

2009 Open Enrollment Information & Instructions



Who must enroll?

You must enroll if you want to:

- Establish a Tax Saver Account (TSA) for 2009. All existing TSAs will expire on December 31, 2008. If you want to participate in a TSA during 2009, you **must** enroll during Open Enrollment.
- Make any changes to your existing medical, dental or short-term disability plans.
- Add coverage that you do not have at this time.

If you make no changes to your medical plan, dental, or short-term disability plans, your existing coverage in these plans will continue into 2009. If you want to enroll in a TSA for 2009, you must enroll via HR Online at www.srpnet.com/hronline.

How to enroll?

Enroll by using **HR Online** on the Internet at www.srpnet.com/hronline. **HR Online** is available 24 hours a day, 7 days a week.

- Read the Comparison of Benefits in this brochure to determine the plans for which you are eligible.
 - Decide if you want Single or Family Coverage.
 - Read to the right, across the row, to see the plans for which you are eligible, the deductibles and premium rates, if applicable.
- Log onto HR Online by typing in <http://www.srpnet.com/hronline>. This site can be accessed through the SRP Intranet at: **insidesrp/hrnet**
- When finished, a confirmation will be given. A written confirmation will be mailed to you by the end of the week following Open Enrollment.

If you select Family coverage for the first time or need to add or delete a dependent to existing Family coverage, please complete the Dependent Information form and return it to **Benefits PAB242**. Forms are available on **HR Online** or **HRNet** or you may call Benefits at (602) 236-3600 to request a form.

When is Open Enrollment?

Open Enrollment BEGINS:	Saturday, November 1, 2008
Open Enrollment ENDS:	Sunday, November 30, 2008

Open Enrollment Deadline?

All changes must be completed by midnight, Sunday, November 30, 2008.

What if I have questions?

Call Benefits at (602) 236-3600 or (800) 491-8846.



Remember! If you want to participate in a Tax Saver Account during 2009, you must enroll during Open Enrollment!

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice for the SRP Self-Insured Health Benefits Plan was previously distributed. The Privacy Notice is available on the SRP Intranet insidesrp/hrnet/publications or by calling (602) 236-3600 or (800) 491-8846 and press 0.

Medical Plans Comparison of Benefits 2009

	SRP MEDICAL PLAN * (PPO)	UNITEDHEALTHCARE (UHC)	CIGNA HEALTHCARE**
Restrictions/Choice of Physician/Office Visit	Your choice of provider. 90% after deductible = PPO 70% after deductible = Non-PPO 80% after deductible = Where PPO is not available	Physicians within the UHC contracted network No referral necessary to see a specialist. \$10 per visit	Physicians located at CIGNA HealthCare Centers \$10 per visit
Deductible	Option 1 \$ 100 Single 200 Family Option 2 \$ 300 Single 600 Family Option 3 \$ 1,000 Single 2,000 Family	None	None
Out-of-Pocket Maximum (Except Deductibles)	Option 1 \$ 1,000 Single 2,000 Family Option 2 \$ 1,500 Single 3,000 Family Option 3 \$ 2,000 Single 4,000 Family	\$1,000 Single 2,000 Family	\$1,000 Single 2,000 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Claim Forms	PPO/PAR = Not required Non-PPO = Required (except prescriptions)	Not required	Not required
Preexisting Conditions	Covered	Covered	Covered
Prescription Drugs	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 co-pay per prescription, up to 30-day supply at RXAmerica network pharmacies.	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 at UHC participating pharmacies.	\$10 Tier 1 \$20 Tier 2 \$50 Tier 3 per prescription at CIGNA pharmacies
Mail Prescriptions Service	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3 co-pay – 90-day supply, use for maintenance meds. Speciality Pharmacy Prescriptions \$25 for 30 day supply.	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3 90-day supply use for maintenance meds.	\$20 Tier 1 \$40 Tier 2 \$100 Tier 3, 90-day supply, use for maintenance meds.
Surgeon (Physician Charge)	90% after deductible = PPO 70% after deductible = Non-PPO 80% after deductible = Where PPO is not available	In Office, \$10 Inpatient/Outpatient - No charge	In Office, \$10 Inpatient/Outpatient - No charge
Inpatient Hospital (Room & Board)	90% after deductible = PPO 70% after deductible = Non-PPO 80% after deductible = Where PPO is not available (precertification required or \$250 penalty)	No charge (Semi-private Room)	No charge (Semi-private Room)
Outpatient Hospital Services	90% after deductible = PPO 70% after deductible = Non-PPO 80% after deductible = Where PPO is not available	No charge	No charge
Laboratory/X-Ray	90% after deductible = PPO 70% after deductible = Non-PPO 80% after deductible = Where PPO is not available	No charge	No charge
Routine Physicals	Up to \$500 annual benefit per individual, no deductible and paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% = Where PPO is not available	\$10 per visit Physicals are annual until age 18; thereafter, frequency is based on age	\$10 per visit Physicals are annual until age 18; thereafter, frequency is based on age

Medical Plans Comparison of Benefits 2009

	SRP MEDICAL PLAN * (PPO)	UNITEDHEALTHCARE (UHC)	CIGNA HEALTHCARE**
Well-Baby <i>(Includes inoculations and immunizations)</i>	Up to \$2000 Maximum, birth to age 3, no deductible and paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% = Where PPO is not available	See Routine Physicals	See Routine Physicals
Coordination of Benefits (COB)	Carve out COB (up to 90% PPO, 70% Non-PPO, 80% where PPO is not available)	Standard COB	Standard COB
Physical Medicine	Spinal manipulation: Maximum payable \$1500 per person per year (including initial office visit and X-rays) Rehabilitation Services: Outpatient - 60 visits per year. Inpatient: 60 days per person per illness or injury.	\$10 per visit - limited to 20 visits of each type therapy (physical, occupational, speech), 20 visits pulmonary rehab., 36 visits cardiac rehab. Chiropractic - \$10 per visit, 24 visits per calendar year	Chiropractic - Self-referral - 20 visits per year - \$20 per visit Physical therapy - \$20 per visit, limit of 60 visits per year when referred by PCP
Ambulance Services	90% after deductible for all providers, in-network or out-of-network	No charge when authorized or due to emergency	No charge if due to emergency
Emergency Medical	90% after deductible for all providers, in-network or out-of-network	\$50 per visit Urgent Care \$100 per visit Emergency Room – copayment waived if confined within 24 hours for the same condition	\$50 per visit at CIGNA Urgent Care \$100 at non-CIGNA emergency room or urgent-care facility. No charge if admitted to hospital due to an emergency
Behavioral Health/ Substance Abuse	Marital/relationship issues covered	See benefits under SRP Medical Plan (PPO)	See benefits under SRP Medical Plan (PPO)
Outpatient	NO DEDUCTIBLE – Benefits paid as follows: In Network 90% per visit with maximum annual benefit determined on a CASE-BY-CASE basis		
 Out-of-Network	50% per visit No dollar limit per visit 35 sessions annual limit		
Inpatient	\$100 DEDUCTIBLE per admission Precertification required In Network Hospital charges covered at 80% with limit on number of days or dollar amount determined on a CASE-BY-CASE basis.	See benefits under SRP Medical Plan (PPO)	See benefits under SRP Medical Plan (PPO)
 Out-of-Network	Hospital charges are covered at 70% 10 days annual limit		
Other Services	Medicine Man Weight Loss Programs/Medications Stop Smoking Programs/Medications Dietician Counseling	Wellness/health education	Wellness/health education

Tax Saver Accounts

HEALTH CARE REIMBURSEMENT ACCOUNT	DEPENDENT DAY-CARE REIMBURSEMENT ACCOUNT
<p>Reimbursement of eligible medical, dental, vision, hearing, and over the counter expenses not covered by insurance for you or your eligible dependents</p> <p>You may deposit up to \$208 per pay period into this account (24 pay periods).</p> <p>Your total contributions for the calendar year cannot exceed the SRP maximum contribution limit of \$4,992.</p>	<p>Reimbursement of eligible "day-care" expenses for your eligible dependent children (under age 13) and elder care expenses</p> <p>You may deposit up to \$208 per pay period into this account (24 pay periods). If married and filing separate federal income tax returns, please refer to your Employee Handbook.</p> <p>If you are married to an SRP employee and you and your spouse both participate in dependent care assistance TSAs, your total combined contributions for the calendar year cannot exceed the SRP maximum contribution limit of \$4,992.</p>

- * PPO percentages refer to 90% of the contracted (allowed) amounts. Charges in excess of prevailing, Usual and Customary do not apply to out-of-pocket maximums. See Employee Handbook.
- ** Available only in Maricopa County and the City of Apache Junction.

The "Women's Health and Cancer Rights Act of 1998" amended the Employee Retirement Income Security Act of 1974 (ERISA), effective for group health plans for plan years beginning on or after October 21, 1998, to require group health plans that cover mastectomies to also cover reconstructive surgery and other related services following a mastectomy. The plan must offer mastectomy patients coverage for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and physical complications of all stages of mastectomies, including lymphedemas.

The extent to which any of the above services is appropriate following a mastectomy is a matter to be determined in consultation with the patient and her attending physician. Coverage is subject to the group health plan's normal copayments, annual deductibles and coinsurance.

SRP's group health plan covers mastectomies and complies with the "Women's Health and Cancer Rights Act of 1998."

Dental Plans Comparison of Benefits

	SRP DENTAL PLAN	*EMPLOYERS DENTAL SERVICE (EDS)
Annual Deductible	\$ 50 individual \$ 100 family	None
Maximum Annual Benefit	\$ 2,500 per person	None
Preventive Services (Cleaning, exams, etc.)	Plan pays 100% of covered preventive services with no deductible	Plan provides most preventive services with \$5.00 copay
Other Dental Treatment (fillings, crowns, bridges, etc.)	Plan pays 70% of other covered services after deductible	Plan provides most other services for predetermined co-payment. Refer to EDS brochure for payment schedule.
Orthodontia	Plan pays 50% of covered charges after deductible up to lifetime maximum benefit of \$2,500	25% discount on all procedures w/treatment
Choice of Dentist	Your choice of dentists	Employers Dental Service dentists only
Dental Schedule Participating Provider Non-Participating Provider	Benefits paid up to Plan limits Benefits paid up to usual and customary limits	\$ 5.00 co-payment each office visit Plan lists additional co-payment by service provided
Prescription Drugs	Not covered	APN – Discount Program
Coordination of Benefits (COB)	Carve out COB (up to 70%)	Please call EDS Customer Service

* When choosing EDS, you must enter a facility code on **HR Online**. See EDS website, www.mydentalplan.net or contact EDS at 1-800-722-9772.

The summary descriptions of benefits provided in this packet are provided for information purposes only and do not state all plan provisions, restrictions, limitations, conditions, or provisions required by law. It is the intent of these plans to fully comply with all federal and state statutes. In all cases, master plan documents determine all rights, benefits, and restrictions on the plans described herein.

SINGLE COVERAGE 2009 — Premiums per Pay Period

Employee Status	SRP Medical Plan (PPO)		UnitedHealthCare (UHC)		CIGNA HealthCare		STD (Employee Coverage Only)		SRP Dental Plan		*Employers Dental Service	
	DEDUCTIBLE	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period
Full-time SRP & Three-quarter-time SRP	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 300.00	\$ (52.50)										
	\$ 1,000.00	\$ (94.25)										
Half-time SRP	\$ 100.00	\$ 125.25	\$ 123.25	\$ 140.00	\$ 140.00	\$ 8.16	\$ 9.50	\$ 9.50	\$ 9.50	\$ 2.75	\$ 2.75	\$ 2.75
	\$ 300.00	\$ 72.75										
	\$ 1,000.00	\$ 31.00										
	OR, Decline Coverage (622)											
Employees on Leave	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 300.00	\$ (52.50)										
	\$ 1,000.00	\$ (94.25)										
COBRA Less than 65 (Monthly)	\$ 100.00	\$ 511.00	\$ 502.80	\$ 571.20	\$ 571.20	Not Eligible	\$ 38.70	\$ 38.70	\$ 38.70	\$ 11.20	\$ 11.20	\$ 11.20
	\$ 300.00	\$ 403.90										
	\$ 1,000.00	\$ 318.70										
COBRA With Medicare (Monthly)	\$ 100.00	\$ 329.70	\$ 267.20	\$ 233.50	\$ 233.50	Not Eligible	\$ 38.70	\$ 38.70	\$ 38.70	\$ 11.20	\$ 11.20	\$ 11.20
	\$ 300.00	\$ 260.47										
	\$ 1,000.00	\$ 206.07										
	(SecureHorizons Sr. Plan)											
Severed Employees (Monthly)	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 300.00	\$ 0.00										
	\$ 1,000.00	\$ 0.00										
Layoff	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible
	\$ 300.00	\$ 0.00										
	\$ 1,000.00	\$ 0.00										
Active Board & Council (Monthly)	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 300.00	\$ 0.00										
	\$ 1,000.00	\$ 0.00										
PERA Club – Full or 3/4 – 1/2 (Monthly)	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 300.00	\$ (52.50)										
	\$ 1,000.00	\$ (94.25)										
	OR, Decline Coverage (470)											
Provisional Employees Full Time & 3/4 Time	\$ 100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible
	\$ 300.00	\$ (52.50)										
	\$ 1,000.00	\$ (94.25)										
Provisional Employees 1/2 Time	\$ 100.00	\$ 125.25	\$ 123.25	\$ 140.00	\$ 140.00	Not Eligible	\$ 140.00	\$ 140.00	\$ 140.00	\$ 140.00	\$ 140.00	\$ 140.00
	\$ 300.00	\$ 72.75										
	\$ 1,000.00	\$ 31.00										
	OR, Decline Coverage (636)											

FAMILY COVERAGE 2009 --- Premiums per Pay Period

Employee Status	SRP Medical Plan (PPO)		UnitedHealthCare (UHC)		CIGNA HealthCare		STD (Employee Coverage Only)		SRP Dental Plan		*Employers Dental Service	
	DEDUCTIBLE	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period	PREMIUM Per Pay Period
Full-time SRP & Three-quarter-time SRP	\$ 200.00	\$ 162.00	\$ 152.50	\$ 169.50	\$ 8.16	\$ 16.00	\$ 3.25					
	\$ 600.00	\$ 68.75										
	\$ 2,000.00	\$ (53.00)										
Half-time SRP	\$ 200.00	\$ 405.25	\$ 381.50	\$ 424.50	\$ 8.16	\$ 40.00	\$ 8.12					
	\$ 600.00	\$ 325.00										
	\$ 2,000.00	\$ 203.25										
	OR, Decline Coverage (622)											
Employees on Leave	\$ 200.00	\$ 162.00	\$ 152.50	\$ 169.50	Not Eligible	\$ 16.00	\$ 6.50					
	\$ 600.00	\$ 68.75										
	\$ 2,000.00	\$ (53.00)										
COBRA Less than 65 (Monthly)	\$ 200.00	\$ 1,324.40	\$ 1,245.40	\$ 1,386.10	Not Eligible	\$ 130.50	\$ 26.50					
	\$ 600.00	\$ 1,185.70										
	\$ 2,000.00	\$ 937.30										
COBRA With Medicare (Monthly)	\$ 200.00	\$ 1,324.40	\$ 770.10	\$ 1,058.70	Not Eligible		\$ 26.50					
	\$ 600.00	\$ 1,185.70	\$ 534.48	\$ 731.30								
	\$ 2,000.00	\$ 937.30	\$ 1020.00									
	OR, Decline Coverage (622)		(Must reside in Maricopa County, AZ)									
Severed Employees (Monthly)	\$ 200.00	\$ 324.00	\$ 305.00	\$ 339.00	Not Eligible	\$ 32.00	\$ 6.50					
	\$ 600.00	\$ 137.50										
	\$ 2,000.00	\$ 0.00										
Layoff	\$ 200.00	\$ 0.00	\$ 0.00	\$ 0.00	Not Eligible	Not Eligible	Not Eligible					
	\$ 600.00	\$ 0.00										
	\$ 2,000.00	\$ 0.00										
Active Board & Council (Monthly)	\$ 200.00	\$ 324.00	\$ 305.00	\$ 339.00	Not Eligible	\$ 32.00	\$ 6.50					
	\$ 600.00	\$ 137.50										
	\$ 2,000.00	\$ 0.00										
PERA Club – Full or 3/4 – 1/2 (Monthly)	\$ 200.00	\$ 324.00	\$ 305.00	\$ 339.00	\$ \$16.32	\$ 32.00	\$ 6.50					
	\$ 600.00	\$ 137.50										
	\$ 2,000.00	\$ 0.00										
	OR, Decline Coverage (470)											
Provisional Employees Full Time & 3/4 Time	\$ 200.00	\$ 162.00	\$ 152.50	\$ 169.50	Not Eligible	Not Eligible	Not Eligible					
	\$ 600.00	\$ 68.75										
	\$ 2,000.00	\$ (53.00)										
Provisional Employees 1/2 Time	\$ 200.00	\$ 405.25	\$ 381.50	\$ 424.50	Not Eligible	Not Eligible	Not Eligible					
	\$ 600.00	\$ 325.00										
	\$ 2,000.00	\$ 203.25										
	OR, Decline Coverage (636)											