

TVA Consumer-Directed  
Health Plan (CDHP)  
2009 Benefits Summary



| Covered Services                            | In-Network Benefits                                   | *Out-of-Network Benefits |
|---|---|--------------------------|
| <b>Benefit Information</b>                  |   |                          |
| <b>Deductible</b>                           |   |                          |
| Individual – In- & Out-of-Network Combined  | \$1,150   | \$2,000                  |
| Family – In- & Out-of-Network Combined      | \$2,300   | \$4,000                  |
| <b>Out-of-Pocket Calendar Year Maximums</b> |   |                          |
| Individual – In- & Out-of-Network Combined  | \$4,500   | \$9,000                  |
| Family – In- & Out-of-Network Combined      | \$9,000   | \$18,000                 |
| <b>Lifetime Maximum</b>                     | Unlimited   | Unlimited                |
| <b>Health Savings Account (HSA)</b>         | TVA Contribution:<br>Individual \$500, Family \$1,000 |                          |

**Services Received at the Practitioner's Office**

| Office Exams and Consultations  |   |   |
|---|---|---|
| Diagnosis and treatment of illness and injury   | 80% after deductible  | 60% after deductible  |
| Maternity office visits (if visits are billed separately from global delivery charges)  | 80% after deductible  | 60% after deductible  |
| Preventive, including immunizations – Children under age 6  | 100%<br>Birth to 1 year – 4 exams per year<br>Age 1 up to 2 – 2 exams per year<br>Age 2 up to 6 – 1 exam per year | 100% of billed charges<br>Birth to 1 year – 4 exams per year<br>Age 1 up to 2 – 2 exams per year<br>Age 2 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. Does not include colonoscopies, as these are considered medical. | 100% up to \$500 annual limit per covered member; not covered after limit reached                                 | 100% of billed charges up to \$500 annual limit per covered member; not covered after limit reached                                 |

**Diagnostic Services**

|  |                      |                      |
|--|----------------------|----------------------|
| Allergy Testing  | 80% after deductible | 60% after deductible |
| Non-Routine Diagnostic Services for illness or injury (includes MRIs, CAT Scans, Nuclear Medicine or other similar technologies) | 80% after deductible | 60% after deductible |
| All Other Diagnostic Services for illness or injury (i.e. EKGs, X-rays and Labs)   | 80% after deductible | 60% after deductible |
| Maternity care diagnostic services   | 80% after deductible | 60% 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                                  |
|---|---|---|
| <b>Mental Health</b>                    |   |   |
| Inpatient Services                      | 80% subject to deductible; 60-day calendar year maximum                   | 60% subject to deductible; 60-day calendar year maximum   |
| Outpatient Services                     | 80% subject to deductible; 60-visit calendar year maximum                 | 60% subject to deductible; 60-visit calendar year maximum |
| <b>Substance Abuse</b>                  |   |   |
| Inpatient Services                      | 80% subject to deductible; 150-day lifetime maximum                       | 60% subject to deductible; 150-day lifetime maximum       |
| Outpatient Services                     | 80% subject to deductible; 30-visit calendar year maximum                 | 60% subject to deductible; 30-visit calendar year maximum |
| <b>**Prescription Drugs</b>             |   |   |
| Generic                                 | 80% after deductible; \$10 minimum; \$100 maximum                         |   |
| Preferred Brand                         | 80% after deductible; \$24 minimum; \$100 maximum                         |   |
| Non-Preferred Brand                     | 80% after deductible; \$39 minimum; \$100 maximum                         |   |
| Mail-Order Pharmacy                     | 80% after deductible; 2x retail minimums and maximums for a 90-day supply |   |
| <b>Vision</b>                           |   |   |
| Vision care benefits are not available. |   |   |

### How CDHP/HSA Works

The CDHP is a high-deductible health plan. Once your deductible is met, benefits for covered services are paid at 80% (in-network) and 60% (out-of-network) for the remainder of the year, until the out-of-pocket maximum is met.

Participants in the CDHP may be eligible for an HSA, a tax-exempt trust account. TVA will make a contribution of \$500/individual or \$1,000/family to your HSA once your account is opened. You choose whether or not to make additional contributions. The maximum contribution from all sources is \$3,000/individual or \$5,950/family. Any unused HSA balance can carry over to future years with no limits. You decide whether or not to use your HSA money now for qualified medical expenses, including your deductible, or to save it for future use.

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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.

**Member Self-Service** – Member Self-Service available through BlueAccess, the secure area of [www.bcbst.com](http://www.bcbst.com), allows you to access your EOBs as well as claim, eligibility, benefit and authorization information. Member Self-Service also allows you to 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](http://www.bcbst.com). 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.



[bcbst.com](http://bcbst.com)

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