

# 2009 Open Enrollment Information & Instructions





<b>Who must enroll?</b>	You must enroll if you want to: <ul style="list-style-type: none"><li>• Make any changes to your existing medical plan.</li></ul> <b>If you make no changes to your medical plan, your existing coverage will continue into 2009.</b>
<b>How to enroll?</b>	Enroll by using <b>HR Online</b> on the Internet at <b>www.srpnet.com/hronline</b> . <b>HR Online</b> is available 24 hours a day, 7 days a week. <ul style="list-style-type: none"><li>• Read the Comparison of Benefits in this brochure to determine the plans for which you are eligible.<ul style="list-style-type: none"><li>– Decide if you want Single or Family Coverage.</li><li>– Read to the right, across the row, to see the plans for which you are eligible, the deductibles and premium rates, if applicable.</li></ul></li><li>• Log onto <b>HR Online</b> by typing in <b>http://www.srpnet.com/hronline</b>.</li><li>• When finished, a confirmation will be given. A written confirmation will be mailed to you by the end of the week following Open Enrollment.</li></ul> <p>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 <b>Benefits PAB242</b>. Forms are available on HR Online or HR Net, or you may call Benefits Services at (602) 236-3600 or (800) 491-8846 to request a form.</p>
<b>When is Open Enrollment?</b>	Open Enrollment <b>BEGINS:</b> Saturday, November 1, 2008 Open Enrollment <b>ENDS:</b> Sunday, November 30, 2008
<b>Open Enrollment Deadline?</b>	All changes must be completed by midnight, Sunday, November 30, 2008.
<b>What if I have questions?</b>	Call Benefits Services at (602) 236-3600 or (800) 491-8846.

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 **	
		Under 65 Non Medicare plan	SecureHorizons Medicare Advantage	Under 65 (non-senior plan)	Medicare Select Plan
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	\$10 per visit Physicals are annual until age 18; thereafter, frequency is based on age	\$5 per visit PCP Physicals are annual until age 18; thereafter, frequency is based on age
Well-Baby (Includes immunizations & inoculations)	Up to \$2000 max birth to age 3, no deductible and paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	See Routine Physicals	See Routine Physicals	See Routine Physicals	See Routine Physicals
Physical Medicine	<b>Spinal manipulation:</b> Maximum payable \$1500 per person per year (including initial office visit and X-rays). <b>Rehabilitation Services:</b> Outpatient: 60 visits per year. Inpatient: 60 days per person per illness or injury.	\$10 per visit limited to 20 visits of each type of therapy (physical, occupational, speech); 20 visits pulmonary rehab; 36 visits cardiac rehab; chiropractic \$10 per visit, 24 visits per calendar year	Chiropractic-Medicare covered \$10 per visit  Routine Non-Medicare covered \$10 per visit, 25 visits maximum. Rehabilitation Services \$10 per visit.	Chiropractic self-referral \$20 per visit, limited to 20 visits per year.  Physical therapy \$20 per visit, limited to 60 visits per year when referred by PCP.	Chiropractic self-referral Medicare Covered \$12 per visit Non-Medicare Covered \$12 per visit, 12 visit limit  Physical therapy – \$12 per visit, no visit limitation
Ambulance Services	90% after deductible for all providers, in-network or out-of-network	No charge when authorized or due to emergency	No charge when authorized or due to emergency	No charge if due to emergency	No charge if due to emergency
Emergency Medical Services	90% after deductible for all providers, in-network or out-of-network	\$50 Urgent Care \$100 per visit Emergency Room – co-payment waived if confined within 24 hrs for the same condition	\$50 co-pay Emergency Room or Urgent Care. Co-payment waived if confined within 24 hours for same condition	\$50 per visit at CIGNA Urgent Care– \$100 per visit Emergency Room. No charge if admitted to hospital due to emergency.	\$25 per visit at CIGNA Urgent Care– \$50 per visit Emergency Room. No charge if admitted to hospital due to emergency.
Behavioral Health Substance Abuse  Outpatient          Inpatient	Marital/relationship issues covered  NO DEDUCTIBLE – Benefits paid as follows: In-network – 90% per visit with maximum annual benefit determined on a CASE-BY-CASE basis   50% per visit, No dollar limit per visit 35 sessions annual limit  \$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.   Hospital charges are covered at 70% 10 days annual limit	See benefits under SRP Medical Plan (PPO)	\$10 copay per visit  \$5 group co-pay per visit    Inpatient: \$0 co-pay 190 day lifetime max.	See benefits under SRP Medical Plan (PPO)	Outpatient: \$12 per visit         Inpatient: No charge for up to 190 days per life-time.
Other Service	Medicine Man Weight Loss Program/Medications Stop Smoking Program/Medications Dietician Counseling	Wellness discounts and education	Wellness programs	Wellness/health education	Wellness/health education

## 2009 Open Enrollment Premiums — Disabled Former Employees

Plan Name	Deductible	Coverage	Monthly Premium
SRP PPO Plan	\$100	Single Coverage \$100 Deductible. No Medicare . . . . .	501.00
		Single Coverage \$100 Deductible. With Medicare . . . . .	323.25
		With Spouse and/or children. \$200 Deductible. All under age 65. No Medicare . . . . .	1,298.50
		With Spouse and/or children. \$200 Deductible. One on Medicare. . . . .	824.25
		With Spouse and/or children. \$200 Deductible. Two on Medicare . . . . .	646.50
	\$300	Single Coverage \$300 Deductible. No Medicare . . . . .	396.00
		Single Coverage \$300 Deductible. With Medicare . . . . .	255.37
		With Spouse and/or children. \$600 Deductible. All under age 65. No Medicare . . . . .	1,162.50
		With Spouse and/or children. \$600 Deductible. One on Medicare. . . . .	651.16
		With Spouse and/or children. \$600 Deductible. Two on Medicare . . . . .	510.74
	\$1,000	Single Coverage \$1,000 Deductible. No Medicare. . . . .	312.50
		Single Coverage \$1,000 Deductible. With Medicare . . . . .	202.03
		With Spouse and/or children. \$2000 Deductible. All under age 65. No Medicare . . . . .	919.00
		With Spouse and/or children. \$2000 Deductible. One on Medicare. . . . .	515.16
		With Spouse and/or children. \$2000 Deductible. Two on Medicare . . . . .	404.06
UnitedHealthCare/ SecureHorizons		Single Coverage. No Medicare . . . . .	493.00
		Single Coverage. One on Medicare – Senior Plan . . . . .	262.00
		With Spouse and/or children. All under age 65. No Medicare . . . . .	1221.00
		With Spouse Only. One on Medicare – Senior Plan . . . . .	755.00
		With Spouse Only. Two Medicare – Senior Plan . . . . .	524.00
		With Spouse and/or children. One on Medicare. Senior Plan . . . . .	1000.00
CIGNA HealthCare		Single Coverage. No Medicare . . . . .	560.00
		Single Coverage. With Medicare – Senior Plan . . . . .	229.00
		With Spouse and/or children. All under age 65. No Medicare . . . . .	1,359.00
		With Spouse only. One on Medicare – Senior Plan . . . . .	799.00
		With Spouse only. Two on Medicare – Senior Plan. . . . .	458.00
		With Spouse and/or children. One on Medicare – Senior Plan. . . . .	1,038.00
		With Spouse and/or children. Two on Medicare – Senior Plan . . . . .	717.00

**NOTE:** These rates do not include the \$25 monthly subsidy for 10 or more years of credited service, or the \$50 monthly subsidy for 20 years or more of service

\* PPO percentages refer to 90% of the contracted (allowed) amounts. Charges in excess of prevailing, usual and customary (U&C) do not apply to out-of-pocket maximums.

\*\* Available ONLY in Maricopa County and the City of Apache Junction.

**IMPORTANT –** The summary description of benefits provided in this packet is provided for information purposes only and does 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.

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.”