



TVARA CHATTANOOGA CHAPTER MEETING

October 20, 2026



Benefits/Actions to consider under the TVA Group Plan before turning 65!

1. Get your Vision checked.....
 - Vision coverage is not subject to the deductible
2. Get your Hearing checked.....
3. Use your Group Insurance Preventive Care Benefits:
 - Annual routine exam
 - Mammogram screenings
 - Prostrate screenings
4. Stock up on your Prescriptions (90-day supply)

BEFORE the first day of the month you turn age 65



Health Insurance Coverage at Age 65

- TVA group health insurance coverage ends on the last day of the month before your 65th birthday.
- Standard Medicare Part A (Hospital) and Part B (Docs, etc) coverage:
 - Part A premium is zero (most have already paid during working yrs)
 - Part B premium varies based on income (std premium is projected to be about \$210 in 2027, up 3.25% from 2026)
 - Automatic deduction if receiving SS benefits 4 months before
- Medicare Initial Enrollment Period (IEP) – seven months
 - 3 months before + Birthday month + 3 months after

Medicare Enrollment at Age 65

Medicare covers about 80% of the cost of hospital (Part A) and doctors (Part B), for the remaining 20% you can:

1. Self insure the remaining 20%;

OR

2. Purchase Medicare Supplement Insurance (Medigap) for the remaining 20%; AND a Part D meds plan

OR

3. Purchase an Advantage Plan (Part C) which provides:
 - The same coverage as Medicare Part A & Part B
 - Supplemental coverage – the remaining 20%
 - Prescription Drug Coverage (Part D)
 - And other coverages: Dental, Vision, “Silver Sneakers”, etc



Medicare Open Enrollment Period (OEP)

The time each year (October 15 to December 7) when you can review your coverage and make changes to your plans. You can:

- Change from Medicare Parts A & B (Original Medicare) to a Part C (Medicare Advantage) plan
- Change from Medicare Advantage back to Original Medicare (but medical underwriting may be required to obtain a Medigap plan)
- Join, drop or switch a Part D prescription drug plan (strongly encouraged to shop this plan every year – must overcome inertia)
- Switch Medicare Advantage plans



Medicare Advantage Open Enrollment Period

- Starting in 2019, between January 1 – March 31 each year
- If in an Advantage Plan, can switch to another Advantage Plan
- Can switch back to Original Medicare & enroll in a Plan D
- If enrolled in an Advantage Plan during the Initial Enrollment Period, can switch back to Original Medicare or to another Advantage Plan within the first 3 months you have Medicare
- Only one switch is allowed during this period and is effective on the first of the month after the plan gets your request



Medicare Advantage vs Medicare Supplement

- Medicare Advantage (Part C) Plans (HMO-type)
 - Usually have low or even no monthly premium
 - Require copays at the point of service for most everything
 - Require picking from a list of contracted service providers (network)
 - Access to specialists thru the Primary Care Physician (PCP) only
 - 99% of plans require prior authorization for most services
 - Formulary is usually more restrictive
- Medicare Supplement (Medigap) Plans
 - Higher monthly premiums rather than paying at the point of care
 - Plans honored by all providers who accept Medicare (no network)
 - Access to specialists not restricted to referrals thru the PCP only
 - No concerns over traveling/spending time outside of a “network”
 - Requires purchasing a separate Prescription Drug Plan (Part D)



Health Insurance Plan Pricing

- **Community-rated** or no-age-rated plan, all beneficiaries pay the same premiums, regardless of age.
 - Very difficult to find but nine states still require they be offered
 - Comparable to group insurance pricing policies
- **Issue-age-rated** or entry-age-rated plan, premiums are based on your age when you first enroll.
 - Also scarce – but four states prohibit Attained-Age pricing, so...
 - More expensive at first but premiums do not increase due to age
- **Attained-age-rated** plan, premiums are based on your current age in a given year.
 - Most common
 - Expensive over the long term since premiums increase due to age



2027 Medigap Benefits Comparison

Benefit	A	B	C	D	F*	G*	K	L	M	N
Part A coinsurance + 365 hospital days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B coinsurance / copay	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ¹
Blood: first 3 pints	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice coinsurance / copay	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility coinsurance	—	—	100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible	—	100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible	—	—	100%	—	100%	—	—	—	—	—
Part B excess charges	—	—	—	—	100%	100%	—	—	—	—
Foreign travel emergency ²	—	—	80%	80%	80%	80%	—	—	80%	80%
2027 annual out-of-pocket limit	N/A	N/A	N/A	N/A	N/A	N/A	\$8,360	\$4,180	N/A	N/A

— = not covered by the Medigap plan. Percentages apply to the listed benefit, not every medical bill.

¹ Plan N: up to \$20 for some office visits and up to \$50 for ER visits without inpatient admission.

* Standard F/G shown, not high-deductible versions. C/F eligibility restrictions apply.



Coverage notes

- Plans K/L pay 100% of covered services for the rest of the year after BOTH their annual limit and the annual Part B deductible are met.
- Plans C/F are not available to people first eligible for Medicare on or after January 1, 2020.
- High-deductible F/G: 2027 deductible is \$3,050; these versions are not represented in the chart.
- ² Foreign travel emergency coverage is subject to policy limits, including a deductible and lifetime maximum.
- This is a standardized benefits comparison, not insurer premium quotes. Massachusetts, Minnesota, and Wisconsin use different standardization.
- N/A means no standardized annual out-of-pocket limit listed—not zero patient costs.



Prescription Drug Coverage (Part D)

Medicare Advantage Plans include Part D coverage **BUT**

If you select Original Medicare and purchase a Medigap Plan, you will need to purchase a separate Part D plan if you want Prescription Drug Coverage (PDC).

If you have little or no prescription drug use and wait until you need this coverage, there will be a monthly penalty added later to the premium based on the length of delay.

Purchasing this insurance separately allows for switching drug coverage yearly as drug requirements change without impacting hospital or medical coverage.

Part D Insulin protections continue

- For covered Part D insulin, the 2027 monthly cost-sharing limit is the lowest of:
 - \$35; or
 - 25% of the applicable Medicare-negotiated maximum fair price; or
 - 25% of the price negotiated by the drug plan.
- That means \$35 is a ceiling, not necessarily what everyone should pay. There is no deductible. The cost of insulin counts towards the out-of-pocket maximum
- Recommended adult vaccines covered under Part D also continue to have no cost-sharing.



Changes to Costs in 2027

- The standard Part B premium is projected to increase to \$209.50 for 2027, up 3.25% from 2026.
- The Part B deductible is projected to increase to \$292 in 2027, up 3.2% from 2026.
- The average monthly base premium for Part D is expected to remain around \$36 for 2027 but the out-of-pocket maximum increases to \$2,400, a 14% increase and the maximum standard deductible increases to \$700, also a 14% increase.
- The income brackets for high-income premium adjustments for Medicare Part B and D will start at \$112,000 (MAGI) in 2027, a 2.7% increase.
- Adjustments can increase the Part B premium to \$794 and Part D premium to \$132.

Four signs you need to change your Medicare Part D coverage

- Plan formularies change from year to year. Be sure to check yours.
- If your prescription changes, a plan switch could save you money.
- If your plan doesn't have one or two conveniently located pharmacies in-network, that alone is a good reason to contemplate a switch.
- If you're paying a high premium for a plan you're hardly using, consider a lower-cost plan.



Review Medicare Advantage and drug plans carefully

- Some Medicare Advantage plans have reduced supplemental benefits such as dental, vision, hearing, transportation, or over-the-counter allowances. These changes vary by plan; they are not a uniform reduction across Medicare.
- When reviewing your coverage, check:
- Doctors and hospitals: Are your providers in the specific plan's network?
- Prescriptions: Are all your medicines covered, and what will they cost at your preferred pharmacy?
- Total annual expense: Compare premiums, deductibles, copays, and medical out-of-pocket limits—not just the advertised premium.



Health Insurance Purchase Considerations

- You **MUST** use Via Benefits (formerly known as OneExchange) for the purchase of health insurance if you are receiving a TVA Health Care Credit or Contribution and wish to continue this credit through the operation of a Health Reimbursement Arrangement (HRA) account operated by Via Benefits.
- **Get your discounts** (like discounts for women, non-smokers, or people who are married; discounts for paying yearly; discounts for paying your premiums using electronic funds transfer; or discounts for multiple policies).



Additional Recommendations

- You do not have to go through Via Benefits to purchase health insurance (unless you MUST) but the consultation is free so you should hear what they recommend.
- Talk to SHIP, if the recommendation is a different type of coverage, tell them what Via Benefits said and sort it out.
- SHIP will have information on more policies offered in your state.
- The insurance brokers that are cold calling your phone.
- Call the insurance companies directly.
- Independent Insurance Agents are another good resource.
- Retirees not using Via Benefits claimed to have saved money.
- Medicare website for selecting plans is www.medicare.gov (three “sponsors” popped up above the Medicare website)



Remember

Medicare Advantage Plans are essentially guaranteed issue.

- Medicare Advantage plans must cover any pre-existing conditions you may have before enrolling in the plan with the exception of end-stage renal disease (ESRD) or lateral sclerosis (Lou Gehrig's disease).

Health Savings Account (HSA)

- The HSA is vested and portable. Once you reach 65 you may use these funds for Medicare premiums (not Medigap) or other medical expenses on a tax-free basis or for other purposes and pay ordinary income taxes. If you use the HSA funds for other purposes before age 65 you will pay a 20% tax penalty in addition to the income tax.
- If you drop out of the CDHP you can continue to use the HSA funds until depleted but can no longer contribute to the account.

TVA Benefits

- www.tva.com/retireeportal 1-888-275-8094



Medicare Selection Help

The following provide **free** insurance selection counsel:

- VIA Benefits – under contract to TVA to provide Medicare covered retirees with access to a private insurance exchange
 - <https://my.viabenefits.com/tva> 1-844-620-5725 8AM-9PM ET
- State Health Insurance Assistance Program (SHIP) – have more options for coverage since they are not limited to policies on a private insurance exchange
 - <https://www.shiphelp.org> for TN 1-877-801-0044
- Medicare.gov – get on this website and set up MyMedicare.gov
 - <https://www.medicare.gov/medicare-and-you> (the white book)
 - <https://www.medicare.gov/health-drug-plans/medigap/basics>
 - <https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options>