

# 2009 Open Enrollment Information & Instructions

## SRP Retirees, Retired B&C, and Survivors of Retirees



### Who must enroll?

You must enroll if you want to:

- Make any changes to your existing medical plan.

**If you make no changes to your medical plan, your existing coverage will continue into 2009.**

### How to enroll?

Enroll by using **HR Online** on the Internet at [www.srpnet.com/hronline](http://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>.
- 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 coverage, please complete the Dependent Information form, and return it to **Benefits PAB242**. 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.

### 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 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 [insidesp/hynet/publications](http://insidesp/hynet/publications) or by calling (602) 236-3600 or (800) 491-8846 and press 0.

## Medical Plans Comparison of Benefits 2009 – Retirees, Retired Board and Council, and Survivors of Retirees

	SRP MEDICAL PLAN * (PPO)	1991 SRP Medical Plan (80/20) (For info only, cannot enroll)	PAT Plan (For info only, cannot enroll)	UNITEDHEALTHCARE (UHC)		CIGNA HEALTHCARE **	
				Under 65 Non Medicare Plan	SecureHorizons Medicare Advantage	Under 65 (non-senior plan)	Medicare Select Plan
<b>Deductibles: Individual Family</b>	\$100 Single \$200 Family	\$100 Single \$200 Family	\$217 Part III \$650 Part III, plus \$109 per hospital confinement; amounts increased each year by Consumer Price Index	None None	None None	None None	None None
<b>Maximum Out-of-Pocket Expenses for Covered Charges Individual Family</b>	(excludes deductibles) \$1,000 Single \$2,000 Family	(excludes deductibles) \$1,000 Single \$2,000 Family	\$1753 includes deductible \$3,505 includes deductibles: amounts increased each year by Consumer Price Index	\$1,000 Single \$2,000 Family	\$1,000 Single \$2,000 Family	\$1,000 Single \$2,000 Family	None None
<b>Lifetime Maximum Benefits</b>	Unlimited	\$1,250,000 per person	\$1,000,000 per person	Unlimited	Unlimited	Unlimited	Unlimited
<b>Choice of Physician/ Restrictions</b>	Your choice of medical provider. After deductible, expenses are paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	Your choice of medical provider. SRP pays 80% of usual and customary charges	Your choice of medical provider. SRP pays 85% of usual and customary charges	You select a UHC physician. No referal necessary to see a specialist \$10 co-pay	No network No referral necessary to see a specialist \$10 co-pay	You select a CIGNA physician at any CIGNA Health Care Center \$10 per visit – Specialist \$10 per visit – PCP	You select a CIGNA physician at any CIGNA Health Care Center \$12 per visit – Specialist \$5 per visit – PCP
<b>Claim Forms</b>	PPO/PAR – Not required Non-PPO – Required (except for prescriptions)	Required for all expenses (except for prescriptions)	Required for all expenses (including prescriptions)	Not Required	Not Required	Not Required	Not Required
<b>Coordination of Benefits (COB)</b>	Carve-out COB – (up to 90% PPO, 70% PAR, 80% no PPO/PAR available)	Carve-out COB (up to 80% combined benefit)	Standard COB unless eligible for Medicare and then carve-out COB	Standard COB	Standard COB	Standard COB	Standard COB
<b>Hospice</b>	Maximum \$500 per day payable at 90% after the deductible to \$25,000 per person per lifetime.	Care is limited to \$100 per day, payable at 80% after the deductible up to a \$5,000 lifetime benefit.	Eligible expenses payable at 85%. Skilled nursing facility expenses paid at 85% per person for 365 days per condition.	No charge Limited to 360 days during entire period of coverage	No charge Limited to 360 days during entire period of coverage	No charge	No charge
<b>Prescription Drugs</b>	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 co-pay per pre- scription, up to 30-day sup- ply at RxAmerica network pharmacies	\$7 co-pay per prescription at RxAmerica network pharmacies up to a 34-day supply	85%, after deductible	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 at UHC participating 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	\$10 Tier 1 \$30 Tier 2 \$30 Tier 3 per prescription at CIGNA pharmacies
<b>Mail Prescription Service</b>	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3 co-pay, 90-day supply, maintenance meds. Speciality Pharmacy Prescriptions \$25 for 30-day supply	\$5 co-pay, 90-day supply – use for maintenance meds	Not offered	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3, 90-day supply use for maintenance meds	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3, 90-day supply use for maintenance meds	\$20 generic \$40 preferred brand \$100 non-preferred brand, 90-day supply use for maintenance meds	\$25 generic \$85 preferred brand \$85 non-preferred brand, 90-day supply use for maintenance meds

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				Under 65 Non Medicare Plan	SecureHorizons Medicare Advantage	Under 65 (non-senior plan)	Medicare Select Plan
<b>Surgery and Anesthesia (physician charges)</b>	After deductible, expenses are paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	80% of U&C after deductible	85% of schedule, no deductible	In office \$10 Inpatient/Outpatient No charge	In office \$10 Inpatient/Outpatient No charge	In office \$10 Inpatient/Outpatient No charge	In office \$12 Inpatient/Outpatient No charge
<b>Inpatient Hospital Services (room and board)</b>	After deductible, expenses are paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	80% of U&C after deductible	85% of U&C after \$109 deductible per confinement	No charge (semi-private room)	No charge (semi-private room)	No charge	No charge
<b>Outpatient Hospital Services</b>	After deductible, expenses are paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	80% of U&C after deductible	85% of U&C, no deductible	No charge	No charge	No charge	Some procedures require \$12 facility co-pay
<b>Laboratory/X-Ray</b>	After deductible, expenses are paid as follows: 90% of allowed charges = PPO 70% of allowed charges = Non-PPO 80% of U&C = PPO not available	80% of U&C after deductible	85% of U&C, no deductible	No charge	No charge	No charge	No charge
<b>Routine Physical Exams</b>	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% of U&C = PPO not available	80% of U&C up to \$250 annual benefit, per individual, no deductible	85% of U&C, no deductible	\$10 per visit Physicals are annual until age 18; thereafter, frequency is based on age	\$10 co-pay per visit	\$10 per visit – PCP Physicals are annual until age 18; thereafter, frequency is based on age	\$5 per visit – PCP Physicals are annual
<b>Well-Baby (Includes immunizations &amp; inoculations)</b>	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 Physical	See Routine Physical	See Routine Physical	See Routine Physical	See Routine Physical	See Routine Physical
<b>Physical Medicine</b>	<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.	Limited to \$40 per visit maximum, 26 visits per year, subject to deductible, payable at 80%	Limited to \$40 per visit maximum, 26 visits per year, no deductible, payable at 85%	\$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

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				Under 65 (non-Medicare plan)	SecureHorizons Medicare Advantage	Under 65 (non senior plan)	Medicare Select Plan
<b>Ambulance Services</b>	90% after deductible for all providers, in-network or out-of-network	80% of U&C after deductible	85% of U&C after \$217 per person annual deductible (family deductible of \$650)	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
<b>Emergency Medical Services</b>	90% after deductible for all providers, in-network or out-of-network	80% of U&C after deductible	85% of U&C, no deductible	\$50 Urgent Care \$100 per visit Emergency Room – co-payment waived if confined within 24 hrs for the same condition	\$50 co-pay Emergency or Urgent care co-payment waived if confined within 24 hours for the 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.
<b>Behavioral Health Substance Abuse</b>	Marital/relationship issues covered			See benefits under SRP Medical Plan (PPO)	\$10 copay per visit	See benefits under SRP Medical Plan (PPO)	Outpatient: \$12 per visit
<b>Outpatient</b>	NO DEDUCTIBLE – Benefits paid as follows: In-network – 90% per visit with maximum annual benefit determined on a CASE-BY-CASE basis	80% of U&C after deductible, limited to \$100 per visit, payable at 80% and a \$4,000 maximum annual benefit.	For substance abuse, first 12 months of structured outpatient program paid at 100%  For mental health, benefits limited to 52 visits per year, payable at 85% of \$60 per visit		\$0 co-pay 190 day lifetime maximum.		
<b>Inpatient</b>	\$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.  Out-of-Network – Hospital charges are covered at 70% 10 days annual limit	Combined mental/substance abuse benefits limited to \$50,000 every 3 years  After deductible, hospital charges are covered at 80%, up to 30 days per calendar year. Physician charges limited to \$100 per visit payable at 80%	For substance abuse, first 5 days of detox paid at 100%, then limited mental health inpatient benefits as described below  After inpatient deductible, hospital charges covered at 85%. Physician charges limited to \$60 per visit payable at 85%		Inpatient: \$0 co-pay 190 day lifetime max.		Inpatient: No charge for up to 190 days per lifetime.
<b>Other Service</b>	Medicine Man Weight Loss Program/Medications Stop Smoking Program/Medications Dietician Counseling	None	None	Wellness discounts and education	Wellness programs	Wellness/health education	Wellness/health education

\* 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 for Senior Plan.

**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 co-payments, annual deductibles and coinsurance.

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

## 2009 Open Enrollment Premiums SRP Retirees and Survivors of Retirees

PLAN NAME	RETIREE OR SURVIVOR	COVERAGE	MONTHLY PREMIUM		
<b>SRP PPO PLAN</b>	RETIREE	Single Coverage. \$100 deductible. No Medicare.....	\$ .00		
		Single Coverage. \$100 deductible. With Medicare.....	\$ .00		
		With spouse only. \$200 deductible. One on Medicare.....	\$ .00		
		With spouse only. \$200 deductible. Two on Medicare.....	\$ .00		
		With spouse and/or children. \$200 Deductible. All under age 65. No Medicare.....	\$ .00		
	SURVIVOR OF RETIREE	Single Coverage. \$100 deductible. No Medicare.....	\$ 501.00		
		Single Coverage. \$100 deductible. With Medicare.....	\$ 323.25		
		Family Coverage. \$200 deductible. All under age 65. No Medicare.....	\$ 1298.50		
		Family Coverage. \$200 deductible. One on Medicare (disabled child).....	\$ 824.25		
	<b>UNITEDHEALTHCARE/ SECUREHORIZONS</b>	RETIREE	Single Coverage. No Medicare.....	\$ .00	
Single Coverage. With Medicare – Senior Plan.....			\$ .00		
With spouse only. One on Medicare – Senior Plan.....			\$ .00		
With spouse only. Two on Medicare – Senior Plan.....			\$ .00		
With spouse and/or children. All under age 65. No Medicare.....			\$ .00		
With spouse and/or children. One on Medicare – Senior Plan.....			\$ .00		
With spouse and/or children. Two on Medicare – Senior Plan.....			\$ .00		
SURVIVOR OF RETIREE		Single Coverage. No Medicare.....	\$ 493.00		
		Single Coverage. With Medicare – Senior Plan.....	\$ 262.00		
		Family Coverage. All under age 65. No Medicare.....	\$ 1221.00		
		With one child. One on Medicare – Senior Plan.....	\$ 755.00		
		With one child. Two on Medicare – Senior Plan (disabled child).....	\$ 524.00		
		<b>CIGNA/CIGNA SR.</b>	RETIREE	Single Coverage. No Medicare.....	\$ .00
				Single Coverage. With Medicare – Senior Plan.....	\$ .00
With spouse only. One on Medicare – Senior Plan.....	\$ .00				
With spouse only. Two on Medicare – Senior Plan.....	\$ .00				
With spouse and/or children. All under age 65. No Medicare.....	\$ .00				
With spouse and/or children. One on Medicare – Senior Plan.....	\$ .00				
With spouse and/or children. Two on Medicare – Senior Plan.....	\$ .00				
SURVIVOR OF RETIREE	Single Coverage. No Medicare.....	\$ 560.00			
	Single Coverage. With Medicare – Senior Plan.....	\$ 229.00			
	Family Coverage. All under age 65. No Medicare.....	\$ 1359.00			
	Family Coverage. One on Medicare – Senior Plan.....	\$ 1038.00			

## 2009 Open Enrollment Premiums SRP Retired Board & Council Members

PLAN NAME	RETIREE OR SURVIVOR	COVERAGE	MONTHLY PREMIUM
<b>SRP PPO PLAN</b>	RETIREE	Single Coverage. \$100 deductible. No Medicare. ....	\$ .00
		Single Coverage. \$100 deductible. With Medicare.....	\$ .00
		With spouse only. \$200 deductible. Two on Medicare. ....	\$ 162.00
		With spouse and/or children. All under age 65. No Medicare. ....	\$ 324.00
		With spouse and/or children. One on Medicare. ....	\$ 206.00
	SURVIVOR OF RETIREE	Single coverage. \$100 deductible. No Medicare.....	\$ 501.00
		Single Coverage. \$100 deductible. With Medicare.....	\$ 323.25
		Family Coverage. \$200 deductible. All under age 65. No Medicare.....	\$ 1298.50
		Family Coverage. \$200 deductible. Two on Medicare (disabled child) .....	\$ 646.50
<b>UNITEDHEALTHCARE/ SECUREHORIZONS</b>	RETIREE	Single Coverage. No Medicare .....	\$ .00
		Single Coverage. With Medicare – Senior Plan .....	\$ .00
		With spouse only. One on medicare – Senior Plan .....	\$ 188.75
		With spouse only. Two on medicare – Senior Plan .....	\$ 131.00
		With spouse and/or children. All under age 65. No Medicare.....	\$ 305.00
		With spouse and/or children. One on Medicare – Senior Plan .....	\$ 250.00
		With spouse and/or children. Two on Medicare – Senior Plan .....	\$ 315.50
	SURVIVOR OF RETIREE	Single coverage. No Medicare.....	\$ 493.00
		Single Coverage. With Medicare – Senior Plan .....	\$ 262.00
		Family Coverage. All under age 65. No Medicare.....	\$ 1221.00
		With one child. One child one on Medicare – Senior Plan .....	\$ 755.00
		With one child. Two Medicare Senior Plan (disabled child).....	\$ 524.00
<b>CIGNA/CIGNA SR. HEALTHCARE</b>	RETIREE	Single Coverage. No Medicare .....	\$ .00
		Single Coverage. With Medicare – Senior Plan .....	\$ .00
		With spouse only. One on Medicare – Senior Plan .....	\$ 199.75
		With spouse only. Two on Medicare – Senior Plan.....	\$ 114.50
		With spouse and/or children. All under age 65. No Medicare.....	\$ 339.00
		With spouse and/or children. One on Medicare – Senior Plan .....	\$ 259.50
		With spouse and/or children. Two on Medicare – Senior Plan .....	\$ 179.25
	SURVIVOR OF RETIREE	Single Coverage. No Medicare. ....	\$ 560.00
		Single Coverage. With Medicare – Senior Plan .....	\$ 229.00
		Family Coverage. All under age 65. No Medicare.....	\$ 1359.00
	Family Coverage. One on Medicare – Senior Plan.....	\$ 1038.00	