

# 2009 Open Enrollment Information & Instructions





<b>Who must enroll?</b>	<p>You must enroll if you want to:</p> <ul style="list-style-type: none"> <li>• Make any changes to your existing medical plan.</li> </ul> <p><b>If you make no changes to your medical plan, your existing coverage will continue into 2009.</b></p>				
<b>How to enroll?</b>	<p>Enroll by using <b>HR Online</b> on the Internet at <a href="http://www.srpnet.com/hronline">www.srpnet.com/hronline</a>. <b>HR Online</b> is available 24 hours a day, 7 days a week.</p> <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 <a href="http://www.srpnet.com/hronline">http://www.srpnet.com/hronline</a>.</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 <b>HR Online</b>, 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>	<table> <tr> <td>Open Enrollment <b>BEGINS:</b></td> <td>Saturday, November 1, 2008</td> </tr> <tr> <td>Open Enrollment <b>ENDS:</b></td> <td>Sunday, November 30, 2008</td> </tr> </table>	Open Enrollment <b>BEGINS:</b>	Saturday, November 1, 2008	Open Enrollment <b>ENDS:</b>	Sunday, November 30, 2008
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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 <b>Benefits Services</b> 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](http://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	
		Under 65 Non Medicare Plan	SecureHorizons Medicare Advantage	Under 65 (non senior plan)	Medicare Select Plan
<b>Restrictions/ Choice of Physician</b>	Your choice of provider. 80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available	Physicians within the UHC contracted network No referral necessary to see a specialist.	Physicians within the UHC contracted network No referral necessary to see a specialist.	Physicians locat- ed at CIGNA HealthCare Centers	Physicians locat- ed at CIGNA HealthCare Centers
<b>Deductible</b>	\$ 300 Single 600 Family	None	None	None	None
<b>Out-of-Pocket Maximum (Except Deductibles)</b>	\$ 1,500 Single 3,000 Family	\$1,000 Single 2,000 Family	\$1,000 Single 2,000 Family	\$1,000 Single 2,000 Family	None
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Claim Forms</b>	PPO/PAR = Not required Non-PPO = Required (except prescrip- tions)	Not required	Not required	Not required	Not required
<b>Preexisting Conditions</b>	Covered	Covered	Covered	Covered	Covered
<b>Prescription Drugs</b>	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 co-pay per prescription, up to 30-day supply at RXAmerica network pharma- cies.	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 at UHC parti- cipating pharmacies.	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3 at UHC parti- cipating 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 Prescriptions Service</b>	\$20 Tier 1, \$50 Tier 2, and \$100 Tier 3 – 90-day supply, use for maintenance meds. Speciality Pharmacy Prescription \$25 for 30 day supply.	\$20 Tier 1, \$50 Tier 2 and \$100 Tier 3 90-day supply use for maintenance meds.	\$20 Tier 1, \$50 Tier 2 and \$100 Tier 3 90-day supply use for maintenance meds.	\$20 Tier 1, \$40 Tier and, \$100 Tier 3, 90-day supply, use for maintenance meds	\$25 Tier 1, \$85 Tier 2, and \$85 Tier 3, 90-day supply, use for maintenance meds
<b>Physician Office Visits</b>	80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available	\$10 per visit	\$10 per visit	\$10 per visit	\$12 per visit Specialist \$5 per visit PCP
<b>Surgeon (Physician Charge)</b>	80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available	In Office, \$10 Inpatient/ Outpatient  No charge	In Office, \$10 Inpatient/ Outpatient  No charge	In Office, \$10 Inpatient/Outpatient  No charge	In Office, \$10 Inpatient/Outpatient  No charge
<b>Inpatient Hospital (Room &amp; Board)</b>	80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available (precertification required or \$250 penalty)	No charge (Semi-private Room)	No charge (Semi-private Room)	No charge (Semi-private Room)	No charge (Semi-private Room)
<b>Outpatient Hospital Services</b>	80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available	No charge	No charge	No charge	Some procedures require \$12 Facility Co-pay
<b>Laboratory/ X-Ray</b>	80% after deductible = PPO 70% after deductible = Non-PPO 60% after deductible = Where PPO is not available	No charge	No charge	No charge	No charge
<b>Routine Physicals</b>	Up to \$500 annual benefit per individual, no deductible and paid as follows: 80% of allowed charges = PPO 70% of allowed charges = Non-PPO 60% = 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

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<b>Well-Baby</b> <i>(Includes inoculations and immunizations)</i>	Up to \$2000 Maximum, birth to age 3, no deductible and paid as follows: 80% of allowed charges = PPO 70% of allowed charges = Non-PPO 60% = Where PPO is not available	See Routine Physicals	See Routine Physicals	See Routine Physicals	See Routine Physicals
<b>Coordination of Benefits (COB)</b>	Carve out COB (up to 80% PPO, 70% Non-PPO, 60% where PPO is not available)	Standard COB	Standard COB	Standard COB	Standard COB
<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.	\$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 \$30 per visit, 12 visit limit  Physical therapy – \$12 per visit, no visit limitation
<b>Ambulance Services</b>	80% after deductible for all providers, in-network or out-of-network	No charge when authorized or in emergency situation	No charge when authorized or in emergency situation	No charge if due to emergency	No charge if due to emergency
<b>Emergency Medical</b>	80% after deductible for all providers, in-network or out-of-network	\$50/visit Urgent care \$100/ Emergency Room-copayment waived if confined within 24 hours for the same condition	\$50/visit Urgent care or Emergency Room-copayment waived if confined within 24 hours for the same condition	\$50/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	\$25/visit at CIGNA Urgent Care \$50 at non-CIGNA emergency room or urgent-care facility. No charge if admitted to hospital due to an emergency
<b>Behavioral Health/ Substance Abuse</b>	Marital/relationship issues covered	See benefits under SRP Medical Plan (PPO)	\$10 co-pay per visit  \$5 group co-pay	See benefits under SRP Medical Plan (PPO)	\$12 per visit In-patient: No charge for up to 190 days per lifetime.
<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  50% per visit No dollar limit per visit 35 sessions annual limit				
<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.  Hospital charges are covered at 70% 10 days annual limit		Inpatient: \$0 co-pay 190 day lifetime maximum		Inpatient: No Charge for up to 190 days per lifetime.
<b>Other Services</b>	Medicine Man Weight Loss Programs/Medications Stop Smoking Programs/Medications Dietician Counseling	Wellness/health education	Wellness/health education	Wellness/health education	Wellness/health education

## 2009 Open Enrollment Plan Codes and Premiums— Non-Grandfathered Retirees

Plan Name	Deductible	Coverage	Plan Code	Monthly Premium	Retiree Portion
<b>SRP PPO Plan Retiree</b>	\$300	Single Coverage. \$300 Deductible. No Medicare . . . . .	020	518.00	129.00
		Single Coverage. \$300 Deductible. With Medicare . . . . .	017	293.00	64.00
		With Spouse Only \$600 Deductible. One on Medicare. . . . .	018	811.00	193.00
		With Spouse Only \$600 Deductible. Two on Medicare . . . . .	019	587.00	129.00
		With Spouse and/or children All under age 65. No Medicare . . . . .	021	1,306.00	326.00
<b>United HealthCare Retiree/ Secure Horizons</b>		Single Coverage. No Medicare . . . . .	022	493.00	123.00
		Single Coverage. With Medicare . . . . .	049	262.00	33.00
		With Spouse Only. One on Medicare . . . . .	050	755.00	131.00
		With Spouse Only. Two on Medicare . . . . .	051	524.00	66.00
		With Spouse and/or children All under age 65. No Medicare . . . . .	024	1,221.00	305.00
		With Spouse and/or children. One on Medicare – Senior Plan . . . . .	052	1,000.00	217.00
<b>CIGNA HealthCare</b>		With Spouse and/or children. Two on Medicare – Senior Plan . . . . .	054	1,262.00	250.00
		Single Coverage. No Medicare . . . . .	027	560.00	140.00
		Single Coverage. With Medicare – Senior Plan . . . . .	073	229.00	0.00
		With Spouse Only. One on Medicare . . . . .	030	799.00	140.00
		With Spouse Only. Two on Medicare – Senior Plan . . . . .	031	458.00	0.00
		With Spouse and/or children All under age 65. No Medicare . . . . .	029	1,359.00	339.00
		With Spouse and/or children. One on Medicare – Senior Plan . . . . .	038	1,038.00	202.00
With Spouse and/or children. Two on Medicare – Senior Plan . . . . .	039	717.00	64.00		

\* PPO percentages refer to 80% 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.”