - related to major surgery that was performed there almost ten years ago. In order to remain healthy, I need to see one of their

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specialists for these annual checkups. At this point in time, it is not an "option" for me, it's a necessity. If I am reading this file properly, we don't even have the ability in 2010 to go "out of network" and pay more "out of pocket" charges with regard to the Mayo Clinic in RST? This is going to be catastrophic for many FAs and their families. My husband's insurance usually doesn't allow for coverage if the spouse works full time and their company pays part of the premium. I've now appealed to them to make a change (in my case), so that I can continue to receive the care I need at Mayo. Thank god he works for a small company and they may be willing to make an exception for me. No wonder so many DAL FAs say they have opted out of the UHC insurance plan and are covered by their spouse's insurance. In 30+ years of employment as an FA, I have always carried my own insurance. Never did I think that "my" company would do something like this." - MSP FA

- **Retiree Eligibility – Is Delta aware of the NW retirees' contractual right to coverage until first day of month we turn 65?**

"I am in an overwhelming quandary with the enrollment coming up. It shows that my husband will not be covered in 2010, January and the 1st week of February when he turns 65. I called the ESC this past Thursday to confirm if, in fact, I was reading his "default" correctly. The person I spoke with said "yes". He will not be getting covered next year, a month and a half, before turning 65. His birthdate is Feb. 06. I'm concerned that he won't be getting any coverage until Medicare kicks in. Can you help me? There is a link that can prompt me to "change coverage" but did not click into it. I was wanting to put him on my coverage until he turns 65. Am I miss reading something? Or somewhere I've overlooked to be able to get him covered until Feb. 06? I'm currently volunteering at a Hospital and take care of two little boys. I will return your msg. the first free chance I get. Thank you for offering to help. Looking forward to hearing from you." – NW retiree

- **NW retirees are having a lot of issues with their 2010 benefit enrollment information (or lack there of):**

1. The letters that you sent to me a week or so ago that were to be sent to retirees have reportedly still not arrived at their homes. Have these arrived?
2. Retirees (and others?) are defaulting to "no coverage", even though that is not what is outlined in the benefits information
3. Retirees and active FAs are reporting they are having trouble changing their elections. Can we change our elections until the last day of enrollment?
4. Retirees report they are not able to make their life insurance and other elections during open enrollment – how will this be addressed?

"I was in the enrollment page tonight to preview my retiree default coverage and to my surprise it shows that I default to "NO Coverage" if I don't enroll. That is a heavy penalty and if this is not a fluke on my account only, then we need to warn retirees to make SURE they enroll and also pass the word to everyone through the hotline. I am not sure what it shows as the default coverage for the still working FAs who also need to make sure their coverage is correct, including their dependents when they enter their choices. A lot of people might be going under the wrong assumption that the coverage will default to what they have now if they do not make new elections. The other problem I found is that it does not show my Group Term 1 Basic Life for 5000.00 that I pay 0.73 cents a month to continue and the Group Term 2 Basic Life for 20,000.00 that I pay 2.92 per month to continue. Both amounts are being taken from my pension check every month along with my medical and dental coverage costs. I do not have any idea on how I can continue this coverage if it is not on the page. I will try to call tomorrow to see if I can get an

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explanation from someone (I can feel a headache coming on) but I am not sure who will be able to give me a correct answer.” – NW retiree

- **Pre-Merger NWA (Pre-Bankruptcy) Retiree VEBA Credit Question**

“It was recommended that I contact you regarding my problem with 2010 benefit enrollment for my spouse's medical coverage. Her 2009 coverage is as follows: NWA Medical Option (single coverage) \$181.32 with VEBA credit of \$163.19 for net cost per month of \$18.13. Delta's open enrollment worksheet for 2010 coverage shows Medical/retiree NWA Medical Option \$406.01 with default to "no coverage" (fyi I am over 65 and on Medicare), Medical/spouse NWA Medical Option \$470.75 with default to "no coverage" and no VEBA credit specified. Our dental option is okay. Per section 29 of my contract, my wife's medical premium cannot exceed 7% above the previous year. I have contacted Delta twice without much success. I was advised that they would "look into it" and get back to me at a later date. My wife has had the VEBA credit since 2007 and now it appears that someone has "dropped the ball". Any help would be greatly appreciated. Thank you.”