

2027

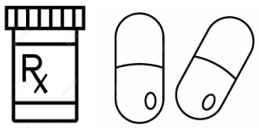
Northwest Retiree Benefit Trust Benefits Guide

For Retirees of Northwest Airlines

Retiree Medical Plan Comparisons

	Premium Plus Plan*	Premium Plan	Value Plan**
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED
Calendar Year Deductible	$0	$0	$400
Out-of-Pocket Maximum	n/a	$1,750	$1,750
Benefits			
Medicare Part A Coinsurance & hospital cost (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	50% until Out-of-Pocket Maximum, then Plan Pays 100%	50% until Out-of-Pocket Maximum, then Plan Pays 100%
Blood - (first 3 pints)	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓
Skilled nursing facility care coinsurance	✓	✓	✓
Part A Deductible	✓	✓	✓
Part B Deductible	✓		
Part B excess charges	✓	✓	✓

* Premium Plus Plan not available to Florida residents
** Premium Plus Plan and Value Plan not available to Washington residents



2027 Prescription Drug Plan

Benefit Overview

YOUR 2027 PRESCRIPTION DRUG PLAN BENEFIT: Northwest Retiree Benefit Trust

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. You have the choice of filling your retail prescriptions at pharmacies with preferred cost-sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

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 $2,400:

Tier	Retail One-Month (31-day) Supply	Retail Two-Month (32-60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy® Home Delivery Three-Month (90-day) Supply
Tier 1: Generic Drugs	Preferred cost-sharing $15 copayment Standard cost-sharing $20 copayment	Preferred cost-sharing $30 copayment Standard cost-sharing $35 copayment	Preferred cost-sharing $45 copayment Standard cost-sharing $50 copayment	$30 copayment
Tier 2: Preferred Brand Drugs	Preferred cost-sharing $50 copayment Standard cost-sharing $55 copayment	Preferred cost-sharing $100 copayment Standard cost-sharing $105 copayment	Preferred cost-sharing $150 copayment Standard cost-sharing $155 copayment	$100 copayment
Tier3: Non-Preferred Drugs	Preferred cost-sharing $70 copayment Standard cost-sharing $75 copayment	Preferred cost-sharing $140 copayment Standard cost-sharing $145 copayment	Preferred cost-sharing $210 copayment Standard cost-sharing $215 copayment	$140 copayment
Tier 4: Specialty Tier Drugs	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	32.5% coinsurance

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.

*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. 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.

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.

Coverage Gap Stage

After your total yearly drug costs reach $5,030, you will pay the following until your yearly out-of-pocket drug costs reach $8,000:

- Brand-name drugs: You pay 25% of the total cost, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)
- Generic drugs: You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.

Catastrophic Coverage Stage

If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.

Benefit Overview *(continued)*

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 express-scripts.com/pharmacies.
- 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.
- A PDF of our printed drug list for 2027 will be available by logging into express-scripts.com/documents beginning on October 15, 2026.
- Most adult Part D vaccines are covered at no cost to you.
- 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.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an Explanation of Benefits (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting 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.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.268.5707 (TTY: 1.800.716.3231).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.
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2027 Dental Plan

MetLife Dental PPO

Coverage Type	IN-NETWORK	OUT-OF-NETWORK* MAC – all states (except 80th for AK & MT)**
Type A: Preventive (no waiting period) (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (6 months waiting period) (fillings, extractions)	80%	80%
Type C: Major Restorative (12 months waiting period) (bridges, dentures)	50%	50%
Deductible†		
Individual	$25	$25
Family	$75	$75
Annual Maximum Benefit		
Per Person	$2,000	$2,000

Late enrollment waiting period: If participant enrolls and drops coverage (or coverage ceases for any reason), there is a 24-month waiting period before they can enroll again. This will be administered by the Vendor.

* In-Network Benefits refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. * Out-of-Network Benefits refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

** Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

† Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subjective to change.

List of Primary Covered Services and Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	1 cleaning in 6 consecutive months
Oral Examinations	1 oral exam in 6 consecutive months
Topical Fluoride Applications	1 fluoride treatment in 12 consecutive months for dependent children up to 14 birthday
Bitewing X-rays: Child/Adult	1 time in 12 consecutive months for adults; 1 time in 6 consecutive months for children
Type B - Basic Restorative	**How Many/How Often**
Full-Mouth X-rays	Full-Mouth X-rays
Sealants	Sealants
Space Maintainers	Space Maintainers
Amalgam Fillings	Amalgam Fillings
Resin Composite Fillings	1 per Tooth Surface per 24 Consecutive Months
Sedative Fillings	
Periodontics – Non-Surgical	1 per quadrant or area in any 24 consecutive month period
Periodontal Maintenance	4 periodontal treatments in 1 year, less regular cleanings
Type C – Major Restorative	How Many/How Often
Inlays/Onlays/Crowns	1 Replacement per 10 years
Prefabricated Stainless Steel and Resin Crowns	1 Replacement per 10 years
Crowns Buildups/Post & Core	1 Replacement per 10 years
Repairs	1 per 12 consecutive months
Recementations	1 per 12 consecutive months
Endodontics - Root Canal	Once per Tooth per Lifetime
Periodontal Surgery – Soft and Connective Tissue Grafts	1 per Quadrant or area in any 36 consecutive month period
Dentures – Complete / Partial / Overdenture	1 replacement per 10 years
Denture Adjustments	1 per 12 consecutive months
Dentures – Rebases/Relines	1 per 36 consecutive months
Implant Services	1 replacement per 10 years
Implant Supported Prosthetic	1 replacement per 10 years
Fixed Bridges	1 replacement per 10 years
Consultations	1 in 12 consecutive months
Occlusal Adjustments	1 in 12 consecutive months
Debridement	1 per lifetime
Tissue Conditioning	1 per 36 consecutive months

The service categories and plan limitations shown above represent overview of your plan benefits.
This document presents the majority of services within each category but is not a complete description of the plan.

2027 Vision Plan

Superior Vision

Vision Care Plan for Northwest Retiree Benefit Trust

Benefits through Superior National network

Plan Frequency	
Exam	12 month
Frame	24 month
Contact lens fitting	12 month
Eyeglass lenses	12 month
Contact lenses	12 month

(based on date of service)

Exams
Eye Exam copay: **$10**
Contact lens fitting[2] copay (standard and specialty): **$10**
Specialty In-network allowance: **$50**

Contacts[4]
In-network allowance: **$100**

Frames
In-network allowance: **$125**

Materilas[1]
Materials copay: **$25**

Need help?
Contact 1(800) 507-3800 or visit **superiorvision.com** for assistance.

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to $32
Bifocal	Covered-in-full	Up to $46
Trifocal	Covered-in-full	Up to $57
Progressives	Covered-in-full	Up to $46

Shop with convenience while using your benefits through these in-network online retailers.

1800contacts GLASSES.COM contactsdirect befitting

2027 Vision Plan

Superior Vision

Lens Add-On Discounts[5]	Your Cost
Anti-scratch coating	$15
Ultraviolet coating	$12
Tints - solid/gradient	$15/$18
Polycarbonate lenses	$40
Blue light filtering	$15
Digital single vision	$30
Progressive lenses (premium/ultra/ultimate)	$110/$150/$225
Anti-reflective coating (standard/premium/ultra/ ultimate)	$50/$70/$85/$120
Polarized lenses	$75
Plastic photochromic lenses	$80
Hi-index (1.67/1.75)	$80/$120

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to $37
Eye exam (OD)	Up to $28
Frame	Up to $64
Contact lens fitting (standard/specialty)[2]	Not covered
Contact lenses	Up to $80

Overage Discounts[5]	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount Over allowance
Disposable contacts	10% off amount Over allowance
Non-Covered Services Discounts[5]	**Amount**
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	$39 cost

Hearing Aid Discounts[5]
Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.

Free Mobile App
With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc.("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

2027 Health Services Hub

WHAT IS HEALTH SERVICES HUB?
Airline Retiree Benefits Plan provides you with exclusive access to Health Services Hub, an online wellness platform that provides the tools to make healthy changes through diet, exercise and access to medical services. It's the perfect solution to track your efforts and help improve your wellness.

Why Do I Need This Service?
The platform brings a variety of health and wellness resources together in one convenient location offering tools to support healthy lifestyle choices through proper nutrition, regular physical activity, and access to medical services.

HIGHLIGHTS
- Personalized workouts
- Daily health tips on nutrition, weight-loss, exercise and disease prevention
- Get answers from board certified physician, psychologists, pharmacists and dentists
- Daily health articles
- Health calculators for self-assessments
- Early detection and prevention tests
- Health risk assessments
- Links to hundreds of additional wellness resources

Help Is at Your Fingertips
Go online for access to this valuable service.

** This private and confidential service is provided by Northwest Retiree Benefit Trust.*

2027 Hearing Plan

Start Hearing – Your Partner in Hearing

American Hearing Benefits has changed to StartHearing

You and your family members have exclusive access to **free hearing consultations** and **discounts up to 48% off all levels of hearing technology** through Start Hearing. These member services are available with your retiree insurance sponsored by your former employer.

Valuable benefits include:



Discounts

- Discounts up to 48% on all Start Hearing hearing aid technologies and styles
- FREE annual hearing consultations for you and your family
- Up to 3-year supply of FREE batteries (40 cells per hearing aid purchased per year)



Other Benefits

- Advanced technology, including rechargeable and Bluetooth® compatible options
- Access to a nationwide network of 3,000+ hearing professional locations



Buy with Confidence

- 60-day risk-free trial period
- FREE deluxe warranty plan* (including loss and damage)
- A year of FREE follow-up office visits, if needed (up to six visits)

Accessing your hearing benefit is easy!

Step 1

Contact us at (888) 612-6837 with questions or to schedule your FREE consultation.

Step 2

Our Hearing Core Advisor will answer questions and work with you to schedule an appointment with a hearing care professional in your area.

Step 3

Once your hearing has been fully evaluated* and it is determined that a hearing aid could benefit you, our professionals will make a recommendation based on your hearing loss, lifestyle and budget.

Step 4

Now begin your life with better hearing. Once you make a hearing aid purchase decision, we give you a 60-day risk-free trial period to be sure you are completely satisfied.

Visit starthearing.com/partners/thehartford
or call us today at

(888) 612-6837

to take advantage of your exclusive member discounts.

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* Professional fees may apply.

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Silver&Fit®

Something For Everyone



The Silver&Fit® Healthy Aging and Exercise program supports every unique member.

Enjoy all of the following, anytime, anywhere, at no cost to you:

On-Demand Workout Videos
Go to **www.SilverandFit.com** or download the ASHConnect™ mobile app to find workout videos for all fitness levels.

Workout Plans
Answer a few online questions about your fitness level and goals to get workouts to help you start an exercise routine.

Standard and Premium Fitness Network Choices
Join thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences for a buy-up price.*

Healthy Aging Coaching
Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions.

Well-Being Club
Learn new skills and focus on your well-being by connecting with others, joining live-streaming classes and events, and viewing exclusive articles and videos.

Home Fitness Kits
Pick one kit per benefit year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swim, and Yoga Kit options.**

Go to **www.SilverandFit.com** to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.p. Pacific time.

*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged.

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