An Overview of Your 2026 Benefits

Presented by:



Retiree Dental Open Enrollment



October 15 – December 1

- Coverage will take effect Jan. 1, 2026
- Monthly premiums
 - \$33.42 for Individual
 - \$78.87 for Family
- Eligible if at least 5 years of TVA service
- Waiting period of at least 6 months (may be longer if previously enrolled)
- Enrollment packet available through Delta Dental or at tva.com/retireeportal
- Contact Delta Dental with questions: 800-223-3104



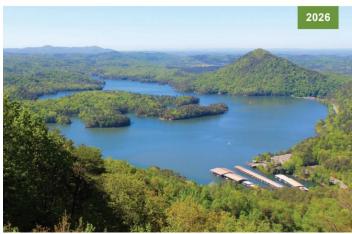
2026

Pre-65 Retiree Medical Plan

Election Period October 15 - November 12

BENEFITS GUIDE





Look for information in the following places:

- Tva.com/retireeportal
- Election Period Guide to be mailed to retirees' homes in early October
- Q&A sessions will be offered.

NOTE: If changes are not made during the Election Period, you will remain in the same medical plan for 2026, with the exception of the Health Savings Account.



Q&A Sessions

Thursday, October 16 6:30 - 7:30pm ET







Use your smartphone or tablet to scan the QR code to register for one of the sessions above



What's New in 2026?



Health Savings Account vendor transitions to Fidelity

- Fidelity Investments will be the new service provider for TVA's Health Savings Account (HSA).
- This change will require all current HSA participants to take action during the Election Period. You must return the Election Form included in your Guide to authorize TVA to open an account for you with Fidelity.
- Failure to act will result in delayed/cancelled TVA Employer Contributions.
- TVA will offer a one-time opportunity to transfer your HSA Bank funds to Fidelity without any associated fees in the 1st quarter of 2026. Transfers outside of this TVA sponsored event will be charged a \$25 closure fee by HSA Bank.
- For more information see the Fidelty HSA Employee Resource Center at: https://www.myfidelitysite.com/TVA-HSA



What's Changing in 2026?

CDHP Gold Deductible Increase

- Deductibles increasing with IRS requirements-
- In-network: \$1,700 Individual and \$3,400 Family
- Out-of-network: \$3,400 Individual and \$6,800 Family

Health Savings Account Annual Contribution Limit Increase

 Maximum annual HSA contribution limit will increase to \$4,400/Individual coverage and \$8,750/Family as set by the IRS





A closer look TVA's medical plan line up



TVA Employee Medical Plan Options



	80% PPO	CDHP- Gold	CDHP - Silver
Administered by BlueCross BlueShield of TN (BCBST)	/	/	/
Provide a nationwide network of providers			<u> </u>
Include prescription drug coverage			
Include vision coverage			
Preventative care covered at 100%			
Access to telemedicine			<u> </u>
Allow for coverage of a spouse and dependent children under the age of 26	/	/	\



Medical Plan Option Comparison

In-Network Provisions	80%PPO	CDHP - Gold	CDHP - Silver
TVA Health Savings Acct. Contribution	-	\$600/\$1,200	\$450/\$900
Deductibles (Single/Family)	\$550/\$1,100	\$1,700/\$3,400	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$3,250/\$6,500	\$4,500/\$9,000	\$5,500/\$11,000
Coinsurance after Deductible	80%	80%	80%
Preventive Care	100%	100%	100%
PCP or Specialist Office Visit	80%	80%	80%
Emergency Room	80%	80%	80%
	Pharr	nacy	
Deductible	Does not apply	Medical Deductible Applies	Medical Deductible Applies
Out of Pocket Max	Combined w/Med OOPM	0 11 1 11 10 0001	
	Combined w/ivied OOPIvi	Combined w/Med OOPM	Combined w/Med OOPM
Retail Generic	\$10 Copay	80% (\$10 min/\$100 max)	Combined w/Med OOPM 80% (\$10 min/\$100 max)
Retail Generic Retail Preferred Brand			
	\$10 Copay	80% (\$10 min/\$100 max)	80% (\$10 min/\$100 max)



Plan Comparison

In-Network Provisions	80% PPO	CDHP - Gold	CDHP - Silver
HSA Employer Contribution	N/A	HSA: \$600/\$1,200	HSA: \$450/\$900
Deductibles (Single/Family)	\$550/\$1,100	\$1,700/\$3,400	\$2,500/\$5,000
Out-of-Pocket Max (Single/Family)	\$3,250/\$6,500	\$4,500/\$9,000	\$5,500/\$11,000

Plan Notes:

- The 80% PPO plan
 - For a family to meet the deductible, at least two family members must acquire \$550 in out-ofpocket expenses
- The CDHP Gold and Silver plans
 - o Compatible with the Health Savings Account (HSA) and eligible for annual employer contribution
 - o Aggregate deductible may be met by one member or a combination of covered members.



Plan Comparison – Pharmacy

In-Network Provisions	80% PPO	CDHP - Gold	CDHP - Silver
Deductible	N/A	Deductible Applies	Deductible Applies
Out-of-Pocket Max	Combined w/Med OOPM	Combined w/Med OOPM	Combined w/Med OOPM
Retail Generic Retail Preferred Brand	Copay \$10 \$30	80% (\$10 min/\$100 max) (\$24 min/\$100 max)	80% (\$10 min/\$100 max) (\$24 min/\$100 max)
Retail Non-preferred Brand	\$50	(\$39 min/\$100 max)	(\$39 min/\$100 max)
Mail Order or Smart 90	2x Retail copay for up to a 90-day supply	80% (min/max at 2x Retail)	80% (min/max at 2x Retail)

Plan Notes:

- The 80% PPO plan
 - Fixed copays
 - o Copays do not apply to deductible, but do apply to the Out-of-Pocket Max
- The CDHP Gold & Silver plans
 - Once deductible is met, 80% coinsurance is applied to pharmacy costs
 - o Pharmacy costs are applied to the deductible and the Out-of-Pocket Max



2026 Medical Plan Premiums

Monthly Premiums	80% PPO	CDHP - Gold	CDHP - Silver
Individual	\$1,024	\$623	\$596
Family	\$2,462	\$1,485	\$1,419



Have questions?



Contact HR Support Services

888-275-8094

Press 1 for Benefits



TENNESSEE VALLEY AUTHORITY