

TVA 80% Coinsurance Plan
2011 Benefits Summary



Covered Services	In-Network Benefits	*Out-of-Network Benefits
Benefit Information		
Deductible		
Individual – In- & Out-of-Network Combined	\$300	\$300
Family – In- & Out-of-Network Combined	\$600	\$600
Out-of-Pocket Calendar Year Maximums		
Individual – In- & Out-of-Network Combined	\$2,500	\$5,000
Family – In- & Out-of-Network Combined	\$5,000	\$10,000
Lifetime Maximum	Unlimited	Unlimited
Services Received at the Practitioner's Office		
Office Exams and Consultations		
Diagnosis and treatment of illness and injury	80% after deductible	70% after deductible
Maternity office visits (if visits are billed separately from global delivery charges)	80% after deductible	70% after deductible
Preventive, including immunizations – Children under age 6	100% Birth to 1 year – 5 exams per year Age 1 up to 2 – 3 exams per year Age 2 up to 3 – 2 exams per year Age 3 up to 6 – 1 exam per year	100% of billed charges Birth to 1 year – 5 exams per year Age 1 up to 2 – 3 exams per year Age 2 up to 3 – 2 exams per year Age 3 up to 6 – 1 exam per year
Preventive Care – Services include but are not limited to: GYN exam, annual routine exam, mammogram screenings, pap smears, prostate screening, audiology screenings, flu and pneumonia shots and related routine diagnostic services. Excludes colonoscopies, which are diagnostic services payable under standard medical benefits.	100%; Flu shots (seasonal and H1N1) also covered at 100%	100% of billed charges; Flu shots (seasonal and H1N1) also covered at 100%
Diagnostic Services		
Allergy Testing	80% after deductible	70% after deductible
Non-Routine Diagnostic Services for illness or injury (includes MRIs, CAT Scans, Nuclear Medicine or other similar technologies)	80% after deductible	70% after deductible
All Other Diagnostic Services for illness or injury (i.e. EKGs, X-rays and Labs)	80% after deductible	70% after deductible

* Unless otherwise noted, all payments based on maximum allowable charge.

**Prescription Benefits administered through Medco.

Covered Services	In-Network Benefits	*Out-of-Network Benefits
Maternity care diagnostic services	80% after deductible	70% after deductible
Mental Health/Substance Abuse		
Inpatient Services	Covered the same as other medical conditions	Covered the same as other medical conditions
Outpatient Services	Covered the same as other medical conditions	Covered the same as other medical conditions
**Prescription Drugs		
Generic		\$10 copay
Preferred Brand		\$28 copay
Non-Preferred Brand		\$43 copay
Mail-Order Pharmacy		2x retail copay for up to a 90-day supply
Vision		
Exam		\$10 copay every 12 months
Lenses		\$10 copay every 12 months
Frames (every 2 years)		\$10 copay up to \$100, then 80% of amount over \$100
Contacts		\$10 up to \$115 allowance per year

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BlueCard PPO Network – Access the PPO network throughout the country using the Blue Network P. To locate providers go to www.bcbst.com and click on Find a Doctor.

Claims Filing – In-network providers will file claims and handle any necessary prior approvals. You are responsible for filing your out-of-network claims and complying with any prior approval requirements. Instructions for getting prior approval are printed on your ID Card.

In-network/Out-of-network – You can receive services from both in-network and out-of-network providers. A higher benefit will be paid for using providers in your network.

BlueAccess – The secure area of www.bcbst.com that allows you to see your EOBs as well as claim, eligibility, benefit and authorization information. You can even order replacement ID cards and update your COB information.

Customer Service – Customer Service can be reached at 1-800-245-7942 from 8 am – 5:15 pm EST, Monday – Friday.

Prior Authorization – Prior approval may be necessary for inpatient admissions and certain outpatient procedures. Providers that are in your network will take care of this process for you. You are responsible for complying with any prior approval requirements when seeing out-of-network providers. Instructions for getting prior approval are printed on your ID Card.

TVA Account page – A host of health tools are available to you through the TVA Account page on www.bcbst.com/members/tva. Tools such as the Health Plan Comparison, Hospital Quality, Treatment Cost Estimator, Hospital Cost, etc. give you the ability to make more informed health care decisions.

Worldwide Coverage – Provides coverage for inpatient hospital care at participating hospitals at the same level of benefits you receive in the U.S.



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