

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

The TVA Supplement to Medicare provides some benefits that are not paid by Medicare. It supplements and extends your insurance coverage. To determine if you are eligible for this coverage, see the 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 \$1,260.	Pays the first \$1,260.
For the 61st through the 90th day in a hospital, Part A pays for all covered services except for \$315 per day.	Pays the \$315 per day for 61st through 90th day.
For 60 additional "lifetime reserve" days, Part A pays for all covered services in a hospital, except for \$630 a day.	Pays the \$630 a day of hospital charges for 60 lifetime reserve days.
Does not pay for 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 \$157.50 a day.	Pays the \$157.50 a day of skilled nursing facility charges from 21st through 100th day of each benefit period.
Does not pay for additional days.	Pays charges not exceeding \$157.50 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 units 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 \$147.00 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. The Supplement pays 20 percent of Medicare-approved charges submitted for any Part B medical services and supplies. The Supplement will not pay if Part B does not pay.

The above expenses are not covered when billed for, by and payable to a hospital inside the United States that is not a Blue Cross member or a Medicare-approved hospital, or to a hospital that 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 or dependent currently covered under TVA's medical plan who becomes eligible for Medicare may receive coverage under this insurance plan that supplements Medicare.

**Note:** A subscriber who elects to drop this Supplement plan will not be able to re-enroll 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.

Medicare Part D (prescription drug) coverage is part of the Supplement Plan. You do not need to enroll in a separate Medicare Part D plan. Your enrollment in the Supplement Plan will be reported to Medicare.

Be sure to notify TVA Employee Benefits if you, or a covered dependent, become eligible for Medicare before reaching age 65 so that your enrollment and premiums can be adjusted.

#### 3. What it costs

The monthly premium is **\$276.00** per person. This does not reflect any pension supplement or contribution you may receive to help offset the cost of your medical coverage.

A retiree or dependent who does not have the premium deducted from a TVA pension check must have payment drafted from a bank account. Call TVA Employee Benefits for an autopay form.

#### 4. How to claim benefits

BlueCross BlueShield of Tennessee (BCBST) receives Medicare claims through a Coordination of Benefits Agreement (COBA) with Group Health Inc. (GHI). As a result of this agreement, BCBST will automatically receive your Medicare claim regardless of where services are rendered within the U.S.

#### What you need to do

Always show your Medicare and TVA Medicare Supplement identification card to your provider at the time of service. If the provider accepts Medicare assignment for payment, he or she will file a claim for you.

Upon enrolling in the TVA Medicare Supplement plan, be sure to provide BCBST with your Medicare ID (HICN) number. BCBST will send this number to GHI to identify the claims that need to be processed for secondary payment.

If your claims are not being crossed over from Medicare, call BCBST at 800-245-7942 and verify that your Medicare ID number is on file.

#### 5. Limitations and exclusions

- Claims filed after the limit for filing Medicare claims has expired
- 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 not ordered by the attending physician or not for the 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 that began prior to the subscriber's effective date
- Services covered, or that could have been covered, under Medicare
- Benefits provided or services covered under any other policy, plan, or program of health insurance that 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 you are 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 TVA Employee Benefits.

### Vision Plan Discounts

The vision care plan is administered by BCBST in partnership with EyeMed. The vision plan provides network discounts only for eye exams and the purchase of frames, lenses, lens options, and contact lenses. You use your BCBST Identification Card to verify your eligibility with a network provider, and you pay for your eyewear at the time of purchase. If your provider has an issue verifying your benefits, give them plan #9242991.

### Managed Prescription Drugs

The Tennessee Valley Authority Medicare Prescription Drug Plan is administered by Catamaran. The plan includes both retail and home delivery of prescription

drugs. The home delivery mail-order service plan is administered by Catamaran Home Delivery.

The prescription drug coverage under the Supplement Plan meets Medicare Part D requirements and may provide greater coverage than that offered by other Medicare Part D plans.

Key features of the plan include electronic claims filing for all in-network drug purchases, copayments for the purchase of generic and brand-name drugs and continued coverage across the Medicare Part D coverage stages.

Medicare Part D drugs are organized into four categories, or tiers, of different drug types. Your copayment depends on which tier your drug is in.

### Deductible and Copayments

There is a \$100 deductible (combined retail and mail) for prescription drugs. After the deductible has been satisfied, you pay the copayments shown below.

	<b>Retail</b> (31-day supply)	<b>Mail Service</b> (90-day supply)
Generic (Tier 1)	\$15	\$30
Preferred brand name (Tier 2)	\$40	\$80
Nonpreferred brand name (Tier 3)	\$80	\$160
Specialty (Tier 4)	\$80	\$160

Once your total drug costs reach \$2,960, your copayments may be reduced. Refer to your Evidence of Coverage for more information.

### Retail Purchases

Retail pharmacies are used for short-term medications. You can purchase up to a 31-day supply at a retail pharmacy for one copayment. You can purchase a 90-day supply at a retail pharmacy and pay three times the retail copayments shown above with the exception of Specialty (Tier 4), which is two times the retail copayment shown above.

## Home Delivery (Mail Service) for Maintenance Medications

The home delivery (mail-order service) is administered by Catamaran Home Delivery. This service is for maintenance-type prescriptions. Maintenance medications are those you use on an ongoing basis to treat chronic medical conditions like high blood pressure, allergies, and high cholesterol. To use home delivery, contact your physician for prescriptions for your maintenance medications. The prescription should be written to prescribe up to a 90-day supply with refills as appropriate for up to one year. You must mail the first home-delivery order for a medication to Catamaran Home Delivery. Catamaran mail-order forms are available at [www.mycatamaranrx.com](http://www.mycatamaranrx.com) or by calling Catamaran Member Services at 855-207-5871. Because it could take up to two weeks to receive your first home-delivery order, be sure you have enough medication on hand to last until it is received.

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## Definitions

**Formulary** — lists all drugs covered by your prescription drug plan. It is among the most powerful tools available to make sure you receive safe, effective and affordable prescription drugs. You are encouraged to discuss with your physician the drugs that are covered under your plan.

**Noncovered drugs** — drugs that are not covered at all by Medicare Part D plans, meaning that the plan pays nothing and the patient pays the full cost for those noncovered drugs.

**Nonpreferred brand name drugs** — brand name drugs that are covered by the formulary but may not be as cost-effective as similar preferred brand name drugs.

**Preferred brand name drugs** — brand name drugs that are medically sound, cost-effective alternatives to higher-priced drugs.

**Specialty drugs** — include a category of expensive, generally biotechnological medications that are used to treat patients with serious and complex conditions and may require special administration and handling.

You may be taking drugs that are not covered on the formulary, or that are subject to certain restrictions. You should review your formulary that you receive with your ID card, or contact Catamaran Member Services at 855-207-5871 to verify if your current medications are covered, and then discuss with your physician which drugs are appropriate for you under this drug plan. More information is available in the Prescription Drug Formulary and Evidence of Coverage booklets that are mailed by Catamaran to plan participants each fall.

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## Numbers to Know

BlueCross BlueShield of Tennessee	1 Cameron Hill Circle Chattanooga, TN 37402	800-245-7942
Catamaran	Attn: Medicare Part D P.O. Box 3410 Lisle, IL 60532-8410	855-207-5871 TTY 711
TVA Employee Benefits	Attn: Employee Benefits 400 W. Summit Hill Drive, WT 8D Knoxville, TN 37902	TVA Connect: 888-275-8094 Select Benefits

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