



SUMMARY PLAN DESCRIPTION
FOR THE

INSURANCE TRUST FOR DELTA RETIREES BENEFIT PLAN

January 1, 2016

This brochure contains a summary in English of the benefits and rights under the Insurance Trust for Delta Retirees Benefit Plan. If you have difficulty in understanding any part of this pamphlet, you can get help in Spanish by contacting the Retiree Service Center at 1 (877) 325-7265.

Este panfleto contiene un resumen en Inglés de los beneficios y derechos bajo el Insurance Trust for Delta Retirees Benefit Plan. Si tiene dificultad en comprender cualquier parte de este panfleto, puede obtener ayuda en español llamando al centro de servicio se retiró a 1 (877) 325-7265.

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Insurance Trust for Delta Retirees (“ITDR”) Benefit Plan

Summary Plan Description

INTRODUCTION

This document constitutes the summary plan description (the “SPD”), as required by Section 102 of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), and U.S. Department of Labor Regulation Sections 2520.102-2 and 2520.102-3, for the Insurance Trust for Delta Retirees Benefit Plan, effective as of January 1, 2014 (the “Plan”).

There are two benefit components provided under the Plan:

1. Under the ITDR Group Health and Welfare component (referred to in this SPD as the “Insurance Plan”), eligible individuals may enroll in coverage for Medicare supplement-type insurance (including a Medicare Part D Prescription Drug Plan), dental insurance and vision insurance. Information concerning the Insurance Plan and the types of insurance benefits available under the Insurance Plan is provided in Annex A of this SPD.
2. Under the Hardship component (referred to in this SPD as the “Hardship Plan”), eligible individuals may be eligible for payment or reimbursement of the premiums they owe for medical insurance under the ITDR Medical Insurance Plan. Information concerning the Hardship Plan is provided in Annex B of this SPD.

The Insurance Plan benefits are funded by group insurance policies paid for with member contributions. The premiums payable under such insurance policies are issued by the respective insurance companies and are subject to change upon each annual renewal of the insurance policies. Eligible individuals may receive a premium subsidy from Delta Air Lines, Inc., as detailed on page A-3 of this SPD.

The ITDR has established a reserve fund that may be available to offset Medical and Prescription Drug Plan premiums payable by Insurance Plan participants in the future. The reserve fund, as explained in this SPD, is held by Charles Schwab Bank (“Schwab”).

The Hardship Plan benefits are self-funded and are payable solely from funds on hand in a trust account (the “Hardship Trust Account”) also held by Schwab. Under the Hardship Plan, the ITDR will pay or reimburse insurance premiums paid by those eligible individuals identified by the ITDR’s Third Party Administrator (the “TPA”), Mercer Health & Benefits Administration, LLC (“Mercer”), as approved for the Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS).

ELIGIBILITY AND PARTICIPATION

Who is Eligible to Participate?

1. In the Insurance Plan:

Age 65 and over retirees, spouses of retirees, survivors of retirees, or active employees of:

- Delta Air Lines, Inc. (“Delta”),
- Delta subsidiaries, or
- Any entity (and its subsidiaries) acquired by Delta, or merged with Delta, where Delta is the surviving entity, who were retired prior to the effective date of the acquisition or merger. (This includes pre-merger Northwest and Republic retirees.)

2. In the Hardship Plan: You must also satisfy the conditions set forth in Annex B of this SPD.

An eligible retiree, spouse, survivor, or active employee who is enrolled for coverage in the Insurance Plan, may also be called a “Participant” in this SPD.

When Does Participation Start?

Participation in the Insurance Plan will begin as provided in Annex A. Participation in the Hardship Plan will begin as provided in Annex B.

Electing to Participate; Changes at Annual Enrollment

1. The Insurance Plan:

Your participation in the Plan is voluntary.

- Initial enrollment: to enroll when you first become eligible to participate in the Insurance Plan, you must complete your enrollment during the 7-month period that begins 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65.
- Each year during the annual enrollment period: you have the option to enroll or decline participation in the Insurance Plan for the following year. Please pay careful attention to the enrollment materials for your rights and responsibilities to enroll for the next year. If you are enrolled in any coverage under the Insurance Plan, and such coverage terminates, future re-enrollment in that coverage under the Insurance Plan is not allowed.

See more details about enrolling in the Insurance Plan in Annex A.

2. The Hardship Plan:

The ITDR has established a process (for those retirees *age 65 and older*) where it automatically receives proof of your eligibility directly from the Prescription Drug Plan insurance company as provided to them by Medicare. This proof satisfies the only requirement for Hardship Plan assistance. The ITDR then authorizes the Hardship Plan to pay your Medical and Prescription Drug Plan premium under the Insurance Plan based on that proof.

See more details about eligibility and approval under the Hardship Plan in Annex B.

When Does Participation Cease?

Participation in the Plan ceases when you are no longer eligible for benefits.

Participation in the Insurance Plan will end upon the earliest of the following dates:

- The last day of the period for which you have made required contributions; or
- The date the Plan terminates.

No rescission of coverage under the Insurance Plan shall occur once an enrollee is covered under the Insurance Plan except for fraud or intentional misrepresentation of material fact. No cancellation of coverage by the Insurance Plan shall occur except for nonpayment of premiums. For more information about Insurance Plan coverage, please see Annex A.

Participation in the Hardship Plan will end upon the earliest of the following dates:

- The date the Plan terminates (including the date on which the funds in the Hardship Trust Account have been fully expended); or
- The date your eligibility ends for the Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS); or
- The last day of your participation in the ITDR Medical Insurance Plan.

For more information about Hardship Plan coverage, please see Annex B.

WHAT IS THE COST?

Participants will be notified of the cost for coverage at the time of initial enrollment in the Insurance Plan, and each year thereafter, in their annual enrollment period materials. There is no cost for Medical and Prescription Drug coverage for Participants in the Hardship Plan.

WHAT ARE THE BENEFITS?

The benefits available to eligible individuals from the Insurance Plan are described in Annex A. The benefits available to eligible individuals from the Hardship Plan are described in Annex B.

CLAIM PROCEDURES

You or any other person entitled to benefits from the Plan may apply for benefits under the Insurance Plan, as set forth in Annex A, and under the Hardship Plan, as set forth in Annex B.

YOUR RIGHTS UNDER ERISA

As a Participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA), for those benefits subject to ERISA. ERISA provides that all Plan Participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, all documents governing the Plan, including any trust agreement, the insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated SPD. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this SPD for the Plan. The Plan must provide this SPD free of charge.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

Enforce Your Rights

In accordance with the appeal processes described in Annex A and Annex B of this SPD, if your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control.

If you have a claim for benefits, which is denied after all required appeals have been made or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Plan, you should contact the Retiree Service Center. Customer Services Representatives are available to answer your questions at 1 (877) 325 - 7265, Monday through Friday, 7:30 am – 8:00 pm, CST. Additionally, if you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefit Security Administration.

ADMINISTRATIVE INFORMATION ABOUT THE PLAN

The following is additional information that the Plan is required to disclose:

Official Plan Name

Insurance Trust for Delta Retirees Benefit Plan

Plan Sponsor

Insurance Trust for Delta Retirees
11330 Lakefield Drive, Building 100
Duluth GA, 30097

Employer I. D. Number

20-8503691

Type of Plan

The Plan is a group health plan that includes various other welfare benefits. The Plan is an “employee welfare benefit plan” within the meaning of ERISA Section 3(1).

Plan Number

The ERISA plan number for the Plan is 510.

Funding Medium

Benefits provided under the Insurance Plan are fully insured. The benefits under the Insurance Plan shall be funded through group insurance contracts for which the premiums are paid by member contributions and where applicable, a collectively bargained subsidy from Delta. The names and contact information for the insurers providing the insurance policies are set forth in Annex A.

Benefits under the Hardship Plan are self-funded from the funds on hand in the Hardship Trust Account. These funds resulted from a one-time single contribution from Delta. No contributions are currently made to the Hardship Trust Account and no contributions currently are anticipated.

The ITDR also maintains a reserve fund which may be used to offset Medical and Prescription Drug Plan premiums in the future.

Type of Administration

The Plan is administered by the ITDR. However, the *benefits* under the Insurance Plan are administered by the respective insurance companies. See the list of benefits and insurance companies in Annex A.

The Plan Administrator may make any rules, interpretations and computations (and take any other actions to administer the Plan) that it considers appropriate, as long as it does not abuse its authority or discretion. These rules, interpretations, computations and actions of the Plan Administrator are binding and conclusive on all persons.

If you have questions concerning benefits or claims, please contact ITDR’s Retiree Service Center operated by the ITDR’s Third Party Administrator (“TPA”), Mercer, at 1-877-325-7265, Option 1.

Plan Administrator

Insurance Trust for Delta Retirees
11330 Lakefield Drive, Building 100
Duluth GA, 30097

Agent for Service of Legal Process

Board of Directors
Insurance Trust for Delta Retirees
11330 Lakefield Drive, Building 100
Duluth GA, 30097

Plan Year

The Plan Year of the Insurance Plan and the Hardship Plan is the twelve-month period January 1st through December 31st.

Future of the Plan

Although the ITDR expects to continue the Plan indefinitely, the ITDR reserves the right to change, suspend or terminate the Plan at any time such action becomes necessary except as otherwise provided in any agreement. As a result, your benefits may change or in the future you may not receive benefits as described. You may be entitled to receive different benefits or benefits under different conditions. In no event will you be entitled to any vested benefits under the Plan.

Governing Documents

This SPD is intended to be a summary of the Plan. It is not intended to cover every detail. Complete details of the Plan are contained in the legal documents that govern the operation and administration of the Plan. If there is any difference between this SPD and the provisions of the legal plan documents, the legal documents will control the benefits and operations of the Plan.

ANNEX A

THE

INSURANCE PLAN

OF THE

INSURANCE TRUST FOR DELTA RETIREES

INTRODUCTION

The purpose of the Insurance Plan is to make available Medicare supplement-type insurance (including prescription drug coverage), dental insurance and vision insurance to eligible age 65 or over Delta-related retirees, spouses, survivors, and active employees.

HOW DOES THE INSURANCE PLAN WORK?

Under the Insurance Plan, eligible individuals may enroll in coverage for Medicare supplement-type insurance (including a Medicare Part D Prescription Drug Plan), dental insurance and vision insurance. The Insurance Plan is funded by member contributions and, where applicable, a collectively bargained subsidy from Delta, as further described below under the “Coverage and Contributions” heading.

The ITDR Board of Directors (the “Board”) may, in its sole discretion, make such rules and regulations as are necessary in the administration of the Insurance Plan. All interpretations, determinations and decisions of the Board with respect to any claim will be made in its sole discretion based on the Insurance Plan insurance contracts and other relevant documents and, except as required by ERISA, will be final, conclusive and binding.

WHAT IS THE DURATION OF THE INSURANCE PLAN?

The ITDR reserves the right to modify, revoke, suspend, or terminate the Insurance Plan in whole or in part, at any time.

WHO MAY RECEIVE BENEFITS UNDER THE INSURANCE PLAN?

In order to receive benefits under the Insurance Plan, you must be age 65 or older and a retiree, spouse of a retiree, survivor of a retiree, or active employee of Delta, Delta subsidiaries, or any entity (and its subsidiaries) acquired by Delta or merged with Delta, where Delta is the surviving entity, who were retired prior to the effective date of the acquisition or merger (including pre-merger Northwest and Republic retirees).

You must be enrolled in Medicare Parts A and B to be eligible to enroll in the ITDR *Medical Insurance Plan* (a component of the Insurance Plan). The benefit options available under the ITDR Medical Insurance Plan work together with Medicare Parts A and B. Your eligibility and participation in the ITDR Medical Insurance Plan includes a Medicare Part D Prescription Drug Plan; together called the “Medical and Drug Prescription Plan”. If you receive your Prescription Drug Benefits through the VA or TRICARE, you are eligible to waive ITDR’s Medicare Part D Prescription Drug Plan, while participating in the Medical Insurance Plan.

HOW DO I ENROLL IN THE INSURANCE PLAN?

Your participation in the Insurance Plan is voluntary. Once you become eligible to participate in the Insurance Plan, you must complete your initial enrollment during the 7-month period that begins 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65. If you have any questions, call a *Personal*

Health Advocate™ at 1 (877) 325-7265, option 2, who will help you to review these plans or any others you may be considering.

Each following year, during the annual enrollment period, you have the option to enroll or decline participation in the Insurance Plan for the following year. Please pay careful attention to the enrollment materials for your rights and responsibilities to enroll for the next year. If you are enrolled in any insurance coverage under the Insurance Plan, and that coverage terminates, future re-enrollment in that insurance coverage is not allowed.

Current members will receive enrollment information in October of each year from ITDR's Retiree Service Center. If you want to keep the same choices for the following year, simply review the terms. You only need to take action if you want to change an election or information on the form. A benefits confirmation statement will be mailed to you in late December, at the close of the Plan Year, showing that your current Plan Year benefits have been continued for the next Plan Year at the next Plan Year's premiums.

WHEN DOES COVERAGE BEGIN AND END?

Your Insurance Plan coverage will begin on the first day of the month following your retirement date, provided you successfully complete the application and enrollment process.

Coverage will end upon the earliest of the following dates:

- The last day of the period for which you have made required contributions; or
- The date the Plan terminates.

No rescission of coverage by the Insurance Plan shall occur once an enrollee is covered under the Insurance Plan except for fraud or intentional misrepresentation of material fact. No cancellation of coverage under the Insurance Plan shall occur except for nonpayment of premiums.

HOW ARE THE INSURANCE PREMIUMS PAID?

What are the Contributions?

The Insurance Plan is funded by member contributions.

A collectively bargained subsidy is available from Delta for eligible participants. If you are eligible for a subsidy, you will be responsible for paying the difference between the subsidy and the total premium.

The subsidy for medical and prescription drug plan premiums applies to a closed group of both non-pilot and pilot retirees, and their respective spouses or survivors, under the agreement between Delta and the Section 1114 Committees representing retirees in Delta's bankruptcy cases.

To be eligible for a subsidy, a retiree, spouse, or survivor **must meet both of the following qualifications:**

- the Delta retiree's retirement date was January 1, 2006, or before, **and**
- the retiree, spouse, or survivor turned age 60 by January 1, 2007.

Eligible Participants will be advised of their calendar year subsidy amounts annually in their enrollment materials (or later if not available at time of materials printing), and on their benefits confirmation statement for the coming year. Delta will review the subsidy and the annual cost of living adjustment each year, and will notify ITDR prior to the close of annual open enrollment of any changes in the subsidy, including discontinuance.

How are premiums paid?

Each year you will be notified of your premium cost in your enrollment materials, and on your benefits confirmation statement.

You pay your monthly premiums in one of two ways:

1. Elect automatic deductions for your premium payments, by completing a SecurePay authorization form.

SecurePay allows you to have funds electronically transferred from your bank account to pay your premiums for the Insurance Trust for Delta Retirees Benefit Plan(s). With SecurePay, your payment will be automatically deducted from your bank account on approximately the 5th business day of every month.

2. Send a check with the appropriate coupon payable to:

Insurance Trust for Delta Retirees
PO Box 10494
Des Moines, IA 50306 - 0494

You must pay your share of the premiums prospectively. If paying by check, your check must arrive by the first of the month that is covered by your payment. For example, your check for September coverage must arrive by September 1st. If you fail to pay the required amount as called for under the policy, your coverage under the Insurance Plan will end.

For information or questions about premium payment methods, please contact the ITDR Retiree Service Center at 1-877-325-7265, Option 1.

WHAT IS THE RESERVE FUND?

The ITDR has established a reserve fund to potentially offset future Medical and Prescription Drug Plan premiums in the future. The reserve fund is funded by a portion of the monthly administrative fee applicable to your monthly Medical and Prescription Drug Plan payment. The reserve fund is held by Schwab in trust for the Insurance Plan Participants.

HOW ARE BENEFIT DETERMINATIONS MADE?

The respective insurance companies that insure the benefits under the Insurance Plan are the named fiduciaries for purposes of determining the amount of, and entitlement to benefits under, the Insurance Plan. Such insurance company has the exclusive responsibility and authority to administer and interpret the Insurance Plan and make conclusive and binding determinations on questions of eligibility and entitlement to benefits. All decisions regarding payment or nonpayment of benefits under the Insurance Plan will be made by the appropriate insurance company in accordance with its reasonable claims procedures as required by ERISA.

MORE INFORMATION ABOUT EACH OF YOUR BENEFITS

Where can I find information about my benefits under the Insurance Plan?

Each insurance company will automatically provide you with a certificate of insurance, as appropriate based on your enrollment elections for medical insurance (including the Medicare Part D Prescription Drug Plan), dental insurance and vision insurance benefits that are available under the Insurance Plan:

- ITDR Medical Insurance Plan: The Hartford Group Retiree Insurance Plan Certificate of Plan Benefits and ERISA Information Supplement
- Medicare Part D Prescription Drug Plan: Express Scripts Medicare Prescription Drug Plan Benefit, Benefit Overview and Plan Renewal Materials
- Dental HMO-Type Plan: Cigna Health and Life Insurance Company Dental Coverage
- Dental PPO-Type Plan: MetLife Preferred Dental Program: MetLife Certificate of Insurance
- Vision Plan: National Guardian Life Insurance Company Group PPO Vision Insurance Certificate

The documents above are certificates of insurance that provide important information about your benefits. They include information regarding coverage period, enrollment, premiums, claims, where to find assistance and how to receive answers to your questions.

Copies of the above-referenced certificates of insurance are available without charge. If you need a copy of any certificate, please contact the appropriate insurance company directly, or the ITDR Retiree Service Center at 1-877-325-7265, Option 1.

CLAIMS

Under the ITDR Medical Insurance Plan, eligible Medicare Part A and Part B benefits are paid by original Medicare as the primary payor. Next, Medicare submits any charges remaining directly to The Hartford (ITDR's Medical Insurer), as the secondary payor. You are not involved in the claims process, and you may receive services from any doctor or licensed medical professional that accepts Medicare. There is no network. Additional information regarding the procedures governing claims for benefits under the ITDR Medical Insurance Plan is available in the certificate of insurance from The Hartford which is referenced above in the section titled *MORE INFORMATION ABOUT EACH OF YOUR BENEFITS*.

For information regarding the procedures governing claims for benefits under the prescription drug insurance, dental insurance and vision insurance, please refer to the certificates of insurance referenced above in the section titled *MORE INFORMATION ABOUT EACH OF YOUR BENEFITS*.

If you have questions about the claims procedures, please contact the appropriate insurance company, or the ITDR Retiree Service Center at 1-877-325-7265, Option 3, Monday through Friday, 7:30 am - 8:00 pm CST.

HOW DO I APPEAL A BENEFIT DETERMINATION?

If you are not satisfied with a benefit determination, you may appeal that determination. For information regarding the procedures governing appeals of denied claims for benefits under the medical insurance, prescription drug insurance, dental insurance and vision insurance, please refer to the certificates of insurance referenced above in the section titled *MORE INFORMATION ABOUT EACH OF YOUR BENEFITS*.

If you have questions about the appeals procedures contact The Retiree Service Center at 1-877-325-7265, Option 3, Monday through Friday, 7:30 am - 8:00 pm CST, as described below.

INSURANCE PLAN ADMINISTRATORS AND OTHER INFORMATION

The Insurance Plan is administered by:

Mercer Health & Benefits Administration LLC
c/o: Insurance Trust for Delta Retirees
PO Box 10494
Des Moines, IA 50306-0494

The *ITDR Medical Insurance Plan* is insured by:

The Hartford
Hartford Life and Accident Insurance Company
200 Hopmeadow St.
Simsbury, CT 06089

The *Medicare Part D Prescription Drug Plan* is insured by:

Express Scripts Insurance Co.
One Express Way
St. Louis, Missouri 63121

The *Dental HMO-Type Plan* is insured by:

Cigna Health and Life Insurance Company (Cigna)
280 Trumbull St.
Hartford, CT 06103

The Dental PPO-Type Plan, the *MetLife Preferred Dentist Program (PDP) Plan* is insured and administered by:

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166-0188

The *Vision Plan* is administered by:

Superior Vision, underwritten by:
National Guardian Life Insurance Company
2 East Gilman Street, Madison, WI 53701

The *reserve fund* is held in trust by:

Charles Schwab Bank
Attention: Business Trust Division
211 Main Street, 14th Floor
San Francisco, California 94105

ANNEX B

THE

HARDSHIP PLAN

OF THE

INSURANCE TRUST FOR DELTA RETIREES

INTRODUCTION

The purpose of the Hardship Plan described in this summary is to assist non-pilot retirees of Delta, and their spouses or survivors, enrolled in the ITDR's Medical Insurance Plan, who face serious hardship because of their financial situation and need assistance with paying for medical and prescription drug benefits ("Eligible Individuals").

HOW DOES THE HARDSHIP PLAN WORK?

The Hardship Plan is administered by the ITDR Board of Directors (the "Board"). The duties of the Board are to exercise supervisory control over the Hardship Plan's operation.

The ITDR has established a process where the Plan Administrator automatically receives proof of your Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS) award, directly from the Prescription Drug Plan insurance company as provided to them by Medicare. This proof satisfies the only requirement for Hardship Plan assistance. ITDR then authorizes the Hardship Plan to pay your medical and prescription drug plan premiums under the Insurance Plan based on that proof.

The Board may, in its sole discretion, make such rules and regulations as are necessary in the administration of the Hardship Plan, including grant eligibility requirements. All interpretations, determinations and decisions of the Board with respect to any claim will be made in its sole discretion based on the Hardship Plan and other relevant documents and, except as required by ERISA, will be final, conclusive and binding.

WHO MAY RECEIVE BENEFITS UNDER THE HARDSHIP PLAN?

You may receive benefits under the Hardship Plan if you:

- are a non-pilot retiree of Delta, or a spouse or survivor of a non-pilot retiree;
- enrolled in the ITDR Medical Insurance Plan; and
- are approved for the Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS).

WHAT BENEFITS DOES THE HARDSHIP PLAN PROVIDE TO ELIGIBLE INDIVIDUALS?

Under the Hardship Plan, the ITDR pays or reimburses medical and prescription drug insurance premiums of Eligible Individuals under the ITDR Insurance Plan.

WHEN WILL BENEFITS BE PROVIDED?

For an Eligible Individual, once evidence of eligibility for benefits has been received, the Hardship Plan begins making premium payments, retroactively if appropriate based on confirmed LIS award date.

Further, once approved, the ITDR will send you a letter confirming your approval and assistance grant amount. Please allow 60 days after your approval by Medicare for your Hardship grant to become effective.

Eligible Individuals will be reimbursed for any portion of premiums paid back to their original date of eligibility. Reimbursement will be made no further back than January 1 of that same Plan Year.

The annual benefit approval period ends on December 31 of the Plan Year for which benefits were awarded. Should the Eligible Individual lose eligibility for benefits during that Plan Year, benefits will stop as of the date that eligibility ceased. All benefits under the Hardship Plan are granted for a period of not longer than one Plan Year and must be reconfirmed annually.

WHAT ARE THE REQUIREMENTS FOR RECEIVING A BENEFIT UNDER THE HARDSHIP PLAN?

In order to become an Eligible Individual and receive benefits under the Hardship Plan:

Eligible Persons must have proof of:

Approval for the Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS).

Note that spouses of retirees or survivors must qualify for assistance separately by satisfying the same requirement to be considered for assistance.

WHEN DOES HARDSHIP PLAN COVERAGE END?

Your coverage under the Hardship Plan will end upon the earliest of the following dates:

- The date the Plan terminates (including the date on which the funds in the Hardship Trust Account have been fully expended);
- The date your eligibility ends for the Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS); or
- The last day of your participation in the ITDR Medical Insurance Plan.

WHAT IS THE DURATION OF THE HARDSHIP PLAN?

The ITDR reserves the right to modify, revoke, suspend, or terminate the Hardship Plan in whole or in part, at any time.

HOW IS THE HARDSHIP PLAN FUNDED?

At the time that the Hardship Plan was established, Delta made a single contribution to the Hardship Trust Account which has been applied to provide hardship benefits. The funds in the Hardship Trust Account are invested and the earnings from the investment and reinvestment of such

funds are retained in the Hardship Trust Account. There are no contributions made to the Hardship Trust Account and no contributions are currently anticipated. When all of the funds in the Hardship Trust Account have been fully expended, the Hardship Plan will be automatically terminated.

WHAT IS THE HARDSHIP PLAN APPLICATION PROCEDURE?

No application or action is required on your part. The Plan Administrator automatically receives proof of your Social Security Extra Help With Medicare Prescription Drug Plan Costs Program - Low Income Subsidy (LIS) award, directly from the Prescription Drug Plan insurance company as provided to them by Medicare. This proof satisfies the only requirement for Hardship Plan assistance. The ITDR then authorizes the Hardship Plan to pay your Medical and Prescription Drug Plan premiums based on that proof.

If you question the amount of your benefit under the Hardship Plan, your eligibility for a benefit under the Hardship Plan, or any other aspect of the operation of the Hardship Plan, you must file a written inquiry with the Board. The Board has the sole discretion, based on the Hardship Plan documents, to respond to any request and, except as required by ERISA, any subsequent decisions are final, conclusive and binding. See CLAIMS PROCEDURES below.

CLAIM PROCEDURES

If you believe you are eligible for benefits under the Hardship Plan, but your eligibility was denied or that you were entitled to a premium payment or reimbursement under the Hardship Plan that was not made, you must complete a written claim request which includes sufficient information to identify the substance of your claim, and mail or fax it to the Plan Administrator within 90 days of the date that your eligibility was denied or the payment or reimbursement of the premium should have been made. Your claim is deemed filed when it is received by the Plan Administrator. The Plan Administrator will determine if enough information has been submitted to allow proper consideration of the claim. If not, more information may be requested from you.

In general, the Plan Administrator will notify you of its determination within 30 days after the claim is received, unless the Plan Administrator determines, in its discretion, that special circumstances require an extension of time for processing the claim. If an extension of time is required, a written or electronic extension notice indicating the special circumstances requiring the extension of time and the date by which the Plan Administrator expects to render a decision shall be furnished to you prior to the end of the initial 30-day period.

If your claim for eligibility, payment or reimbursement is approved, you will be paid any amounts owed to you for premiums that you paid as soon as reasonably possible following the determination.

If your claim is wholly or partially denied, you will be notified in writing within 30 days after the Plan Administrator receives your claim.

If your claim is denied in whole or in part and you do not agree with the decision of the Plan Administrator, you may file a written appeal within 180 days following your receipt of the denial notice.

You will be notified in writing of the decision on appeal no later than 60 days after the Plan Administrator receives your request for appeal. If the Plan Administrator determines that an extension of time for processing is required, written notice of the extension will be provided to you prior to the end of the initial 60 day period. In no event shall such an extension exceed 60 days from the end of the initial period.

Note that you cannot file suit in federal court until you have exhausted these appeals procedures.

OTHER INFORMATION

The *Hardship Plan* is administered by:

Insurance Trust for Delta Retirees
11330 Lakefield Drive, Building 100
Duluth GA, 30097

The funds of the *Hardship Trust Account* are held by:

Charles Schwab Bank
Attention: Business Trust Division
211 Main Street, 14th Floor
San Francisco, California 94105

