

BENEFITS GUIDE

TVA TENNESSEE
VALLEY
AUTHORITY

2026



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2026 BENEFITS

We understand how important benefits are for you and your family. As a TVA employee, you will have the opportunity to enroll in a wide range of benefit programs during your New Employee Experience.

It is essential to examine your benefits package to ensure it meets your needs. Your choices will be effective on your date of hire or as applicable. Please refer to page 15 for enrollment instructions.

You have 30 days from your date of hire to make initial changes to your elections (or 60 days for FEGLI). After that, you won't be able to add coverage or make changes until the next Open Enrollment period, unless you experience a Qualified Life Event, such as a marriage or the birth of a child.

The More You Know

We encourage you to take time to review this guide, which outlines the cost of your benefits, different plan options and voluntary coverage, before making elections for your benefits.

Consider both health and financial benefits that will support you and your family's health and well-being.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details.

Enrolling in Your Benefits



Sign in at hcm.tva.gov.



Enter your NTID and password.



Go to Main Menu
> Self Service >
Benefits > Benefits
Enrollment.

Complete instructions
are on page 15.

ELIGIBILITY

Employees who work at least 30 hours per week are eligible for the benefits described in this guide.

Any benefit elections made within 30 days of your date of hire will be effective on your date of hire or as applicable. The following dependents are also eligible:

- Your legal spouse
- Your children up to age 26

Changes to Your Benefits

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period; however, you may change your benefit elections during the year if you experience a Qualified Life Event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or a dependent
- Eligibility for Medicare or Medicaid

You have 30 days from the date of the qualified life event to make changes to your coverage, or 60 days to add dependents to medical coverage. Depending on the type of event, you may need to provide proof of the event.

If you do not act within the allotted time following the event, you will be required to wait until the next open enrollment period to change your elections (unless you experience another qualified life event).

Considerations for TVA Families

Medical and Dental

No one may be covered under two separate TVA medical or dental plans. If you and your spouse, parent, or child are annual TVA employees and eligible to enroll in a medical or dental plan, you may not be covered as an employee and as a dependent (spouse or child) of another employee. Also, children may not be covered by more than one parent.

Accidental Death and Dismemberment (AD&D)

You may not be covered as both an employee AND a spouse, parent, or child of another employee. Also, children may not be covered by more than one parent.

Spouse and Child Supplemental Life Insurance

You and your spouse may cover each other, and both of you may cover your child(ren).

Medicare Eligibility

If you or your dependent is covered under a TVA medical plan and also eligible for Medicare coverage, your TVA medical plan generally pays benefits first, and Medicare pays second.

To comply with the Medicare Secondary Payer law, which is designed to ensure employer plans pay first, TVA must collect information from employees and dependents who are eligible for Medicare and provide that information to BCBST.

If Medicare eligible, you must complete the Medicare Eligibility Information form (see KB0012542 in PeopleGateway) and return it to HR Support Services via the PeopleGateway. Contact HR Support Services with any questions.

Participation in Medicare will affect your eligibility to contribute to an HSA. Review and adjust your benefit elections and payroll deductions as necessary.

MEDICAL, PHARMACY AND VISION PLAN OVERVIEW

TVA offers the choice of three (3) medical plans through BlueCross BlueShield of Tennessee (BCBST): 80% PPO, CDHP Gold, and CDHP Silver. All medical options include coverage for vision through EyeMed and prescription drugs through Express Scripts. To select the plan that best suits you, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

Understanding How Your Plan Works



1. Your deductible

- You pay out-of-pocket for most expenses until you reach your deductible. Pharmacy costs go towards the CDHP plan deductibles, but bypass the deductible on the 80% PPO plan.
- If you are enrolled in either of the CDHP plans, you can pay for these expenses using the available funds in your Health Savings Account.
- If you are enrolled in the PPO plan, you can pay these expenses using the available funds in your HealthCare Flexible Spending Account. Enrollment in the HealthCare FSA is voluntary. See page 10 for more information.



2. Your coverage

- Once your deductible is met, you and the plan share the cost of covered medical, pharmacy, and vision expenses with coinsurance. The plan will pay a percentage of each eligible expense and you will be responsible for the balance.



3. Your out-of-pocket maximum

- Your deductible, coinsurance and any copays will apply toward your annual out-of-pocket maximum. If you reach your out-of-pocket maximum, the plan pays 100% of covered medical, pharmacy, and vision expenses for the remainder of the plan year.

(Note: Trades & Labor employees must provide proof of other medical coverage if opting out of coverage.)

Online Tools to Help You Decide

Compare Medication Prices for Each Medical Plan Option.

You can price a medication for a TVA medical plan that you're not currently enrolled in by following these steps:

- Go to express-scripts.com/tva.
- Select the TVA medical plan option you want to review.
- Select Compare Prescription Medication Costs.

Cost Estimator Tool

Estimate costs associated with common procedures, specialists, labs, and more, by using the Cost Estimator Tool.

- Go to BCBST.com.
- Log in, or register if first-time user.
- Under Get Care, click Estimate Costs and follow the prompts.

MEDICAL COVERAGE

Medical and dental premiums can be found on page 8.

Benefits	80% PPO	CDHP Gold	CDHP Silver
Deductible	Medical Only: \$550 Individual; \$1,100 Family*	Medical and Prescription Drugs combined: \$1,700 Individual; \$3,400 Family*	Medical and Prescription Drugs combined: \$2,500 Individual; \$5,000 Family*
Health Savings Account (HSA)	N/A	TVA contribution: \$600 Individual; \$1,200 Family*	TVA contribution: \$450 Individual; \$900 Family*
Out-of-Pocket Calendar Year Maximums – Covered medical, Prescription drugs and vision combined	\$3,250 Individual; \$6,500 Family*	\$4,500 Individual; \$9,000 Family*	\$5,500 Individual; \$11,000 Family*
Preventive Care	100% covered	100% covered	100% covered
Physician Services – Office visit/Office surgery	80% after deductible	80% after deductible	80% after deductible
Maternity Services Office visit (if visits are billed separately from global delivery charges) Diagnostic services Inpatient hospitalization	80% after deductible	80% after deductible	80% after deductible
Allergy Services	80% after deductible	80% after deductible	80% after deductible
Approved Inpatient Hospital Services Semi-private room/Practitioner charges	80% after deductible	80% after deductible	80% after deductible
Approved Outpatient Services Surgery/Practitioner charges/Non-routine diagnostic services All other diagnostic services	80% after deductible	80% after deductible	80% after deductible
Emergency Room Services	80% after deductible	80% after deductible	80% after deductible
Ambulance	80% after deductible	80% after deductible	80% after deductible
Approved Durable Medical Equipment and Supplies, Orthotics And Prosthetics	80% after deductible	80% after deductible	80% after deductible
Mental Health/Substance Abuse – Inpatient/Outpatient	80% after deductible	80% after deductible	80% after deductible
Coinsurance	80% after deductible	80% after deductible	80% after deductible
PCP or Specialist Office Visit	80% after deductible	80% after deductible	80% after deductible

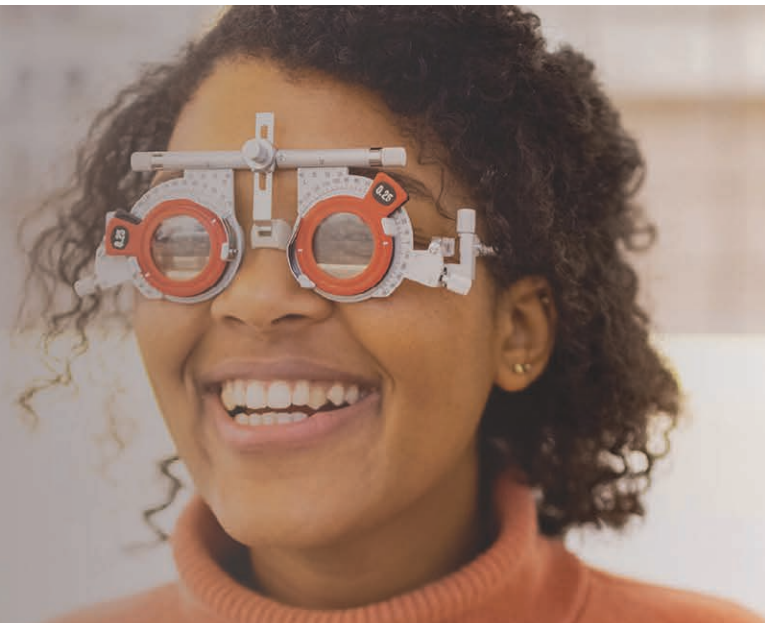
*For those employees on the four-tier structure, Family includes: Individual + Child(ren), Individual + Spouse, and Family.

VISION AND PHARMACY COVERAGE

Benefits	80% PPO	CDHP Gold	CDHP Silver
Prescription Drugs			
Generic	\$10 copay	80% after deductible; \$10 minimum, \$100 maximum	80% after deductible; \$10 minimum, \$100 maximum
Preferred brand	\$30 copay	80% after deductible; \$24 minimum, \$100 maximum	80% after deductible; \$24 minimum, \$100 maximum
Non-preferred brand	\$50 copay	80% after deductible; \$39 minimum, \$100 maximum	80% after deductible; \$39 minimum, \$100 maximum
Mail-Order pharmacy or SMART90 pharmacies <i>(Mail-order pricing does not apply to specialty drugs)</i>	2x retail copay for up to a 90-day supply	80% after deductible, 2x retail minimums and maximums for a 90-day supply	80% after deductible, 2x retail minimums and maximums for a 90-day supply
Vision Care			
Exam <i>(once per calendar year)</i>	\$10 copay	\$10 copay	\$10 copay
Lenses <i>(once per calendar year)</i>	\$10 copay	\$10 copay	\$10 copay
Frames <i>(once every other calendar year)**</i>	\$10 copay, \$130 allowance, 20% discount on amount over \$130	\$10 copay, \$130 allowance, 20% discount on amount over \$130	\$10 copay, \$130 allowance, 20% discount on amount over \$130
Contacts <i>(in lieu of standard plastic lenses)**</i>	\$10 copay up to \$150 allowance	\$10 copay up to \$150 allowance	\$10 copay up to \$150 allowance

**Children under 19 have a selection of frames and contacts to choose from. The allowance does not apply.

NOTE: This is a summary of in-network benefits and explains the plans in general terms. Different benefits apply for out-of-network services. In addition to this comparison, a Summary of Benefits and Coverage is available to you on PeopleGateway by searching keyword SBC. To have a copy sent to you, contact HR Support Services. See contacts on page 18.



DENTAL PLANS

A bright smile can last a lifetime with regular dental checkups. **We offer three (3) dental plan options through Delta Dental: Dental 2000 w/ Ortho, Dental 1200 and Dental 750.**

Covered Services	2026 Dental Plan Comparisons		
	Dental 2000 w/ Ortho	Dental 1200	Dental 750
Preventive	100%	100%	100%
Basic	80%	80%	60%
Major	60%	60%	60%
Orthodontia	50% orthodontic coverage, \$1,500 lifetime maximum per person	N/A	N/A
Maximum Benefit	\$2,000 per person per calendar year	\$1,200 per person per calendar year	\$750 per person per calendar year

See page 8 for 2026 dental premiums. Search PeopleGateway, keyword “Dental,” for additional information on TVA’s dental plan options.

Go Mobile!

Download the Delta Dental mobile app to your smartphone or tablet to find a nearby dentist, check benefits, review claims, check fees, and manage your dental health. Download the free app “Delta Dental by Delta Dental Plans Association.” Go to Deltadentaltn.com to learn more.

Using In-Network Dental Providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network provider, you will be responsible for charges in excess of reasonable and customary expenses.



Important Note

If Dental2000 is not elected when employee is first eligible, participants must be covered under the plan for a full plan year before they are eligible for orthodontia coverage.

MEDICAL AND DENTAL PREMIUMS

Your bi-weekly payroll contributions for medical and dental benefits are shown below.

Engineering Association (EA); Office and Professional Employees International Union (OPEIU); Managers, Specialists, and Excluded; Nuclear Security

Medical Rates & Premiums		
	Full-time	Part-time
80% PPO		
Individual	\$100	\$300
Individual + Spouse	\$211	\$632
Individual + Child(ren) (one or more children)	\$181	\$542
Family (Individual + Spouse + one or more children)	\$281	\$842
CDHP Gold		
Individual	\$30	\$166
Individual + Spouse	\$64	\$349
Individual + Child(ren) (one or more children)	\$54	\$298
Family (Individual + Spouse + one or more children)	\$84	\$463
CDHP Silver		
Individual	\$14	\$151
Individual + Spouse	\$30	\$318
Individual + Child(ren) (one or more children)	\$26	\$272
Family (Individual + Spouse + one or more children)	\$40	\$422

Trades and Labor Council (T&L Council); Teamsters

80% PPO		
Individual	\$104	\$311
Family	\$249	\$747
CDHP Gold		
Individual	\$31	\$172
Family	\$75	\$412
CDHP Silver		
Individual	\$15	\$157
Family	\$35	\$375

Engineering Association (EA); Office and Professional Employees International Union (OPEIU); Managers, Specialists, and Excluded; Nuclear Security

Dental Rates & Premiums		
	Full-time	Part-time
Dental 2000 w/ Ortho		
Individual	\$8.65	\$14.41
Individual + Spouse	\$17.31	\$28.84
Individual + Child(ren) (one or more children)	\$19.04	\$31.71
Family (Individual + Spouse + one or more children)	\$27.69	\$46.13
Dental 1200		
Individual	\$2.88	\$8.64
Individual + Spouse	\$5.76	\$17.29
Individual + Child(ren) (one or more children)	\$6.34	\$19.01
Family (Individual + Spouse + one or more children)	\$9.22	\$27.66
Dental 750		
Individual	\$0.53	\$5.57
Individual + Spouse	\$1.06	\$11.13
Individual + Child(ren) (one or more children)	\$1.17	\$12.24
Family (Individual + Spouse + one or more children)	\$1.69	\$17.79

Trades and Labor Council (T&L Council); Teamsters

Dental 2000 w/ Ortho		
Individual	\$10.18	\$15.65
Family	\$28.70	\$44.11
Dental 1200		
Individual	\$2.73	\$8.20
Family	\$7.70	\$23.11
Dental 750		
Individual	\$0.52	\$5.40
Family	\$1.45	\$15.22

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you which is paired with one of TVA's CDHP plans. It allows you to make tax-free contributions to a savings account to pay for current or future medical expenses for you and your dependents.



START IT

- Contributions to the HSA are tax-free for you whether they come from you or TVA. You must elect to open an HSA account to receive TVA's contribution.
 - For the CDHP Gold plan, TVA contributes **\$600 for individual coverage and \$1,200 for family*** coverage.
 - For the CDHP Silver plan, TVA contributes **\$450 for individual coverage and \$900 for family*** coverage.
- The CDHP premiums are lower than the other plan offered by TVA. Put the money you save on premiums in your HSA through payroll deduction and start saving now. You save money on taxes and maintain complete control over how you spend your healthcare dollars.



BUILD IT

- All of the money in your HSA is yours to keep (including any contributions deposited by TVA) even if you leave your job, change medical plans or retire.
- In 2026, the maximum annual contribution from all sources (to include TVA's Employer Contribution) to your HSA can be up to **\$4,400 for individual coverage or up to \$8,750 for family coverage**.
- Account holders age 55 and older may make an additional "catch-up" contribution of \$1,000.



USE IT

- You will receive a Fidelity HSA debit card to pay for qualified medical expenses, and payments are deducted directly from your account.
- You can spend it now or save this money for eligible healthcare expenses in the future or in retirement.
- Find a list of qualified medical expenses in IRS Publication 969 at www.irs.gov.



GROW IT

- Unused money in your HSA will roll over from year to year, earn interest and grow tax-free over time.
- You decide how to use your HSA funds, including whether to save it or spend it for eligible expenses.
- You can opt to invest it using Fidelity's investment platform. Applicable charges will apply.
- See more information at fidelity.com/go/hsa/why-hsa.

*For employees on the four-tier structure, Family contract includes: Individual + Spouse, Individual + Child(ren), and Family.

To Be Eligible for an HSA, You:

- Must be covered by an HSA-qualified health plan (this means you must be enrolled in one of TVA's CDHP plans)
- Cannot be enrolled in Medicare or Tricare
- Cannot be claimed as a dependent on someone else's tax return
- Cannot be covered by another health plan that is not HSA-qualified



Quick Tip:

Go to fidelity-hsacalculator.ssncloud.com and review the Contribution Calculator to determine the right amount for you to contribute and learn how much you can save on taxes, or check out the Retirement section to learn more about saving now for your retirement medical expenses.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) helps you pay for healthcare or dependent care using tax-free dollars. Your contribution is deducted from your paycheck each pay period on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses. This chart shows the eligible expenses for each type of FSA and how much you can contribute each year.

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA	Most medical, dental, and vision care expenses that are not covered by your health plan (such as copays, coinsurance, deductibles, eyeglasses, and prescriptions)	Current maximum annual contribution is \$3,400. You cannot enroll if you are enrolled in either of the CDHP plans or have an HSA. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns). Reimbursable funds are limited to the available balance in the account.

Getting Reimbursed Is Simple!

You may use your TASC Debit Card to pay for approved healthcare expenses at eligible locations and the money is deducted right from your account. You may also submit claims via the TASC mobile app, online via their website at www.TASOnline.com, or by fax.

Need More Information?

Find links to video introductions, eligible expenses, and savings calculators at TASOnline.com. On the homepage, select Resources, then select FlexSystem Savings Calculator to view an estimate of your tax savings with an FSA.

Important Notes About FSAs

CDHP members are not eligible for HealthCare FSAs. Under IRS rules, you are not eligible to contribute to an HSA and enroll in this spending account at the same time.

Your FSA elections are effective from your date of hire through December 31. **Claims may be incurred throughout the grace period, which ends on March 15 of the following year. All claims must be filed by the April 15 deadline. Funds remaining after the April 15th deadline are forfeited.** It is important to estimate your annual expenses carefully when signing up for this benefit.

FSA elections do not automatically continue from year to year; you must actively enroll each year.

Please plan your contributions carefully. Any unused balance in your account(s) after the April 15th filing deadline will be forfeited. This is known as the “use it or lose it” rule, and it is governed by Internal Revenue Service regulations.

LIFE INSURANCE AND AD&D

Electing benefits as a New Hire is a great time to review your life insurance needs. Please keep in mind, **TVA provides core life insurance to annual employees at no cost**. You can then elect supplemental life insurance for yourself from one to eight times your annual salary, provided by MetLife. Premiums increase with age and salary. Supplemental life insurance is reduced to 65% of the elected amount once you reach age 70.

If you are enrolled in life insurance, you may also elect coverage for your spouse. Spouse supplemental life options are available in \$25,000 increments from \$25,000 to \$250,000. An election over \$25,000 will require evidence of insurability (EOI) and the amount of spouse coverage elected cannot be more than the employee coverage amount.

If you are enrolled in life insurance, you may also elect coverage for your children** (\$2,500, \$5,000, \$10,000 or \$15,000) under 26 years old. All life insurance premiums can be found by searching PeopleGateway for keyword "Premiums" to locate 2026 Benefit Premiums.

**Natural, step, foster, adopted, or legal guardianship.



LIFE INSURANCE AND AD&D (CONTINUED)



Remember, you are responsible for keeping your beneficiary information current. See page 13 for information on how to review or update your beneficiaries in PLUS.

If you want to enroll in supplemental life insurance coverage, make your election within 30 days of your date of hire. If your election exceeds the guaranteed issue amount of \$850,000 (core and supplemental combined) you will have to provide evidence of insurability (EOI). MetLife will contact you with details of how to submit your EOI. The new coverage is effective when EOI is approved.

Accidental Death and Dismemberment (AD&D) Insurance

AD&D insurance pays a benefit in the event of a death or dismemberment such as a loss of limb or paralysis that results from an accident.

You can elect AD&D coverage for yourself from one to five times your annual salary. You may also elect coverage for your spouse equal to one-half of your coverage and/or you may also elect coverage for each eligible child (under the age of 26) in the amount of \$5,000, \$10,000, or \$15,000. There are no EOI requirements for AD&D insurance.

All life insurance premiums can be found by searching PeopleGateway for keyword "Premiums" to locate 2026 Benefit Premiums.

Want More Information?

To learn more about your benefit options visit www.metlife.com/info/tva.

The amount of life insurance you need is unique to you and your circumstances. Visit www.lifeonlinecalculator.com and use the life insurance needs calculator to help determine the right amount for you and your family

KEEP YOUR BENEFICIARIES UP TO DATE

PLUS makes it easier to view and manage your employee benefits, including keeping track of your beneficiary information. With the PLUS Portal, employees can view, designate, or change beneficiaries at any time for core life, supplemental life, and accidental death and dismemberment (AD&D) insurance. Simply follow these instructions:

1. Navigate to **TVA Today**
2. Select PeopleGateway
3. Enter your User (Network) ID and Password, if needed.
4. Click My Benefits Information under Benefits
5. To view/change beneficiaries and/or allocation amounts/percentages:
 - Click on the Benefit Plan for which you would like to view your beneficiaries.
 - Click Edit under the Covered Beneficiaries section to edit your list of beneficiaries and/or allocation amounts. Both primary and secondary beneficiary(ies) may be named. Allocations should be made using percentages with the total equaling 100%.
 - Click “Save” to save the changes.
 - Repeat for each benefit (core life, supplemental life, and AD&D).

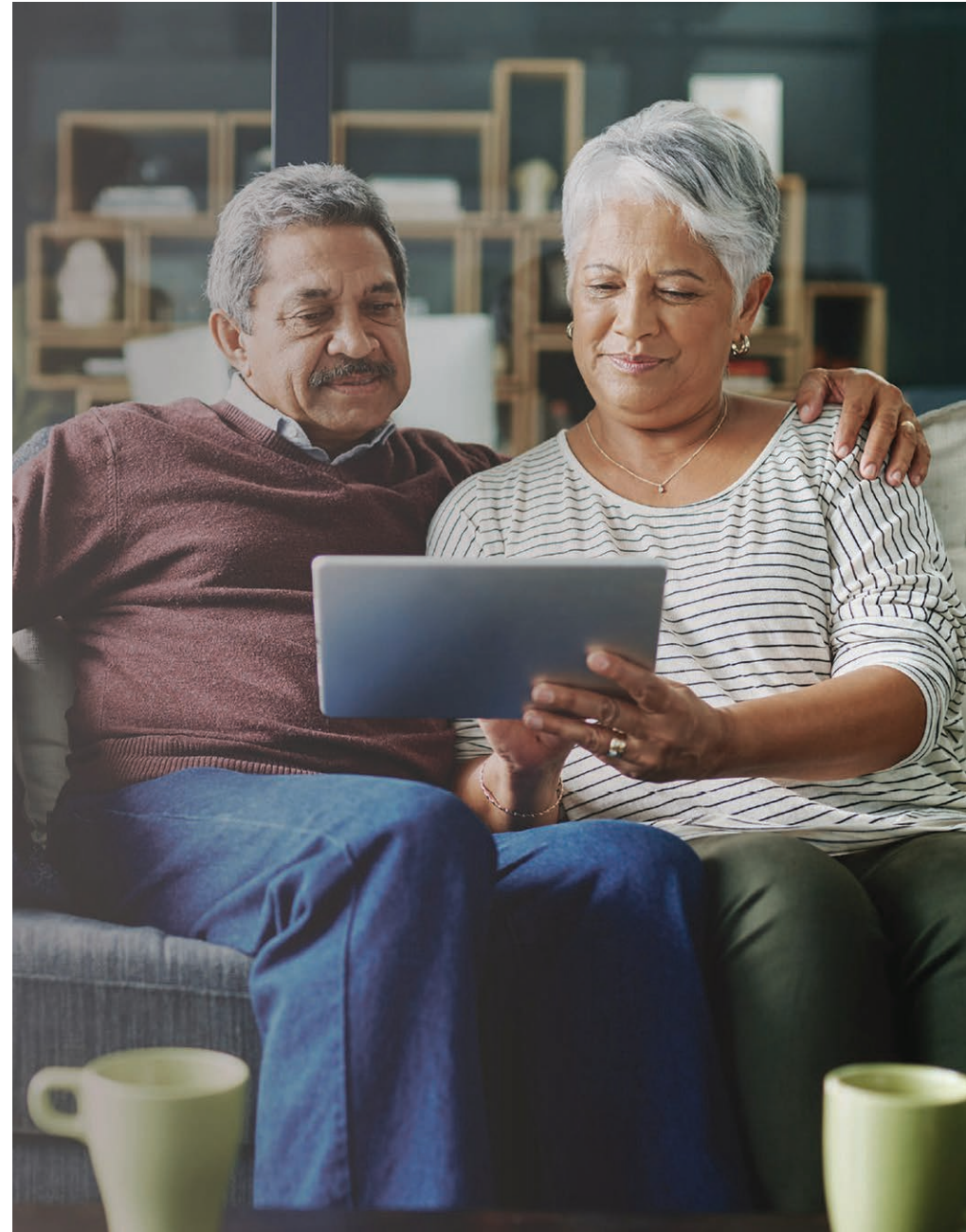
If you have questions, please contact HR Support Services. See contacts on page 18.



Keeping Your Beneficiary Information up to Date Is Easy to Do Online and Only Takes a Few Minutes.

Most importantly, you can feel confident that your loved ones will receive the financial protection you intended for them to have.

Some beneficiaries (for FEGLI, HSAs, etc.) can't be changed in PLUS. To learn more, go to PeopleGateway and consult [article KB0012201](#) or search for beneficiaries.



OPTIONAL BENEFITS COVERAGE

Optional Long-Term Disability (LTD) Coverage

LTD insurance replaces a portion of your income should you become disabled for more than six months (or after your sick leave is exhausted, whichever is later). TVA provides core LTD coverage to annual employees that ensures 30 percent income replacement at no cost to you. To supplement this TVA-provided coverage, you can elect optional LTD coverage, which will ensure an additional 35 percent income replacement. Combined maximum benefit for both core and optional coverage is \$6,000 per month.

If you do not enroll in optional LTD as a new hire, you will need to submit “proof of good health”, also called Evidence of Insurability (EOI) to enroll later. Unum will contact you with details of how to submit your EOI. Your coverage will become effective once approved by Unum.

For premium information, go to [Knowledge Article KB0016107](#) on PeopleGateway.

ID Theft Protection

Administered by ID Watchdog by Equifax, this protection plan provides a wide range of powerful identity protection features and services. The plan offers tools that help you control and manage, monitor and detect, and support and restore your identity, including device security, online privacy features and a password manager. The platinum plan cost is \$6.95 monthly/employee or \$12.40 monthly/employee + family. Visit idwatchdog.com/myplan/TennValleyAuthority for more details.

Legal insurance plan

Offered through ARAG Legal Insurance, this plan gives you access to experienced attorneys for legal support via phone, in-person, virtual consultations, or through online tools. Attorney and attorney fees are paid in full for most covered matters. Online resources via DIY Docs can help you in creating a variety of legally valid documents, including wills, power of attorney, etc. The Ultimate Advisor plan is \$16.90/month for family coverage. Visit ARAGlegal.com/myinfo and use access code [19267tva](#) for more details.

Critical Illness Insurance

If you are diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum to use however you want. Coverage is also available to your eligible dependents. A \$75 wellness benefit is included.

For more information on coverage options and illnesses covered by critical illness insurance, please see [Knowledge Article KB0012274](#). For information on quotes and to enroll, please contact Unum. See contact information on page 20.

Payroll deductions can be set up at your request. See contact information on page 20.

Short-Term Disability

Short-term disability insurance coverage is also available through Unum. You can choose short-term disability coverage up to 50 percent of your gross monthly salary, limited to \$5,000 per month.

Contact Unum for quotes and enrollment. Payroll deductions can be set up at your request. See contact information on page 20.

ENROLLMENT INSTRUCTIONS

Steps to Enroll and Make Changes

1. Before You Enroll

- Review and prioritize your benefit needs.
- Use the online tools to help decide what coverage you need.
- Review **TVA Today** and PeopleGateway for articles and information regarding your benefits.

2. Review Your Personal Benefits Information

- From the **TVA Today** homepage, click PeopleGateway, then click My Benefits Information under the Benefits section.
- Enter your User (Network) ID and Password, if needed.

3. Ready to Enroll

- Enroll online during your New Employee Experience class as you are hired.
- Sign into hcm.tva.gov.
- Enter your User (Network) ID and Password, if needed.
- After accessing My Benefits Information, in PLUS select Main Menu > Self Service > Benefits > Benefits Enrollment.
- Choose Edit to change your election for each plan.

4. Open a Health Savings Account

If you choose a Consumer-Directed Health Plan option, you will be prompted to take the following action, based on your eligibility:

- Choose to open your HSA with Fidelity through your Benefits Enrollment in PLUS.

5. Complete Your Enrollment No Later Than 30 Days after Your Date of Hire

- 6. Be sure to review your benefit choices and costs for 2026. You have 30 days from your date of hire to change your elections by creating a case in PeopleGateway or calling HR Support Services at 1-888-275-8094.

IMPORTANT: Your enrollment will not be complete until you click Submit, Submit, OK.

Don't Let the Clock Run Out!

If you do not enroll within 30 days from your date of hire, you will default to no coverage. You will not be able to enroll in benefits until Open Enrollment.

Don't forget! Double-check to make sure you have all of your dependents covered!

Build a Better You With TVA BeWell

The TVA BeWell platform is your hub for tracking all your well-being activities.

With this program, you can make small, everyday improvements to your well-being and focus on the areas you want to improve the most. When you participate, you'll build healthy habits, have fun with friends and family, and experience the lifelong rewards of better health and well-being.

TVA BeWell provides a comprehensive suite of personalized tools and support, including a personal well-being assessment, personal and team challenges, activity, nutrition and sleep tracking, daily health tips, and much more.

Register today to start earning points and incentives. Register now at enroll.personifyhealth.com. BeWell is administered by Personify Health.



Did you know?

You can offset future benefit costs in 2027 by participating in BeWell in FY26.

What's In It For You:

- **Earn points** toward up to \$600 in annual incentive credits.
- Gain more **energy & resiliency** to face daily challenges.
- Improve your **mental and financial** health.
- Reach your well-being goals faster and easier through **personalized** Healthy Habit **recommendations**.
- **Customize your experience** by setting your Topics of Interest and Pillars.
- **Reach personal health goals** through digital coaching Journeys.
- **Engage, connect** with & have **fun** with coworkers.

Invite your spouse, plus up to 10 friends and family to join.

Go to [Knowledge Article KB0017316](#) on PeopleGateway for more details:

- User Guide
- FAQ's
- Activity Points Chart & Incentives



ENGAGE IN ACTIVITIES WITH TVA BeWell



Prioritize and personalize your experience by engaging in resources to help improve your well-being:

Challenges

Rally your coworkers for the latest company challenge, or gather a small group and challenge one another to start a new healthy habit!

Daily Cards

Get helpful tips that are relevant to your current interests and goals.

Journeys®

Try this digital coaching program to make simple changes to your health, one small step at a time.

My Care Checklist

Keeping up with preventive care keeps you feeling at your best. My Care Checklist makes it easy with personalized, friendly reminders that let you know what preventive care services are recommended.

Nutrition Guide

Choose your eating type and what you'd like to work on, like cutting out sweets or portion control. Then get tips and recipes to help you achieve your goals.

Health Coaching

Talk to a coach over the phone to set goals and get one-on-one support, expert guidance and answers to your questions.

Sleep Guide

What's your sleep like? Decide what you need to work on, like getting to bed earlier or quieting down. Then get information to help you rest.

Social Groups

Getting healthier and learning something new is easier with friends. Join a group to stay motivated and achieve goals together.

Shoutouts

Support a colleague or friend with a message of thanks or appreciation using the Shoutout feature.

Recipes

Get ideas for healthy meals, build a shopping list, and make a weekly meal plan. Healthy eating is easier when you have the help of an app!

Rewards

Earn up to \$600 in annual incentive credits by earning points for completing healthy activities:

	Level 1	Level 2	Level 3	Level 4
Points	1,500	2,500	5,000	7,500
Annual Benefit Credit	\$50	\$200	\$400	\$600
Per Paycheck Amount	\$1.92	\$7.69	\$15.38	\$23.08

How does someone reach level four and earn \$600 in annual incentive credits?

The below chart does not take into consideration all earning opportunities available on the platform. Navigate to **Rewards** in your **TVA BeWell** account for a complete list of all the ways you can earn points.

Earning Opportunity	Points Earned
Personal Well-being Assessment	1,000 Points
Complete a Biometric Screening with Form	3,000 Points
Complete 3 Preventive Care Exams	300 Points
Dental Screening	100 Points
Vision Screening	100 Points
Validated Steps*	6,000 Points*
TOTAL:	10,500

*Assumes 5000 steps/day x 10 days in a month x 50 points per day.



\$50 Bonus

when you complete a Personal Well-being Assessment for the first time ever!

CREDITABLE COVERAGE NOTICE

Important Notice from TVA About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with TVA and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage is available to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. TVA has determined that the prescription drug coverage offered by TVA is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan while an active employee, your current TVA coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you waive or drop TVA-sponsored coverage, Medicare will be your only payer. You can re-enroll in the TVA plan during the next open enrollment period or if you have a qualifying life event as permitted by the TVA plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with TVA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends,

you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage, contact HR Support Services listed below for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TVA changes. You also may request a copy of this notice at any time.

Name of Entity/Sender: Tennessee Valley Authority

Contact: HR Support Services

Address: 400 West Summit Hill Drive Knoxville, TN 37902

Phone: 888-275-8094

For More Information About Your Options Under Medicare Prescription Drug Coverage, more detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

ANNUAL NOTICES

Qualifying Life Event – Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days (or any longer period that applies under the plan) after you or your dependents' other coverage ends. In addition, if you have a new dependent as a result of marriage, birth or adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the allotted time after the qualifying life event. To request special enrollment or obtain more information, contact HR Support Services at 888-275-8094.

WHCRA Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the standard deductibles (\$550/\$1,100 for the 80% PPO plan, \$1,700/\$3,400 for the CDHP Gold and \$2,500/\$5,000 for the CDHP Silver in-network) and coinsurance (80% after deductible in-network) apply.



IMPORTANT CONTACTS

Vendor/Customer Service	Phone	Website
HR Support Services	888-275-8094 Select Option 1 for Benefits 9:00 a.m. – 4:00 p.m. ET, Monday – Friday	PeopleGateway on TVA Today
ARAG Legal Insurance (Legal Insurance Plan)	800-247-4184	ARAGlegal.com/myinfo Access Code 19267tva
Bright Horizons – Caregiving Benefits	877-242-2737	clients.brighthorizons.com/TVA
BlueCross BlueShield of Tennessee (Medical)	800-245-7942 24 hours a day, seven days a week	bcbst.com
BlueCross BlueShield of Tennessee (Vision)	877-342-0737 7:30 a.m. – 11:00 p.m. ET, Monday – Saturday 11:00 a.m. – 8:00 p.m. ET, Sunday	bcbst.com
Delta Dental	800-223-3104 8:00 a.m. – 6:00 p.m. ET, Monday – Friday	deltadentaltn.com
Express Scripts (Prescription Drugs)	800-935-6203 24 hours a day, seven days a week	express-scripts.com/TVA
Federal Employees’ Group Life Insurance Program (FEGLI)	Contact HR Support Services (see above)	opm.gov/healthcare-insurance/life-insurance/ for detailed FEGLI information
Fidelity Investments® (Health Savings Account)	800-544-3716 8:30 a.m. – 5:00 p.m. ET, Monday – Friday Excluding Stock Market Holidays	fidelity.com/go/hsa/why-hsa
ID Watchdog from Equifax (ID Theft Protection)	866-513-1518	idwatchdog.com/myplan/TennValleyAuthority
Magellan Healthcare (EAP)	1-800-424-1660	Member.MagellanHealthCare.com
TASC (Flexible Spending Accounts)	800-422-4661 8:00 a.m. – 5:00 p.m. (all time zones), Monday – Friday	TASOnline.com
TVA BeWell (Personify Health)	888-671-9395 8:00 a.m. – 9:00 p.m. ET, Monday – Friday	enroll.personifyhealth.com app.personifyhealth.com personifyhealth.zendesk.com/hc/en-us
MetLife (Life and Accidental Death & Dismemberment)	1-800-638-6420 (Statement of Health and Life Claims)	www.metlife.com/info/tva
Unum Insurance (Long-term Disability)	800-421-0344 (Policy questions) 8:00 a.m. – 8:00 p.m. ET, Monday – Friday	unum.com
Unum Insurance (Critical Illness and Short-term Disability)	866-792-3526 (Enrollment Center) 9:00 a.m. – 6:00 p.m. ET, Monday – Friday	unum.com



The Pocket Contacts keeps all of your benefit contacts in one place. For easy access to your benefit carriers’ group numbers, phone numbers and websites from your smartphone, tablet or computer, bookmark <https://www.wtwpocketcontacts.com/tva/index.html>.



Point your smartphone camera at the QR code to visit the site. You’ll have all the information you need on your phone. If you have a spouse or partner, share this with them too.



TENNESSEE
VALLEY
AUTHORITY

400 W. Summit Hill Drive
Knoxville, TN 37902

About this Guide

This benefit guide provides selected highlights of the TVA benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. TVA reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Privacy Notice: TVA complies with the privacy requirements under the Health Insurance Portability and Accountability Act as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH). The Notice of Privacy Practices has been revised in accordance with HITECH as well as the Genetic Information Nondiscrimination Act. Additional information is available upon request by contacting HR Support Services.