

NORTHWEST AIRLINES, INC. HEALTH PLAN COMPARISON – CURRENT VS. NEW

Medical	NWA Health Care Plus	NWA Preferred Medical	NWA Group Medical	New NWA Medical Plan
Contribution Amount	20% all employee groups	20% all employee groups	20% ALPA & Salaried	25% all employee groups*
Tobacco Surcharge				Yes – surcharge of 6.25% for a total employee contribution of 31.25%**
How the plan works	IN – if services rec'd from in-network provider, provider files claims and benefits paid based on allowable charge OUT – if services rec'd from out-of-network provider, patient responsible for filing claims and benefits paid based on R&C	IN – if services rec'd from in-network provider, provider files claims and benefits paid based on allowable charge OUT – if services rec'd from out-of-network provider, patient responsible for filing claims and benefits paid based on R&C	Services rec'd from participating providers, provider files claims and benefits paid based on allowable charge, otherwise patient responsible for filing claims and benefits paid based on R&C	IN – if services rec'd from in-network provider, provider files claims and benefits paid based on allowable charge OUT – if services rec'd from out-of-network provider, patient responsible for filing claims and benefits paid based on R&C
Deductible	In – None Out – \$200/\$600	In – None Out – \$300/\$900	\$200/\$500 ALPA \$200/\$475 Exception – \$100/\$300 IAM/AMFA OOA	In - \$350/\$700 Out - \$700/\$1,400 Index for inflation
Out-of-Pocket Maximum – excludes Rx and MH	In – \$1,000/\$2,000 Out – \$1,500/\$4,500	In – \$1,000/\$2,000 Out – \$3,000/\$6,000	\$1,600/\$4,000	In – \$2,750/\$5,500 Out – \$5,500/\$11,000 Index for inflation
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	In – Unlimited Out – \$1,000,000
Preadmission Certification	In – Provider will call Out – Patient responsible	In – Provider will call Out – Patient responsible	Patient responsible	In – Provider will call Out – Patient responsible
Eligible Expenses	In – Most preventive care covered Out – no preventive care, payment based on R&C	In – Limited preventive care Out – no preventive care, payment based on R&C	No preventive care (except AMFA), payment based on R&C	In – Most preventive care covered (based on age/gender) Out – no preventive care, payment based on R&C
Nurseline	Available through claims administrator	Available through claims administrator	Available through claims administrator	Available through claims administrator
Office Visits	In – \$20/visit Out – 20% after deductible	In – \$20/visit Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible
Preventive Care	In – Most care covered, \$20 copay/visit Out – Not covered	In – Limited care covered, \$20 copay/visit Out – Not covered	Not covered (except AMFA)	In – Most care covered, 10% no deductible (based on age/gender) Out – Not covered

Laboratory Services	In – 0% Out – 20% after deductible	In – 0% Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible
Diagnostic Procedures & X-rays	In – 0% Out – 20% after deductible	In – 10% Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible
Facility Charges – Outpatient	In – 0% Out – 20% after deductible	In – 10% Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible
Emergency Room	In – \$45 copay for facility charge, 0% for physician Out – 20% after \$45 copay for facility charge	In – \$45 copay for facility charge, 10% for physician Out – 30% after deductible	20% after deductible	In – \$100 copay for facility, 20% after deductible for physician Out – \$100 copay for facility, 20% after deductible for physician Only if true emergency, otherwise 20% In or 30% Out after deductible
Hospital – Inpatient	In – 0% Out – 20% after deductible	In – 0% of first \$5,000, then 10% Out – 30% after deductible	0% of first \$4,000, then 20% (\$5,000/PFAA, AMFA, \$7,500/ALPA)	In – 20% after deductible Out – 30% after deductible
Physician Hospital/ Professional Services	In – 0% Out – 20% after deductible	In – 10% Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible
Prescription Drugs	Covered under Rx Plus	Covered under Rx Preferred	Covered under Rx Plan	Covered under Rx
Durable Medical Equipment & Consumable Medical Supplies	In – 0% Out – 20% after deductible	In – 10% Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible Prior auth required on purchases over \$1,000
Mental Health/Chemical Dependency	In – inpatient 0%, outpatient \$20/visit Out – inpatient and outpatient 20% after deductible	In – inpatient combined w/hospital inpatient, outpatient \$20/visit up to \$2,000/year then OON Out – inpatient combined w/hospital inpatient, outpatient 50% after deductible	Inpatient combined w/hospital inpatient Outpatient – MH 20% up to certain \$ limit, then 50% after deductible, CD 20% after deductible limited to 130 hours/yr	In – 20% after deductible Out – 30% after deductible
Maternity	In – \$20 copay first visit, 0% thereafter Out – 20% after deductible	In - \$20 copay first visit, 10% thereafter Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible All moms-to be automatically registered in prenatal program, otherwise subject to precert penalty on IP hosp

Physical, Occupational & Speech Therapy	In – inpatient 0%, outpatient \$20/visit Out – 20% after deductible	In – inpatient 10%, outpatient \$20/visit Out – 30% after deductible	20% after deductible	In – 20% after deductible Out – 30% after deductible Limited to 20 visits/yr IN and OON combined unless add'l authorized by plan
Chiropractic Care	In – \$20/visit limited to 30 visits/year Out – 20% after deductible, limits apply	In – \$20/visit limited to 15 visits/year Out – 30% after deductible limited to 15 visits/year	20% after deductible (IAM 0% up to \$600/yr including maintenance care)	In – 20% after deductible Out – 30% after deductible Limited to 20 visits/yr IN and OON combined, unless add'l authorized by plan
Weight Management/ Bariatric Surgery	In – 0% Out – 20% after deductible Preauth required	In – 10% for physician + hospital inpatient Out – 30% after deductible for physician + hospital inpatient	20% after deductible for physician + hospital inpatient	In – 40% after deductible – covers 4 physician visits/yr for treatment of obesity, 6 dietician visits/yr plus counseling (also cover 2 weight-loss drugs under Rx plan), prior auth required – centers of excellence required where available
Home Health Care	In – 0% Out – 20% after deductible, limited to 40 visits/yr	In – 0% Out – 30% after deductible, limited to 40 visits/yr	20% after deductible, limited to 40 visits/yr	In – 20% after deductible Out – 30% after deductible
Hospice Care	In and Out – 0% with plan approval	In and Out – 0% with plan approval	0% with plan approval	In and Out – 0% with plan approval
Health Threatening Emergencies	Covered as in-network (initial care only, follow-up care paid at IN or OON level)	Covered as in-network (initial care only, follow-up care paid at IN or OON level)	N/A	Covered as in-network (initial care only, follow-up care paid at IN or OON level)
Coordination of Benefits (COB)	Full COB	Full COB	Full COB (except salaried – MOB)	Maintenance of Benefits (MOB)– if NWA is secondary, total payment on claim will be no more than what NWA would have paid as primary plan
Working Spouse Exclusion	No	No	No	Yes, if spouse has coverage available through own employer, not eligible for coverage through NWA

Assumptions:

- Continue Disease Management programs

*Contributions - Part-time IAM employees with less than 1 year of service pay the full cost of coverage. Part-time IAM employees with 1+ years of service will pay a 25% contribution on employee only coverage and the full cost of dependent coverage.

**Tobacco Surcharge - Part-time employees who use tobacco will pay the tobacco surcharge based on employee only coverage.

Prescription Drugs	NWA Rx Plus	NWA Rx Preferred	NWA Rx	New NWA Rx
Deductible	None	None	None	None
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited	Unlimited
In-Network Pharmacy Benefits	\$14/generic \$20/brand 50% for maintenance meds after two fills Up to a 34-day supply	\$14/generic \$20/brand 50% for maintenance meds after two fills Up to a 34-day supply	Varies by labor group \$7/8/14/generic \$10/12/18/20/brand 50% for maintenance meds after two fills for ALPA and Salaried Up to a 34-day supply	Generic 30% - \$10/min, \$50/max Formulary 30% + difference in brand/generic - \$20/min, \$75/max Non-Formulary – 50% + difference in brand/generic - \$35/min, no max Lifestyle drugs 50% + difference in brand/generic - \$30/min, no max 50% for maintenance meds after two fills (min above apply, no max) Up to a 30-day supply
Medco By Mail	\$35/generic \$50/brand Up to a 90-day supply	\$35/generic \$50/brand Up to a 90-day supply	Varies by labor group \$14/16/35/generic \$20/24/36/50/brand Up to a 90-day supply	Generic 30% - \$25/min, \$125/max Formulary 30% + difference in brand/generic - \$50/min, \$187.50/max Non-Formulary 50% + difference in brand/generic - \$87.50/min, no max Lifestyle drugs 50% + difference in brand/generic - \$75/min, no max Up to a 90-day supply
Out-of-Network Coverage	Reimbursed difference between retail price and in-network price, less copay	Reimbursed difference between retail price and in-network price, less copay	Reimbursed difference between retail price and in-network price, less copay	Reimbursed difference between retail price and in-network price, less copay
Formulary	Open	Open	Open	Preferred* Formulary First Coverage Review**
Prior Authorization	Traditional and Smart Auth Programs	Traditional and Smart Auth Programs	Traditional and Smart Auth Programs	Traditional and Smart Auth Programs

Drugs Not Covered	OTC and prescribed medications with OTC equivalents Appetite suppressants (except if approved via prior authorization) Cosmetic medications Contraceptives and contraceptive devices (however, oral contraceptives and contraceptive patches covered in-network and through Medco by Mail) Experimental or investigational medications Replacement prescriptions resulting from loss, theft or breakage Vitamins, except for prescription vitamins
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* Preferred Formulary – includes both single source and multi-source brand drugs. Additions are made to the formulary four times a year; deletions are made two times a year.

** Formulary First Coverage Review – for Proton Pump Inhibitors (PPI). For non-formulary prescriptions of PPIs, stopped at point of sale. Patient offered generic. If doesn't want generic, offered formulary brand. If patient purchases non-formulary PPI, no coverage under Rx plan, patient pays full cost of drug.

Dental	Select Dental Plan	Traditional Dental Plan	New Dental Plan
Contribution Amount	20% all employee groups	20% ALPA and Salaried	20% all employee groups*
How the plan works	Services must be received from network provider, otherwise no dental benefits	If participating dentist used, no claim forms to file and benefits paid based on allowed charge – no balance bill If non-par dentist used, must file claim form and benefits paid based on R&C	IN- if services rec'd from in-network** provider, provider files claims and benefits paid based on allowable charge (no balance billing for amounts over R&C). OUT – if services rec'd from out-of-network provider, patient responsible for filing claims and benefits paid based on R&C. Eliminated in 2008.
Deductible	None	\$50/\$125 for Class II and III services	\$75 /\$225 for Class II and III services. Indexed for inflation
Plan Dollar Maximums	None	Varies by labor group Class I, II & III/person/year \$2,250 – IAM & AMFA \$2,000 – ALPA, PFAA, TWU & Salaried Class IV/lifetime/person \$2,500 – IAM & AMFA \$2,000 – ALPA, PFAA, TWU & Salaried	Class I, II & III/person/year \$2,000 Class IV/lifetime/person \$2,000
Plan Covers	\$0 for most diagnostic & preventive services and many restorative services Other services provided for a copay	Class I – Preventive – 90% Class II – Minor Restorations – 80% after deductible Class III – Major Restorations – 60% after deductible Class IV – Orthodontia – 50% Coverage for dental implants varies by labor group Class III – ALPA, PFAA, TWU & Salaried Class IV – IAM and AMFA	Class I – Preventive – 80% in/ 70% out Class II – Minor Restorations – 70% in/ 60% out (after deductible) Class III – Major Restorations – 60% in/ 50% out (after deductible) Class IV – Orthodontia & Dental Implants – 50% in/ 40% out
Coordination of Benefits	Maintenance of Benefits (MOB)	Full COB (except salaried employees – MOB)	Maintenance of Benefits – if NWA is secondary, total payment on claim will be no more than what NWA would have paid as primary plan

Working Spouse Exclusion	No	No	Yes, if spouse has coverage available through own employer, not eligible for coverage through NWA
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**Participating dentists are included in the network based on selective contracting by DeCare.