

# ON THE HORIZON

## 2011 HEALTHCARE PREMIUMS

**WHO THIS APPLIES TO:** The premiums found in this document apply to all active and inactive Pre-merger Northwest flight attendants during the 2011 healthcare plan year. For additional assistance contact the 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.

### ACTIVE EMPLOYEE PREMIUMS

Active employee premiums apply when you are currently on active status and in some cases, inactive status. For verification of when these rates apply during inactive status, please contact the Employee Service Center.

Medical Options				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Gold HRA	\$75.00	\$163.00	\$127.00	\$214.00
Silver HRA	\$29.00	\$61.00	\$48.00	\$79.00
Diamond HSA	\$46.00	\$98.00	\$77.00	\$128.00
Ruby HSA	\$29.00	\$61.00	\$48.00	\$79.00
Gold OOA HRA	\$85.00	\$179.00	\$141.00	\$238.00
PPO Option A	\$94.78	\$208.52	\$164.17	\$277.91
PPO Option B	\$103.80	\$224.06	\$177.14	\$337.77
PPO Option B OOA	\$103.80	\$224.06	\$177.14	\$337.77

Dental Options				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Preventive	\$3.00	\$6.00	\$9.00	\$12.00
Comprehensive	\$10.00	\$21.00	\$23.00	\$33.00
DeCare Dental	\$10.00	\$21.00	\$23.00	\$33.00
Dental Option B	\$8.17	\$15.75	\$17.99	\$24.97

Vision Option				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Davis Vision	\$6.38	\$11.48	\$12.12	\$19.13

For those employees in Hawaii, your options may include Health Plan Hawaii and the options listed above. Employees in Puerto Rico are limited to Humana Health Plan of Puerto Rico and an Out-of-Area (OOA) option. Please contact the Employee Service Center for these premiums.

## INACTIVE PREMIUMS

100% premiums may apply during inactive status. Please contact the Employee Service Center at 1-800 MY DELTA (1-800-693-3582), Monday through Friday, 8 a.m. to 5 p.m. Eastern Time to determine when these premiums would apply to your particular situation.

<b>Medical Options</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Gold HRA	\$322.10	\$708.62	\$557.92	\$944.44
Silver HRA	\$276.08	\$606.24	\$476.25	\$807.55
Diamond HSA	\$303.32	\$668.24	\$524.88	\$889.80
Ruby HSA	\$256.00	\$563.99	\$443.00	\$751.00
Gold OOA HRA	\$322.10	\$708.62	\$557.92	\$944.44
PPO Option A	\$351.04	\$772.29	\$608.05	\$1,029.30
PPO Option B	\$413.23	\$874.73	\$694.70	\$1,311.05
PPO Option B OOA	\$413.23	\$874.73	\$694.70	\$1,311.05

<b>Dental Options</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Preventive	\$10.90	\$22.36	\$31.36	\$42.89
Comprehensive	\$35.98	\$73.30	\$81.57	\$118.83
DeCare Dental	\$35.98	\$73.30	\$81.57	\$118.83
Dental Option B	\$40.85	\$78.73	\$89.97	\$127.85

<b>Vision Option</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Davis Vision	\$6.38	\$11.48	\$12.12	\$19.13

## COBRA PREMIUMS

COBRA continuation coverage is a temporary extension of coverage under the plans after you or your eligible dependents lose group health coverage in certain circumstances. You, your spouse, your dependent children, your domestic partner/same sex spouse and your domestic partner's children could become qualified beneficiaries if coverage under the plans is lost because of a qualifying event. In the event you qualify for COBRA continuation coverage and elect such coverage, the following COBRA premiums would apply for 2011:

<b>Medical Options</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Gold HRA	\$328.54	\$722.79	\$569.08	\$963.33
Silver HRA	\$281.60	\$618.36	\$485.78	\$823.70
Diamond HSA	\$309.39	\$681.60	\$535.38	\$907.60
Ruby HSA	\$261.12	\$575.27	\$451.86	\$766.02
Gold OOA HRA	\$328.54	\$722.79	\$569.08	\$963.33
PPO Option A	\$358.06	\$787.74	\$620.21	\$1,049.89
PPO Option B	\$421.49	\$892.22	\$708.59	\$1,337.27
PPO Option B OOA	\$421.49	\$892.22	\$708.59	\$1,337.27

<b>Dental Options</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Preventive	\$11.12	\$22.81	\$31.99	\$43.75
Comprehensive	\$36.70	\$74.77	\$83.20	\$121.21
DeCare Dental	\$36.70	\$74.77	\$83.20	\$121.21
Dental Option B	\$41.67	\$80.30	\$91.77	\$130.41

<b>Vision Option</b>				
Plan	Employee	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Family
Davis Vision	\$6.51	\$11.71	\$12.36	\$19.51

For a detailed description of COBRA continuation coverage and eligibility guidelines, please refer to the "COBRA Continuation Coverage" section of the 2010 Healthcare Benefits Handbook found on Employee Connection. You can also contact the Employee Service Center at 1-800 MY DELTA (1-800-693-3582), Monday through Friday, 8 a.m. to 5 p.m. Eastern Time for further information.

## THINKING ABOUT RETIRING?

If retirement from Delta might be in your near future, you will have many decisions to make. Upon retirement, Delta will give you an enrollment opportunity to continue, change or discontinue the healthcare coverage you had before retirement, if you are eligible for these coverages. You can change your medical, dental and/or vision options, and drop or add eligible dependents. Note, the premiums currently shown here may change for 2012 and beyond.

<b>Medical Options</b>				
Plan	Retiree Only	Spouse Only	Child(ren) Only	Family
Gold HRA	\$669.84	\$669.84	\$235.82	N/A
Silver HRA	\$584.46	\$584.46	\$200.16	N/A
Diamond HSA	\$693.89	\$693.89	\$221.56	N/A
Ruby HSA	\$314.10	\$314.10	\$187.00	N/A
Gold OOA HRA	\$669.84	\$669.84	\$235.82	N/A
PPO Option A	\$682.59	\$682.59	\$257.01	N/A
Plan	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
PPO Option B	\$415.19	\$896.27	\$708.60	\$1,189.69
PPO Option B OOA	\$415.19	\$896.27	\$708.60	\$1,189.69

<b>Dental Options</b>				
Plan	Retiree Only	Spouse Only	Child(ren) Only	Family
Preventive	\$10.90	\$10.90	\$20.46	N/A
Comprehensive	\$35.98	\$35.98	\$45.59	N/A
DeCare Dental	\$35.98	\$35.98	\$45.59	N/A
Plan	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Dental Option B	\$40.85	\$78.73	\$89.97	\$127.85

<b>Vision Option</b>			
Plan	Retiree Only	Spouse Only	Child(ren) Only
Davis Vision	\$6.38	\$6.38	\$5.74

For more information about retirement eligibility and the options available to you, please refer to the "Thinking About Retiring" section of the 2010 Healthcare Benefits Handbook found on Employee Connection. You can also contact the Employee Service Center at 1-800 MY DELTA (1-800-693-3582), Monday through Friday, 8 a.m. to 5 p.m. Eastern Time for further information.

Premiums shown are 100% of the monthly cost and do not reflect any applicable subsidy.

**WINNING TOGETHER**  
FOR YOUR BENEFIT