

TVA Plan Overview  
2011 Benefits Summary



Covered Services	Copay Plan		80% PPO Plan		Consumer-Directed Health Plan	
	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits
<b>Benefit Information</b>						
<b>Deductible</b>						
Individual-In- & Out-of- Network Combined	None	None	\$300	\$300	\$1,200	\$2,000
Family-In- & Out-of- Network Combined	None	None	\$600	\$600	\$2,400	\$4,000
<b>Out-of-Pocket Calendar Year Maximums</b>						
Individual-In- & Out-of- Network Combined	\$1,500	\$3,000	\$2,500	\$5,000	\$4,500	\$9,000
Family-In- & Out-of- Network Combined	\$3,000	\$6,000	\$5,000	\$10,000	\$9,000	\$18,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>HSA</b>	N/A	N/A	N/A	N/A	TVA contribution: Individual \$600, Family \$1,200	
<b>Services Received at the Practitioner's Office</b>						
<b>Office Exams and Consultations</b>						
Diagnosis and treatment of illness or injury	100% after \$25 copay	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Maternity office visits (if visits are billed separately from global delivery charges)	100% after \$25 copay (copay applies to first visit only)	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible

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

\*\*Prescription Benefits administered through Medco.

Covered Services	Copay Plan		80% PPO Plan		Consumer-Directed Health Plan	
	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits
Preventive - 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	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	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
Wellcare - Services include but are not limited to: GYN exam, annual routine exam, mammogram screenings, pap smears, prostate screening, audiology screenings, flu & 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%	100%; Flu shots (seasonal and H1N1) also covered at 100%	100% of billed charges; Flu shots (seasonal and H1N1) also covered at 100%	100%; Flu shots (seasonal and H1N1) also covered at 100%	100% of billed charges; Flu shots (seasonal and H1N1) also covered at 100%
<b>Diagnostic Services</b>						
Allergy Testing	100%	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Non-Routine Diagnostic Services for illness or injury (includes MRIs, CAT Scans, Nuclear Medicine or other similar technologies)	100% after \$50 copay per procedure	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible
All Other Diagnostic Services for illness or injury (i.e. EKGs, X-ray & Labs)	100%	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Maternity care diagnostic services	100%	70%	80% after deductible	70% after deductible	80% after deductible	60% after deductible

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Covered Services	Copoly Plan		80% PPO Plan		Consumer-Directed Health Plan	
	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits	In-Network Benefits	*Out-of-Network Benefits
<b>Mental Health/Substance Abuse</b>						
Inpatient	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions
Outpatient	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions	Covered the same as other medical conditions

	Copoly Plan		80% PPO Plan		Consumer-Directed Health Plan	
	<b>Prescription Drugs</b>					
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	80% after deductible; \$10 minimum; \$100 maximum	
Preferred Brand	\$24 copay	\$24 copay	\$28 copay	\$28 copay	80% after deductible; \$24 minimum; \$100 maximum	
Non-Preferred Brand	\$39 copay	\$39 copay	\$43 copay	\$43 copay	80% after deductible; \$39 minimum; \$100 maximum	
Mail Order Pharmacy	2x retail copay for up to a 90-day supply	2x retail copay for up to a 90-day supply	2x retail copay for up to a 90-day supply	2x retail copay for up to a 90-day supply	80% after deductible; 2x retail minimums and maximums for a 90-day supply	
<b>Vision Care</b>						
Exam	\$10 copay every 12 months	\$10 copay every 12 months	\$10 copay every 12 months	\$10 copay every 12 months	NOT AVAILABLE	
Lenses	\$10 copay every 12 months	\$10 copay every 12 months	\$10 copay every 12 months	\$10 copay every 12 months	NOT AVAILABLE	
Frames (every 2 years)	\$10 copay up to \$100, then 80% of amount over \$100	\$10 copay up to \$100, then 80% of amount over \$100	\$10 copay up to \$100, then 80% of amount over \$100	\$10 copay up to \$100, then 80% of amount over \$100	NOT AVAILABLE	
Contacts	\$10 up to \$115 allowance per year	\$10 up to \$115 allowance per year	\$10 up to \$115 allowance per year	\$10 up to \$115 allowance per year	NOT AVAILABLE	

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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](http://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](http://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](http://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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