

TVA 80% Coinsurance Plan  
2010 Benefits Summary



Covered Services	In-Network Benefits	*Out-of-Network Benefits
<b>Benefit Information</b>		
<b>Deductible</b>		
Individual – In- & Out-of-Network Combined	\$300	\$300
Family – In- & Out-of-Network Combined	\$600	\$600
<b>Out-of-Pocket Calendar Year Maximums</b>		
Individual – In- & Out-of-Network Combined	\$2,500	\$5,000
Family – In- & Out-of-Network Combined	\$5,000	\$10,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Services Received at the Practitioner's Office</b>		
<b>Office Exams and Consultations</b>		
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 – 4 exams per year Age 1 up to 2 – 2 exams per year Age 2 up to 6 – 1 exam per year	100% of billed charges Birth to 1 year – 4 exams per year Age 1 up to 2 – 2 exams per year 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
<b>Diagnostic Services</b>		
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
Maternity care diagnostic services	80% after deductible	70% after deductible

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

\*\*Prescription Benefits administered through Medco.

<b>Covered Services</b>	<b>In-Network Benefits</b>	<b>*Out-of-Network Benefits</b>
<b>Mental Health</b>		
Inpatient Services	80% after deductible; 60-day calendar year maximum	70% after deductible; 60-day calendar year maximum
Outpatient Services	80% after deductible; 60-visit calendar year maximum	70% after deductible; 60-visit calendar year maximum
<b>Substance Abuse</b>		
Inpatient Services	80% after deductible; 150-day lifetime maximum	70% after deductible; 150-day lifetime maximum
Outpatient Services	80% after deductible; 30-visit calendar year maximum	70% after deductible; 30-visit calendar year maximum
<b>**Prescription Drugs</b>		
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	
<b>Vision</b>		
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	

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

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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.



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One Cameron Hill Circle  
Chattanooga, TN 37402

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