Retiree Dental Open Enrollment

November 2 - December 15, 2015

- Open Enrollment Fact Sheet
- Delta Dental Information Sheet
- Delta Dental Enrollment Form
- Delta Dental Direct Debit Application

Retiree Dental Plan – Open Enrollment - November 2 – December 15, 2015

An open-enrollment period for the retiree dental plan through Delta Dental of Tennessee will be held from November 2 through December 15. TVA retirees (or spouses of deceased retirees) are eligible to enroll if they receive monthly retirement benefits from the TVA Retirement System, the Civil Service Retirement System, or the Federal Employees Retirement System.

The effective date of coverage will depend on the date the form is received by Delta Dental of Tennessee. If the enrollment form is received by Delta Dental by December 15, coverage will be effective January 1, 2016. Open enrollment forms received by Delta Dental after December 15, 2015, will not be processed.

IMPORTANT! There will be a **six-month waiting period** for retirees who did not enroll in the plan when first eligible and enroll during this open-enrollment period. The waiting period will apply to all "major services" except: oral surgery, periodontics and endodontics. The six-month waiting period means that no benefits are payable under the plan until coverage in the plan has been in effect for six months. AGAIN, THIS WAITING PERIOD APPLIES ONLY TO RETIREES WHO DID NOT ENROLL WHEN FIRST ELIGIBLE AND WHO ENROLL NOW DURING THIS OPEN-ENROLLMENT PERIOD. IT DOES NOT APPLY TO RETIREES WHO ENROLL WITHIN 30 DAYS OF BECOMING ELIGIBLE FOR THIS PLAN.

Retirees or their family members who were enrolled in this plan previously and have since cancelled their coverage cannot re-enroll in the plan.

The monthly premiums for 2016 will be $33.42 for individual coverage and $78.87 for family coverage.

Enrollment packages will be available on November 2 at www.tva.com/retireeportal (see Health Care Benefits). Packages will also be available beginning November 2 by E-mailing TVAEmployeeBenefits@tva.gov or by calling 865-632-8800, 423-751-8800, or toll-free at 1-888-275-8094.

Premium payment options include:

Monthly deduction from TVA Retirement System benefit (beginning with the fourth month of coverage)	Enrollees choosing this option must include with the enrollment forms a check or money order for the first three months of coverage
Monthly bank draft from designated bank account (fee of $1 per transaction)	Enrollees choosing this option must include Direct Debit Application with enrollment forms
Monthly credit card payment through VISA or MasterCard (fee of $1 per transaction)	Enrollees choosing this option must provide credit card information on enrollment forms
Payment of 12-month premium in full upon enrollment	Enrollees choosing this option must include check or money order with enrollment forms

Enrollment forms must be returned to Delta Dental of Tennessee, 240 Venture Circle, Nashville, TN 37228-1699, Attn: TVA Administrator. Do not return the enrollment form to TVA.

Questions about premium payment, effective date of coverage, benefits, and confirmation of enrollment, claims, and all other customer service matters must be directed to Delta Dental at 1-800-223-3104.

DELTA DENTAL

TVA Retirees

Group #1500
Effective Date 01/01/16

Delta Dental PPO Plus Premier Network	
Calendar Year Maximum	**$1,500**
Annual Deductible Applies to Basic and Major Only	**Per Person $50** **Family $150**
Diagnostic and Preventive Services • Oral examinations (2 exams in a 12 month period) • Prophylaxis cleanings (limit of 2 in a 12 month period) • X-rays (covered as required but not more frequently than 1 set of bitewing x-rays in a 12 month period; full mouth x-rays once every 36 months) • Fluoride treatment (covered not more than twice in a 12 month period for persons to age 19) • Space maintainers to age 15	**100%**
Basic Services • Restorative (fillings) • Sealants to age 16 • Repairs (full and partial dentures) • Simple Extractions	**80%**
Major Services • Crowns • Bridges • Partial dentures • Full Dentures • Denture Reline & Rebase • Oral Surgery (surgical extractions) • Periodontics (treatment of gums and bones supporting teeth) • Endodontics (root canal therapy) • Implants	**50%**

Age and frequency limitations apply. For a detailed description of your benefit plan, please review your Certificate of Coverage

Finding a Participating Delta Dental Dentist
There are over 189,000 participating dental locations in the nation. To verify participation status, visit Delta Dental's web site at **www.DeltaDentalTn.com** (choose Delta Dental PPO or Premier), call our Customer Service Department at 615- 255-3175 inside the Nashville calling area or 1-800-223- 3104 outside of Nashville, ask your group administrator, or simply ask your dentist if he/she is a participating Delta Dental dentist.

Maximum Plan Allowance (MPA)
You are not responsible for charges exceeding the MPA if you go to a participating Delta Dental dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.

When do Benefits Start?
Benefits are available immediately for any services you receive after the effective date of your plan.

This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your group administrator.

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228
1-800-223-3104
(615) 255-3175
www.DeltaDentalTn.com

MONTHLY RATES

Employee Only: $33.42
Family: $78.87

(Other payment options may be available for those who do not receive a pension check. If your payment is not made on an annual basis or monthly deduction from TVARS, there will be a service fee of $1.00 per transaction.)

Please see your enclosed enrollment form for payment options.

IF YOU DROP COVERAGE, YOU MAY NEVER RE-ENROLL

Choosing Your Dentist

You may choose any licensed dentist. However, it is to your advantage to choose a participating Delta Dental dentist. Here's why:

- Claim forms will be completed and submitted at no charge. Non-participating dentists may require you to complete forms yourself or to pay a service charge.
- Payment will be based on Delta Dental's Maximum Plan Allowance fee. You only have to pay your co-insurance; you are not responsible for charges exceeding the Maximum Plan fee.
- Because Delta Dental reimburses its dentists directly, they agree to charge you no more than your co-insurance and/or deductible; you don't have to pay the whole bill and wait for reimbursement.
- If a non-participating dentist's fees exceed the industry average Maximum Plan Allowance, you must pay the difference plus your co-insurance. You may also have to pay the entire bill in advance.

The Advantage of Pre-determination

If you're thinking about having dental work done that will cost you more than $300, ask your dentist to request a pre-determination before starting treatment. This will let you know approximately how much the work will cost and what your share of the costs will be. Pre-determination is not a guarantee of benefits.

Benefit Waiting Period

For retirees who did not enroll in the plan when first eligible, but enroll during an open enrollment period, there is a six month waiting period for Crown Repair, Major Restorative Services, Relines and Repairs, Implant Repair, and Prosthodontic Services. This waiting period does not apply to retirees who enroll within 30 days of becoming eligible for this plan.

Optional Services

Services that a subscriber or covered dependent decide to have provided, which are more expensive than those that Delta Dental of Tennessee pays for, are called Optional Services. In these cases, Delta Dental of Tennessee's payment will be limited to what would normally be paid and the subscriber will be responsible for the remainder of the dentist's fee.

For example, if your benefit plan allows for amalgams only even though a metal or porcelain inlay is suggested by your dentist, Delta Dental of Tennessee will pay for only the cost of the amalgam.

What is not Covered?

- Cosmetic surgery or procedures for purely cosmetic reasons; services for congenital or developmental malformations; treatment to restore tooth structure lost from wear; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; treatment to stabilize teeth (equilibration, periodontal splinting or double abutting on bridges).
- Services for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- Services rendered by a dentist beyond the scope of his license; services performed by any person other than a dentist or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Oral hygiene instruction, dietary instructions, prescribed drugs or other medication, experimental procedures, or conscious sedation.
- General anesthesia is only a benefit when administered by a properly licensed dentist in connection with covered surgery services.
- Dental services for which the eligible person incurs no charge; dental services to the extent that charges for such services exceed what would have been made and actually collected if no coverage existed hereunder.
- Temporary partial dentures are a benefit only when anterior teeth are missing.
- Porcelain, gold or veneer crowns are not covered benefits for children under 12; nor fixed bridges or cast partials for children under 16.
- Services for injuries or conditions which are compensable under Worker's Compensation or Employer's Liability Laws; services which are provided to the eligible person by any Federal, State or local agency, unless this exclusion is prohibited by law.

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DELTA DENTAL

Delta Dental of Tennessee Attn: TVA Administrator
240 Venture Circle
Nashville, TN 37228-1699
Telephone 800-223-3104

TVA RETIREES ENROLLMENT GROUP 1500

RETIREMENT DATE	

FIRST NAME	M I	LAST NAME

STREET ADDRESS

CITY	STATE	ZIP

SOCIAL SECURITY NUMBER	DATE OF BIRTH mm/dd/yy	M	F	PHONE NUMBER
- -	/ /			( ) -

Please list the dependents that you wish to be covered below.	Email address:	

FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX		BIRTH DATE
	M	F	
SPOUSE:			/ /
CHILD:			/ /
CHILD:			/ /

PAYMENT OPTIONS

		Check One	Special Instructions *Monthly bank draft and credit card deductions are made on the 24th of each month
	01	**TVARS Deduction- monthly** Single - $33.42 Family - $78.87 These deductions will begin on the 4th month	**Must include a check or money order in the amount of $100.26 for single or $236.61 for family for 3 months of premium**
	02	*** Bank Draft- monthly** ($1.00 per transaction)	**Complete Direct Debit Application**
	03	*** Credit Card- monthly** ($1.00 per transaction) Circle One **VISA** **Master Card**	**Account Number** **Exp Date**
	04	**Annual Premium** Single- $ 401.04 Family- $ 946.44	**Send check with enrollment form** **Make payable to Delta Dental of Tennessee**

IF YOU DROP COVERAGE, YOU MAY NEVER RE-ENROLL

I agree to make the required contribution. I certify that the information contained in this form is true and correct to the best of my ability.

Signature: Date:

For Delta Use Only	E.D.

Delta Dental Plan of Tennessee

240 Venture Circle, Nashville, TN 37228-1699
(615) 255-3175 (800) 223-3104 FAX (615) 244-8108

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

Name_____Social Security Number _____

I (we) hereby authorize **Delta Dental Plan of Tennessee,** herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) [ ] CHECKING [ ] SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME_____BRANCH _____

CITY_____STATE _____

ROUTING NUMBER_____ACCT NUMBER _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S)_____ID NUMBER _____
(PLEASE PRINT)

DATE_____SIGNED_____SIGNED _____

YOUR ACCOUNT WILL BE DRAFTED ON THE 24th DAY OF EACH MONTH
($1.00 will be added for each transaction)

ATTACH A VOIDED CHECK

SAMPLE CUSTOMER 1500
ANY STREET
ANY TOWN, STATE

DATE _____

PAY TO THE ORDER OF_____$ _____

AMOUNT_____DOLLARS

BANK
CITY, STATE

FOR_____ _____

I:000000000 I:1500 00000000000 ll

ROUTING NUMBER ACCOUNT NUMBER