

Supplement to Medicare 2003

Almost anyone age 65, and anyone under age 65 who receives a Social Security disability benefit, is eligible for Medicare.

The TVA supplement to Medicare provides some benefits which are not paid by Medicare. It supplements and extends your insurance coverage. To determine if you are eligible for this coverage, see next page.

Following is a comparative summary of Medicare benefits through this supplement.

Hospital Insurance (Part A)

Medicare	Supplement
For the first 60 days in a hospital, Part A pays for all the covered services, except for the first \$840.00	Pays the first \$840.00
For the 61st through the 90th day in a Hospital, Part A pays for all covered services except for \$210.00.	Pays the \$210.00 a day for 61st through 90th day.
For 60 additional "lifetime reserve" days, Part A pays for all covered services in a hospital, except for \$420.00 a day	Pays the \$420.00 a day of hospital charges for 60 lifetime reserve days.
Does not pay for more additional days.	Pays for 215 additional days of hospital charges per benefit period.
Does not cover private-duty nurses.	Pays 80 percent of the charge for 480 hours of an in-hospital private-duty licensed nurse per benefit period, if required and nurse is not related to subscriber.
Pays for all covered services in a participating skilled nursing facility for the first 20 days in each benefit period. (See Your Medicare Handbook for requirements.)	NONE
Pays for 80 additional days in the skilled nursing facility per benefit period except for \$105.00 a day.	Pays the \$105.00 a day of skilled nursing facility charges from 21st through 100th day of each benefit period.
NONE	Pays charges not exceeding \$105.00 a day for 100 additional days in the skilled nursing facility after all days provided by Medicare have been used.
For blood transfusions for inpatients, Medicare pays for all but the first three pints each calendar year.	Pays for the first three pints of unreplaced blood or blood plasma not paid by Medicare.

Coverage for a stay in a skilled nursing facility could total as much as 200 days in a calendar year.

Medical Insurance (Part B)

(1) After you meet a \$100 deductible each year (see Your Medicare Handbook), Medicare pays 80 percent of usual, customary, and reasonable charges for many medical services and supplies including:

- Physicians' charges
- Outpatient hospital services
- Use of durable medical equipment
- Oxygen
- Home health services
- Outpatient physical therapy service
- Ambulance

(2) Supplement pays 20 percent of Medicare-approved charges submitted for any Part B medical services and supplies.

The above expenses are not covered when billed for, by, and payable to a hospital inside the United States which is not a Blue Cross member or a Medicare-approved hospital, or to a hospital which is, other than incidentally, a place for the treatment of mental disorders.

In a Blue Cross participating hospital not approved for Medicare, the benefits regularly provided by Medicare will be deducted before these services and supplies become covered expenses.

Benefits Under Medicare and this Supplement

1. Who is Eligible?

Any TVA retiree, spouse, and dependents currently covered under TVA's medical plan who become eligible for Medicare may have coverage under this insurance plan that supplements to Medicare. NOTE: A subscriber who elects to drop this supplement plan will not be able to reenroll at a later date.

2. How to Enroll

If you are currently enrolled in a TVA retiree medical plan, you will automatically be enrolled in the supplement to Medicare plan when you reach age 65.

A retiree or dependent who does not have their premium deducted from their TVA pension check may have payment drafted from their bank account. Call

the TVA Employee Service Center for an autopay form.

3. What it Costs

The monthly total cost is \$215.00 per person.

4. How to Claim Benefits

The following is information on how to file a Part B claim with Blue Cross and Blue Shield (BCBS) for supplement benefits.

Alabama Subscribers

Alabama residents will continue to file claims as they always have filed. Present your card to your provider. Your provider will file your claim with your Medicare number and your TVA number. Medicare will process the claim and then cross over to Medigap for BCBS to process. BCBS has an agreement with BCBS of Alabama to send information to them to process.

TVA Supplement enrollees who are residents of Alabama and who receive a Medicare benefit **outside** Alabama must file the claim with BCBS, not BCBS of Alabama. Follow the procedure outlined below.

1. The party (such as you or your physician) who files the Medicare form must make the following entry in Box 9 of the Medicare claim form:

Medigap-Blue Cross and Blue Shield of Tennessee
P.O. Box 180150

Chattanooga, Tennessee 37402-7150

List the Enrollee's ID No.

List the Enrollee's Group No.

Note: "Medigap" is the name of the national system of notifying supplement insurers.

— OR —

2. Send the original or a Xerox copy of the Explanation of Medicare Benefits (or EOMB as it is sometimes called) to Tennessee BCBS. You must be sure to write your ID number and group number on each EOMB.

The following is information on how to file a Part B claim with Blue Cross and Blue Shield for supplement benefits.

Tennessee Subscribers

Tennessee BCBS does not process Medicare claims for the State of Tennessee. These claims are processed by CIGNA. Therefore, if you have TVA's supplement coverage with Tennessee BCBS, regardless of where you live, you must furnish additional information to Tennessee BCBS for supplement claims processing. Below is an explanation of how to provide this information.

1. The party (such as you or your physician) who files the Medicare form must make the following entry in Box 9 of the Medicare claim form:

Medigap-Blue Cross and Blue Shield of Tennessee
P.O. Box 180150

Chattanooga, Tennessee 37402-7150

List the Enrollee's ID No.

List the Enrollee's Group No.

Note: "Medigap" is the name of the national system of notifying supplement insurers.

— OR —

2. Send the original or a Xerox copy of the EOMB to Tennessee BCBS. You must be sure to write your ID number and Group number on each EOMB.

TVA supplement claims may be filed by you or the Medicare provider at the same time. However, Blue Cross will not process Medicare supplement claims until they receive information on the Medicare payment.

5. Limitations and Exclusions

- Claims filed after limit has expired for filing Medicare claims;
- Injuries or diseases covered by Workers' Compensation;
- Services provided by an employer-sponsored program;
- Services covered under federal, state, or local laws, or by a foreign government;
- Disease contracted or injury sustained as a result of war;
- Services or supplies ordered by the attending

physician or not for treatment of disease or injury;

- Services of blood donors, blood and blood plasma, and packed cells, except as stated as a benefit;
- Services provided to a subscriber during a confinement in a hospital or skilled nursing facility which began prior to the subscriber's effective date;
- Services covered, or which could have been covered under Medicare;
- Benefits provided or services covered under any other policy, plan, or program of health insurance which duplicates the benefits of this program, except when payment by Blue Cross is limited to 20 percent;
- Charges not approved by Medicare.

6. Travel Abroad

The TVA Supplement provides inpatient and outpatient hospital benefits, equivalent to Medicare benefits, and certain physicians, services of the Medicare program while traveling abroad.

Contract

This brochure gives a brief explanation of the benefits. A copy of the contract that gives full details is available on request by calling the TVA Employee Service Center.

Vision Plan Discounts

The vision care plan is administered by EyeMed Vision Care. The vision plan provides you network discounts only for eye exams and the purchase of frames, lenses, lens options, and contact lenses. You use your EyeMed Vision Care Identification Card to verify your eligibility with a network provider. You pay for your eyewear at the time of purchase.

Managed Prescription Drugs

The Managed Prescription Drug Program includes both a retail card plan and a home delivery service plan. The plan is administered by Medco Health Solutions, Inc. The home delivery service plan is handled by Medco Health Home Delivery Pharmacy Service and the retail card plan is handled by Medco Health Prescription Solutions, Inc. They are both registered trademarks of Medco Health Solutions, Inc.

Key features of the plan include electronic claims filing for all in-network drug purchases, and copayments for the purchase of generic and brand name drugs. The copayments apply to both retail and mail service prescriptions.

Retail pharmacies are for short-term medications. You can purchase up to a 30-day supply at a retail pharmacy for one copayment. The mail service pharmacy is for “maintenance” type prescriptions. You can purchase up to a 90-day supply for one copayment.

A copayment is a fixed price that is paid for each prescription.

You must satisfy a combined retail and mail service deductible of \$50.00 per person per calendar year. After the deductible has been satisfied, the

	Retail (30-day supply)	Mail Service (90-day supply)
Generic	\$10	\$15
Brand	\$30	\$55
Non-Formulary	\$35	\$65

More information is available in the Medco Health Solutions, Inc. brochure or by calling 1-800-818-0890 or TVA Employee Service Center at 1-888-275-8094.

following copayments must be made by you:

What is Formulary?

A formulary is among the most powerful tools available to make sure you receive safe, effective and affordable prescription drugs. Simply put, a formulary lists preferred drugs that physicians are recommended to prescribe and pharmacists are recommended to dispense. You are encouraged to ask your physician to prescribe your medications from this list, as appropriate.

Besides listing the drugs preferred to treat a particular condition, a formulary excludes many drugs determined to be obsolete, ineffective, unproved, of questionable safety, or wastefully expensive.

For questions concerning prescription drugs, call Medco Health Solutions, Inc. at 1-800-818-0890 or TVA Employee Service Center at 1-888-275-8094.

Numbers to Know

TVA Employee Service Center
400 W. Summit Hill Drive, WT CP-K
Knoxville, Tennessee 37902
1-888-275-8094

Blue Cross-Blue Shield of Tennessee
P.O. Box 180150
Chattanooga, Tennessee 37402-7150
1-800-565-9140

Blue Cross-Blue Shield of Alabama
450 Riverchase Parkway
East Birmingham, Alabama 35298
1-800-624-3966

Medco Health Solutions, Inc.
P.O. Box 2187
Lee's Summit, Missouri 64063-2187
1-800-818-0890

EyeMed Vision Care
8600 Governor's Hill Drive
Cincinnati, Ohio 45249
1-877-226-1115