



Airline Retiree Benefit Plan Service Center

Administered by:
Gilsbar, LLC
P. O. Box 998
Covington, LA 70434-0998

(844) 413-1989

**Airline Retiree Benefit Plan
Benefits Election
Retirees Not Currently Enrolled**

Dear Retiree,

As an Airline industry retiree, spouse, domestic partner or survivor age 65 and over, you are eligible to enroll in the group benefit plans through the **Airline Retiree Benefit Plan**. You are eligible to elect Medical, Prescription Drug, Dental and Vision coverage and pay competitive group rates negotiated by the buying power of the **Airline Retiree Benefit Plan**. Accessibility to these plans is one of the many advantages of being a retired airline industry employee. We encourage you to take advantage of the options available to you.

Some of the plan highlights are outlined below. Please review the enclosed material for details of all plans offered. These plans will be administered by our partner Gilsbar, LLC. Gilsbar has airline benefit specialists ready to assist you with the enrollment process should you have any questions. The number to call is **(844) 413-1989** or you may also get additional information and forms via the web site, which is www.gilsbar.com/AirlineRetireeBenefitPlan.

- **Guaranteed acceptance for enrollees with Medicare Parts A & B – no health questions or medical exams are needed to enroll.**
- **No pre-existing condition limitations when enrolling during your original Medicare Open Enrollment Period!**
- **Competitive group rates**
- **Retiree Medical: No medical networks! Use any Medicare provider, anywhere in the U.S.**
- **Prescription Drug Plan with low co-pays and access to over 67,000 pharmacies nationwide**
- **Part A Inpatient services: If you are hospitalized, you pay \$0!**
- **Coverage of outpatient services**
- **Foreign Travel Benefit of \$100,000**
- **Care Advocate Services: Get help navigating the healthcare system and coordination of your healthcare needs**

RETIREE MEDICAL — The Airline Retiree Benefit Plan Medical Plan through Transamerica Premier Life Insurance Company (nationwide)/Transamerica Financial Life Insurance Company (New York residents) was designed to coordinate with your Medicare coverage. As good as Medicare is, it was never designed to cover every medical cost. That's why many airline retirees, spouses and survivors are purchasing the Airline Retiree Benefit Plan Medical Plan. You will receive a Medical ID card in the mail shortly after enrollment.

PRESCRIPTION DRUG PLAN — Prescription Drug coverage is offered to airline industry retirees through Express Scripts Medicare™ (Employer PDP), and is administered by Benistar. The Express Scripts Plan features no deductible for your prescription drug coverage and offers generic coverage in the Donut Hole. Please see the enclosed benefit guide for more information on the Prescription Drug Plan. After enrollment, you will receive a separate welcome kit from Benistar outlining your benefits thru Express Scripts Medicare™. This will include a Summary of Benefits, formulary information, pharmacy directory and ID cards, as well as information regarding the cost saving Mail Order

option. Should you have questions regarding these materials or your new prescription drug coverage, please call Benistar directly at 1-800-236-4782 or you can visit the plan's website at www.gilsbar.com/AirlineRetireeBenefitPlan.

RETIREE DENTAL PLAN — MetLife offers a comprehensive group dental plan that covers preventive, basic, and major services. Both in-network and out-of-network services are covered, but you'll save more by using one of the over 140,000 in-network provider locations. You will receive a MetLife Dental ID card in the mail shortly after enrollment.

IMPORTANT NOTE:
You must enroll in the Retiree Medical plan to be eligible for the vision plan

RETIREE VISION PLAN — Comprehensive vision coverage for exams, corrective lenses, frames and contact lenses is offered by Superior Vision. Both in-network and out-of-network services are covered, but you'll save more by using in-network providers. You will receive a Superior Vision ID card in the mail after you enroll.

FREE RETIREE HEARING SERVICES DISCOUNT PLAN — Airline industry retirees and their extended families can get discounted services for hearing diagnostics, evaluations and hearing aids (offered through EPIC Discount Hearing Services). There are no enrollment forms to complete. Simply call EPIC at 1-866-956-5400.

Please review the Retiree Healthcare Plan Options and Rates listed in the enclosed documents to decide which of these options will best meet your healthcare needs.

HOW DO I ENROLL IN THE AIRLINE RETIREE BENEFIT PLAN PLANS?

- Fill out the enclosed enrollment form
- Fill out the enclosed PAC Draft Authorization, if you would like your premiums drafted from your bank account
- Sign, date and return the completed forms by faxing to 985-871-1855, scan and email them to admins@gilsbar.com or mail to Gilsbar, LLC; P. O. Box 998; Covington, LA 70434-0998
- Call the Customer Contact Center at **(844) 413-1989** or go online to www.gilsbar.com/AirlineRetireeBenefitPlan, if you have any questions

Reminders

- You may elect the Prescription Drug Plan unless you are enrolled in a government-sponsored plan such as VA or TRICARE. Enrollees in Prescription Drug Coverage must continue to pay their Medicare Part B premium. Prescription Drug coverage is provided by Express Scripts Insurance Company, a PDP plan sponsor with a Medicare contract.
- If enrolling in the Vision Plan, you must also be enrolled in our Retiree Medical Plan.
- You will now have access to a Care Advocate specialist at Gilsbar to assist you with understanding your benefits, what they cover, claims medical billing and coordination of your healthcare needs. Gilsbar's staff will be able to broadly answer benefit questions and help you understand what your plan covers. They can provide expert assistance on issues such as claim denials and out-of-pocket responsibilities. You can receive assistance with the coordination of your care or the care of a loved one. Our healthcare professionals provide counseling to members on medical needs and guide them when seeking help from a physician or after initial care. You can be provided with helpful tips and shortcuts to save time in all of these areas by utilizing this service.
- Discounted services for hearing diagnostics, evaluations, and hearing aids are offered to our retirees at no cost through EPIC Discount Hearing Services. Call EPIC at 1-866-956-5400 to speak with an EPIC professional representative. There is no enrollment form to complete.
- Retiree Medical coverage is underwritten by Transamerica Premier Life Insurance Company (Cedar Rapids, IA) or for NY residents, Transamerica Financial Life Insurance Company (Harrison, NY).

If you have any questions about your retiree benefits or your enrollment, please feel free to contact an airline retiree Benefit Specialist:

(844) 413-1989

www.gilsbar.com/AirlineRetireeBenefitPlan

Sincerely,
Airline Retiree Benefit Plan Board

George M. (Chic) Kavros, Retired IMAAW
Marge Krueger, CWA
Rick Moseley, Pilot
Pamela Murray, Retired Flight Attendant
Don Honevcutt, Reservations



*Airline Retiree Benefit Plan
2018 Benefits Guide*



Welcome to the 2018 Airline Retiree Benefit Plan



This guide includes detailed information regarding the benefit options available to you through the Airline Retiree Benefit Plans.

In this guide, you will find information on the following:

2018 Airline Retiree Benefit Plan—Page 3

This plan is being offered through Transamerica Premier Life Insurance Company (Nationwide)/Transamerica Financial Life Insurance Company (New York residents).

2018 Prescription Drug Plan—Page 7

This Express Scripts Medicare™ plan is being offered through Express Scripts Insurance Company, a PDP plan sponsor with a Medicare contract.

2018 Dental Plan—Page 11

This plan is being offered through MetLife Dental PPO.

2018 Vision Plan—Page 12

This plan is being offered through Superior Vision.

Important Notes

- If you have any questions or need assistance as you review your information, please contact us. The Retiree Service Center customer care representatives are available between the hours of 7:00 a.m. and 7:00 p.m. CT to assist you. Our dedicated toll-free customer care phone number is 1-844-413-1989.
- You will now have access to a Care Advocate specialist at Gilsbar LLC to assist you with understanding your benefits, what they cover, claims medical billing and coordination of your healthcare needs.
- You may enroll in the prescription drug plan unless you currently participate in a government-sponsored plan, such as VA or TRICARE. Enrollees in the Prescription Drug Plan must continue to pay their Medicare part B premium. Prescription Drug Plan benefits are provided by Express Scripts Insurance Company, a PDP plan sponsor with a Medicare contract.
- You must enroll in the medical plan to be eligible for the vision plan.
- Retirees and their extended families can get discounted services for hearing diagnostics, evaluations, and hearing aids through EPIC Discount Hearing Services. This is a FREE service; there are no enrollment forms to complete. Simply call EPIC at 1-866-956-5400.

For more information on the benefit plans available,
Visit our website at www.gilsbar.com/AirlineRetireeBenefitPlan

2018 Airline Retiree Medical Plan — “High Plan”

Underwritten by Transamerica Premier Life Insurance Company

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but the Medicare Part A deductible	100% of the Medicare Part A deductible	\$0
61st thru 90th day	75% of the Medicare Part A deductible	25% of the Medicare Part A deductible	\$0
91st day and after:	50% of the Medicare Part A deductible	50% of the Medicare Part A deductible	\$0
While using 60 lifetime reserve days			
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	87 1/2% of Medicare Part A deductible	12 1/2% of Medicare Part A deductible	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details please see the Master Policy. This policy's renewability, cancel ability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR*

*Once you have been billed the applicable Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>MEDICAL EXPENSES—In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First Medicare Approved Amounts*</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible).</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible expenses.</p> <p>Part B Excess Charges (above Medicare approved amounts)</p>	<p>\$0</p> <p>Generally 80%</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>Generally 10%</p> <p>Generally 20%</p> <p>100%</p>	<p>100% of Part B deductible</p> <p>10% up to \$1,000</p> <p>\$0</p> <p>\$0</p>
<p>BLOOD First 3 pints Next Medicare Approved Amounts*</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible).</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible expenses.</p>	<p>\$0</p> <p>\$0</p> <p>80%</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>10%</p> <p>20%</p>	<p>\$0</p> <p>100% of Part B deductible</p> <p>10% up to \$1,000</p> <p>\$0</p>
<p>CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
<p>HOME HEALTH CARE Medicare Approved Services: medically necessary skilled care services and medical supplies Durable medical equipment: First Medicare Approved Amounts*</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible).</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible expenses.</p>	<p>100%</p> <p>\$0</p> <p>80%</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>10%</p> <p>20%</p>	<p>\$0</p> <p>100% of Part B deductible</p> <p>10% up to \$1,000</p> <p>\$0</p>
<p>FOREIGN TRAVEL Medically necessary emergency services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime max of \$100,000</p>	<p>\$250</p> <p>20% and amounts over \$100,000 lifetime max</p>

2018 Airline Retiree Medical Plan — “Low Plan”

Underwritten by Transamerica Premier Life Insurance Company

Annual Part B Calendar Year Deductible (\$400) must be satisfied before any Medicare Part B outpatient benefits are paid by the plan. Deductible applies to all benefits excluding Hospital Confinement, Skilled Nursing Care, and Prescription Benefits. Only covered benefits count toward meeting the deductible.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but the Medicare Part A deductible	100% of the Medicare Part A deductible	\$0
61st thru 90th day	75% of the Medicare Part A deductible	25% of the Medicare Part A deductible	\$0
91st day and after:	50% of the Medicare Part A deductible	50% of the Medicare Part A deductible	\$0
While using 60 lifetime reserve days			
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	87 1/2% of Medicare Part A deductible	12 1/2% of Medicare Part A deductible	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details please see the Master Policy. This policy's renewability, cancel ability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR*

*Once you have been billed the applicable Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>MEDICAL EXPENSES—In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First Medicare Approved Amounts* Next Approved Amounts</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible). After payment of the standard Part B deductible and an annual benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and benefit deductibles); Thereafter plan pays 20% Medicare eligible expenses. Part B Excess Charges (above Medicare approved amounts)</p>	<p>\$0 Generally 80%</p> <p>Generally 80%</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0 \$0</p> <p>Generally 10%</p> <p>Generally 20%</p> <p>100%</p>	<p>100% of Part B deductible 20% up to \$400</p> <p>10% up to \$1,000</p> <p>\$0</p> <p>\$0</p>
<p>BLOOD First 3 pints Next Medicare Approved Amounts*</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible). After payment of the \$1,000 standard Part B deductible and an annual benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and benefit deductibles); thereafter plan pays 20% Medicare eligible expenses.</p>	<p>\$0 \$0</p> <p>80%</p> <p>80%</p>	<p>All costs \$0</p> <p>10%</p> <p>20%</p>	<p>\$0 100% of Part B deductible 10% up to \$1,000</p> <p>\$0</p>
<p>CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
<p>HOME HEALTH CARE Medicare Approved Services: medically necessary skilled care services and medical supplies Durable medical equipment: First Medicare Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible). After payment of the standard Part B deductible and an annual benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and benefit deductibles); Thereafter plan pays 20% Medicare eligible expenses.</p>	<p>100%</p> <p>\$0</p> <p>80%</p> <p>80%</p>	<p>\$0 \$0</p> <p>10%</p> <p>20%</p>	<p>\$0 100% of Part B deductible 10% up to \$1,000</p> <p>\$0</p>
<p>FOREIGN TRAVEL Medically necessary emergency services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges</p>	<p>\$0 \$0</p>	<p>\$0 80% to a lifetime max of \$100,000</p>	<p>\$250 20% and amounts over \$100,000 lifetime max</p>

2018 Prescription Drug Plan

Express Scripts is an industry-leading pharmacy benefit manager (PBM) with extensive knowledge of Medicare programs and requirements. Express Scripts serves tens of millions of Americans as a PBM for health maintenance organizations, health insurers, employers, union-sponsored benefit plans, third-party administrators, and workers' compensation and government health programs.

Express Scripts' focus is driving out waste while improving health outcomes by coordinating the distribution of prescription drugs. The company offers a combination of services, including clinical management programs, retail drug card programs, home delivery of maintenance medications from the Express Scripts Pharmacy, formulary management programs, and specialty patient care and clinical programs spanning both the pharmacy and medical benefit to enhance care and reduce waste.

Community Pharmacies

Express Scripts has more than 67,000 community pharmacies for your use, including most chain drug stores and many independents. Express Scripts also has the largest Employer Group Waiver Plan (EGWP) in the market.

Mail Order Pharmacy

Ordering prescriptions by mail is like having a pharmacy at your door. It can save you trips to the pharmacy while providing confidentiality in your prescription needs.

Only you know what pharmacy options best suit you. Express Scripts is pleased to offer you the choice of local pharmacies, prescriptions by mail and specialty pharmacies that support you and your specific needs. If you have questions on any of these pharmacy options or your Express Scripts plan, please contact the Express Scripts Member Services staff at **1-888-345-2560** or by visiting

www.Express-Scripts.com

Benefit Overview

Express Scripts Medicare™ (PDP) for Airline Retiree Benefit Trust

YOUR 2018 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including deductible and cost-sharing information.



Deductible Stage	You do not pay a yearly deductible.			
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,750:			
	Tier	Retail One-Month (31-day)	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
	Tier 1: Generic Drugs	Preferred cost-sharing \$15 copayment Standard cost-sharing \$20 copayment	Preferred cost-sharing \$45 copayment Standard cost-sharing \$50 copayment	\$30 copayment
	Tier 2: Preferred Brand Drugs	Preferred cost-sharing \$30 copayment Standard cost-sharing \$35 copayment	Preferred cost-sharing \$90 copayment Standard cost-sharing \$95 copayment	\$60 copayment
	Tier 3: Non-Preferred Drugs	Preferred cost-sharing \$50 copayment Standard cost-sharing \$55 copayment	Preferred cost-sharing \$150 copayment Standard cost-sharing \$155 copayment	\$100 copayment
	Tier 4: Specialty Tier Drugs	Preferred cost-sharing 32.5% copayment Standard cost-sharing 33% copayment	Preferred cost-sharing 32.5% copayment Standard cost-sharing 33% copayment	32.5% copayment
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>				

Coverage Gap Stage	<p>After your total yearly drug costs reach \$3,750, you will pay the following until you qualify for the Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • <i>Brand-name drugs:</i> You pay 35% of the total cost (plus a portion of the dispensing fee). (The manufacturer provides a 50% discount and the plan pays the difference.) • <i>Generic drugs:</i> You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage • an \$8.35 copayment for all other covered drugs

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan’s service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.

- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.express-scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug’s tier and on the coverage stage that you’ve reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan’s list of covered drugs, visit our website at **www.express-scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain



drugs.

- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Notice about the Coverage Gap (Donut Hole)

During the **INITIAL COVERAGE LIMIT** your cost-sharing for the *Medicare Preferred Value Plan* will be: \$15 Generic, \$30 Preferred Brand, \$50 Non-Preferred Brand, and 32.5% Specialty. When the shared costs (what you contribute through your copay and what the Medicare Express Scripts Plan pays) for your drugs exceed \$3,750, you leave the Initial Coverage Phase and enter the coverage gap, also called the “donut hole”.

Please note: the above cost-sharing is for a 31-day supply using the *Medicare Preferred Value Plan*.

Example of how you could get in the Donut Hole:

Assume that during the calendar year in the Initial Coverage Phase, Express Scripts has paid \$2,960 in drug costs and you have paid \$790 in co-pays.

$$\mathbf{\$2,960 + \$790 = \$3,750}$$

(You have reached the Initial Coverage Limit)

Please note: this is only an illustration of how the \$3,750 Initial Coverage Limit can be reached; it could be a different combination of shared costs between you and Express Scripts depending on how your cost-sharing adds up and how much the Express Scripts Plan pays for the drugs. Regardless of how it is met, the total limit is \$3,750.

What happens when I am in the Donut Hole?:

For the 2018 *Medicare Preferred Value Plan* in the Donut Hole:

Preferred Brand and Non-Preferred Brand Drugs: You pay 35% of the cost; the pharmaceutical companies and your drug plan have committed through healthcare reform to pay the other 65%.

Generic Drugs: You will continue to pay the same cost-sharing amount as in the Initial Coverage Stage.

Catastrophic Coverage Limit:

In 2018, the limit for Catastrophic Coverage has been set at \$5,000. After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:

- a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the Initial Coverage Stage member cost share
- a \$8.35 copayment for all other covered drugs

2018 Dental Plan - MetLife Dental PPO

	In-Network	Out-of-Network
Annual deductible (per person)	None	\$50 per person
Preventive Care Exam - (twice per calendar year) Prophylaxis - (twice per calendar year)	No Deductible The Plan pays 100% of discounted in-network fees	No Deductible The Plan pays 80% of reasonable and customary (R&C) charges
Minor Care Oral surgery Extractions Amalgams Endodontics Periodontics	The Plan pays 80% of discounted in-network No Deductible	The Plan pays 50% of R&C charges, after annual Deductible (deductible applies to minor and major care combined)
Major Care Bridgework Dentures Crowns Inlays and onlays Reparation and replacement of bridges, crowns, inlays, onlays, Dentures Implants—1. Provided no more than once for the same tooth position in a 60 month period. 2. Repaired not more than once in a 12 month period. 3. Supported prosthetics but no more than once for the same tooth position in a 5 year period.	The Plan pays 50% of discounted In-network fees No Deductible	The Plan pays 50% of R&C charges, after annual Deductible (deductible applies to minor and major care combined)
Annual Benefit Maximum	\$1,500/person	\$1,000/person

If you have questions, need additional information, or help in locating a participating MetLife dentist (there are over 125,000 nationwide) please call MetLife at 866-526-0965 M-F 8am to 11pm EST or the Airline Retiree Benefit Plan Service Center at 1-844-413-1989.

*For residents of TX, LA, MS and MT out of network preventive care will be covered at 100% due to state mandates.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force.

2018 Vision Plan - Superior Vision Plan

	In-Network	Out-of-Network
Copayments	\$15 Comprehensive Eye Exams; \$25 Materials; \$10 Contact Lens Fitting	
Comprehensive Eye Exam - Ophthalmologist (MD)	Covered in Full	Up to \$37
Comprehensive Eye Exam - Optometrist (OD)	Covered in Full	Up to \$28
Standard Lenses (Per pair):		
Single Vision	Covered in Full	Up to \$32
Bifocal	Covered in Full	Up to \$46
Trifocal	Covered in Full	Up to \$57
Lenticular	Covered in Full	Up to \$84
Contact Lenses (Per pair):*		
Medically Necessary	Covered in Full	Up to \$210
Elective**	\$100 Retail Allowance	Up to \$80
Frames—Standard**	\$125 Retail Allowance	Up to \$64

*Contact lenses are in lieu of eyeglass lenses and frames benefit.

**The insured is responsible for paying any charges in excess of this allowance.

Plan Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Materials Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Materials Discounts on Additional Purchases

Discounts up to 20% on Materials and 30% on Additional Purchases are available through Superior Vision contracted providers identified in the provider directory.

Lens Options and Upgrades (covered pair of lenses)

Factory scratch coat	\$13
Ultraviolet coat	\$15
Standard anti-reflective coat	\$50
High Index 1.6	\$55
Polycarbonate	\$40
Standard photochromic	\$80
Glass coloring	\$35
Plastic, tints, solid, or gradients	\$25

Member pays:

Power over 4.00 Sphere, 2.00D Cylinder & 5.00 Prism	20% discount off retail
Cosmetic finishing, beveling, edging & mounting	20% discount off retail
Miscellaneous options	20% discount off retail

Higher end or brand name lens upgrades are at an additional expense to you. These upgrades will be available at a 20% discount off retail.

View your benefits and provider listing at

www.superiorvision.com

All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan.

Airline Retiree Benefit Plan 2018 Benefit Election Form – Nationwide (Excluding Florida*)



Retiree Medical Plan underwritten by
Transamerica Premier Life Insurance Company, a Transamerica company
Prescription Drug Plan provided Express Scripts Medicare™

Please print clearly in ink or type.

Retiree Information

Retiree's Name: _____
First Middle Last

Retiree's Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

Gender: Male Female Date of Birth: ___/___/___ Social Security #: _____

Date of Retirement: ___/___/___ Medicare ID # (on Medicare Card): _____

Are you enrolled in Medicare Part B? Yes No (Must have Medicare Part B to be eligible for Medical Plan Option)

Spouse / Surviving Spouse Information (Complete if enrolling)

Spouse's Name: _____
First Middle Last

Gender: Male Female Date of Birth: ___/___/___ Social Security #: _____

Date of Retirement: ___/___/___ Medicare ID # (on Medicare Card): _____

Are you enrolled in Medicare Part B? Yes No (Must have Medicare Part B to be eligible for Medical Plan Option)

Please answer the following questions

1. Do you (or your dependent spouse, if enrolling) have any other health insurance, including an employer or union health plan or Medicare Supplement? **Retiree** Yes No **Spouse** Yes No

If YES, with which company or union? Please indicate below:

Person Covered	Company Name	Policy #	Type of Policy	Effective Date	Expiration Date

2. If the answer to question 1 is yes, do you (or your spouse if enrolling) intend to replace these Medicare Supplement or medical policies with this policy or certificate? **Retiree** Yes No **Spouse** Yes No

NOTE: If the answer to question 2 is NO and you intend to continue coverage in another Medicare Supplement or employer/union group health plan, please be aware that this Group Retiree Plan does not coordinate benefits with any other coverage. You do not need to be enrolled in both plans.

3. Do you (or your spouse, if enrolling) have any other prescription drug coverage, including a State Pharmaceutical Assistance Program? **Retiree** Yes No **Spouse** Yes No

If YES, please list other coverage and your identifications number(s):

Name of Coverage	ID # for Coverage	Group # for Coverage

* Not accepting new enrollments for retiree medical coverage from Florida residents.

4. Are you covered by Medicaid? (This is different than Medicare)

Retiree

Yes No

Spouse

Yes No

Release of Information

By joining this plan, I acknowledge that my information will be released to Medicare and other plans as is necessary for treatment, payment and healthcare operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information, I will be dis-enrolled from this plan.

I understand that my signature (or signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understood the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment; and 2) documentation of this authority is available upon request by applicable plan vendors or by Medicare.

Fraud Warning

AR, CO, KY, LA, ME, NM, OH, OK, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

DC and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefits or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD100A.MD

X Signature Print Name
Retiree Signature **Print Name**

X
Date Signed

X Signature Print Name
Spouse/Surviving Spouse Signature (if enrolling) **Print Name**

X
Date Signed

(RM1000GAM)

If you are the authorized representative, please provide the following information:

Name: _____ Address: _____

Phone: _____ Relationship to Retiree: _____

Make Your 2018 Plan Elections

MEDICAL PLAN OPTIONS – coverage through Transamerica Premier Life Insurance Company		
<input type="checkbox"/> I would like to waive Medical coverage.		
Medical “High” Plan – Select the appropriate age bracket	<input type="checkbox"/> Retiree	<input type="checkbox"/> Spouse
	Age 65 – 69 \$147.63	Age 65 – 69 \$147.63
	Age 70+ \$205.49	Age 70+ \$205.49
Medical “Low” Plan – Select the appropriate age bracket	<input type="checkbox"/> Retiree	<input type="checkbox"/> Spouse
	Age 65 – 69 \$109.39	Age 65 – 69 \$109.39
	Age 70+ \$146.09	Age 70+ \$146.09
PRESCRIPTION DRUG COVERAGE – coverage through Express Scripts Medicare™. <i>Enrollees in Prescription Drug Coverage must continue to pay their Medicare Part B premium.</i>		
<input type="checkbox"/> I would like to waive Prescription Drug coverage.		
Choice Plan	<input type="checkbox"/> Retiree Only Coverage	\$144.67
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage	\$144.67
	<input type="checkbox"/> Retiree & Spouse Coverage	\$289.34
DENTAL PLAN OPTIONS – coverage through MetLife Dental PPO		
<input type="checkbox"/> I would like to waive Dental coverage.		
Dental Plan WITH Medical Coverage	<input type="checkbox"/> Retiree Only Coverage	<input type="checkbox"/> Retiree & Spouse Coverage \$91.36 per month
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$47.74 per month	
Dental Plan WITHOUT Medical Coverage	<input type="checkbox"/> Retiree Only Coverage	<input type="checkbox"/> Retiree & Spouse Coverage \$94.47 per month
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage \$50.85 per month	
VISION PLAN OPTIONS – coverage through Superior Vision. <i>You must be enrolled in the medical plan in order to elect vision coverage.</i>		
<input type="checkbox"/> I would like to waive Vision coverage.		
Vision Plan	<input type="checkbox"/> Retiree Only Coverage	\$ 7.62
	<input type="checkbox"/> Spouse Only or Surviving Spouse Only Coverage	\$ 7.62
	<input type="checkbox"/> Retiree & Spouse Coverage	\$14.68

Note: There is an additional \$0.25 VEBA Trust Fee per person in addition to the rates quoted above.

If you have any questions, please contact the Airline Retiree Benefit Plan Service Center at 1-844-413-1989. Representatives are available Monday through Friday from 7:00 a.m. to 7:00 p.m. (Central time).

If you have made a change in coverage, return the entire form to:
AIRLINE RETIREE BENEFIT PLAN
 Administered by Gilsbar, LLC; P. O. Box 998; Covington, LA 70434
 Fax to 1-985-871-1855
 OR E-mail to adminservices@gilsbar.com