

# ENROLLMENT FOR 2010 BENEFITS

| <b>OPEN ENROLLMENT</b> |  |
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| Q1                     | When is Delta's annual open enrollment period?   |
| A1                     | <p>The open enrollment period for:</p> <ul style="list-style-type: none"> <li>– active and inactive employees is October 21, through midnight, Eastern time on November 10, 2009</li> <li>– retiree participants is October 28, through midnight, Eastern time on November 17, 2009</li> </ul> <p>This is the only opportunity for pre-merger Delta and pre-merger Northwest employees to choose their 2010 benefits.</p>  |
| Q2                     | How do I enroll?   |
| A2                     | <p><b>ENROLL ONLINE VIA BENEFITS DIRECT</b></p> <p>Enrolling is easy! Go online to <a href="http://dlnet.delta.com">http://dlnet.delta.com</a>. 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 <a href="http://dlnet.delta.com">http://dlnet.delta.com</a>.</p> <ul style="list-style-type: none"> <li>– After going to <a href="http://dlnet.delta.com">http://dlnet.delta.com</a>, 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</li> <li>– 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]</li> <li>– On the Self-Service home page, mouse over "Benefits" on the top toolbar and click on the "Benefits Direct" link</li> <li>– Once in Benefits Direct, click the link for "Health, Disability &amp; Insurances" on Benefits Direct</li> </ul> <p>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.</p> |
| Q3                     | Will there be a tutorial that can show me how to access Benefits Direct and use the Health Plan Evaluator?   |
| A3                     | Yes. A tutorial will be available on Employee Self-Service in mid-October.   |
| <b>HEALTHCARE</b>      |  |
| Q1                     | 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 <sup>th</sup> out of 41 PPO plans. Was this our plan they were talking about?   |
| A1                     | 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  |

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|    | 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.  |
| Q2 | Can groups covered by a labor agreement choose to enroll in Delta's account-based medical options?   |
| A2 | 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.  |
| Q3 | How can I learn more about Delta's account-based medical options?  |
| A3 | A variety of communications is planned. <ul style="list-style-type: none"> <li>– In mid-September, a brochure explaining the Delta Account-Based Healthcare plan medical options, including the newly added PPO Option A, will be mailed to each employee's home</li> <li>– Early October UnitedHealthcare's pre-enrollment Web site will be available. To see an account-based plans video, log on to myHealthcareView.com using the username <i>delta</i> and the password <i>delta</i></li> <li>– Early October through early November – over 40 face-to-face employee meetings in select cities and Webinar presentations. A schedule will be posted later this month on the Health &amp; Insurance page of Employee Connection on DeltaNet</li> <li>– The Health &amp; Insurance page of Employee Connection has a lot of additional reference material for you to review prior to Open Enrollment</li> </ul> |
| Q4 | How can I find out if my healthcare provider participates in the UHC network?  |
| A4 | 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> .  |
| Q5 | What if I live in Minnesota, North Dakota, South Dakota, or western Wisconsin? What network will I have access to?   |
| A5 | 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 pre-enrollment 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   |
| Q6 | What if I am a pre-merger Northwest employee currently under treatment from a physician that does not participate in the UnitedHealthcare network?   |
| A6 | 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.  |
| Q9 | 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?   |
| A9 | BCBS will be providing a list of all open case management cases to UHC. UHC will send a Welcome Letter to all members on the list provided, 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.   |

| <b>DENTAL</b> |  |
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| Q1            | What if I am a pre-merger Delta employee and have dental work in progress as of January 1, 2010?   |
| A1            | For work on root canals and major restorative services (crowns, bridges, dentures) started prior January 1, 2010, and completed after 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.  |
| Q2            | Will DDMN honor a pre-treatment estimate obtained by my prior carrier for services after January 1 <sup>st</sup> ?   |
| A2            | 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.   |
| Q3            | How is orthodontic treatment in progress handled?  |
| A3            | <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"> <li>o Treatment type (procedure number)</li> <li>o Total fee for treatment</li> <li>o Number of months treatment will take place</li> <li>o Provider signature</li> <li>o Claim form completed by orthodontist or member</li> </ul> <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>  |
| Q4            | 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?   |
| A4            | 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.   |
| Q5            | What are the advantages of using a DDMN network dentist?   |
| A5            | <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"> <li>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</li> <li>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</li> </ul> |
| Q6            | Can I use any dentist?   |
| A6            | 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.   |
| Q7            | How are claims submitted?  |
| A78           | 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.   |
| Q8            | Will I receive a dental ID card?   |
| A8            | 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.   |

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| Q9                                   | How will Flexible Spending Account (FSA) reimbursement be handled for dental claims through DDMN?   |
| A9                                   | 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   |
| <b>DISABILITY</b>                    |   |
| Q1                                   | 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?   |
| A1                                   | 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 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. |
| Q2                                   | When will I find out more details on how my NW sick time will be converted to Delta's certified sick time program?  |
| A2                                   | Pre-merger NW employees who are transitioning to the Delta absence plans on January 1, 2010, will receive personalized statements in October detailing their sick time conversion plan.   |
| <b>LIFE INSURANCE</b>                |   |
| Q1                                   | 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?   |
| A1                                   | 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 the year, you should continue to review or update your beneficiary designation online on RADAR.   |
| Q2                                   | Will I have to complete the evidence of insurability (EOI) process in order to continue my optional and spouse life insurances in 2010?   |
| A2                                   | No. EOI will only be required if you wish to increase your coverage above certain levels (as is currently the case at Delta and Northwest).   |
| <b>ACCIDENT (AD&amp;D) INSURANCE</b> |   |
| Q1                                   | 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?  |
| A1                                   | 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.  |
| <b>LONG-TERM CARE INSURANCE</b>      |   |
| Q1                                   | I already have long-term disability (LTD) coverage. Why do I need long-term care insurance?   |
| A1                                   | 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.  |