

# OPEN ENROLLMENT 2012 GUIDEBOOK



Delivering more than power.™

Dear Health Plan Member,

This guide provides the information you need to make medical, dental, group legal and short-term disability coverage selections, and establish your Tax Saver Account (TSA) for 2012. The Open Enrollment period begins Nov. 1 and concludes at midnight (Arizona time) Nov. 18.

We are pleased to inform you that even though medical costs are still going up on average between 7% and 12%, SRP's medical and dental premiums for 2012 will experience very little change over the 2011 premiums. In fact, in our PPO and EPO medical plans, the premiums will remain the same in 2012.

Our ability to keep premium increases to a minimum is due in large part to your efforts to control costs. With a few exceptions, SRP's major medical and dental plans are self-insured. What that means for us is that we collectively share in the costs of our medical claims. When we work together to save money, the impact to our premiums can be substantial. We encourage you to continue taking an active part in controlling your medical costs, both for yourself and for SRP.

We also encourage you to practice preventative health care and wellness. Our PPO and EPO plans provide for annual cancer screenings without any co-pay or deductible. We also provide free programs, such as our annual CHAMP program, on-site mammography and on-site prostate screenings. Take advantage of these and other programs offered throughout the year. We want you to avoid the cost and discomfort of treating illnesses and diseases that may go undetected without preventative care. If you haven't seen your doctor in a while, make it a point to do it soon. If you don't have a doctor, call us and we'll help you find one.

**Finally, a reminder: Tax Saver Accounts (TSAs) must be renewed every year.** If you want to participate in a TSA for 2012, you must sign up during Open Enrollment. You only have until midnight Nov. 18 to set up your TSA. Don't miss this opportunity.

Our staff will be available to assist you until 5 p.m. Nov. 18 with any Open Enrollment issues. Please call on us at (602) 236-3600.

SRP Benefits Services

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# 1. IMPORTANT DATES & RESOURCES

## Open Enrollment

### Who Must Enroll?

Only those employees who wish to make a medical or dental change or those wishing to participate in a Tax Saver Account (TSA).

You must also enroll if you want to:

- Establish a TSA for 2012. All existing TSAs will expire on Dec. 31, 2011. If you want to participate in a TSA during 2012, you must enroll during Open Enrollment.
- Make any changes to existing dental or Short-Term Disability (STD) plans.
- Add coverage that you do not have at this time.
- Add or cancel Group Legal.

### Open Enrollment Dates

**BEGINS:** Tuesday, Nov. 1, 2011

**ENDS:** Friday, Nov. 18, 2011

### Open Enrollment Deadline

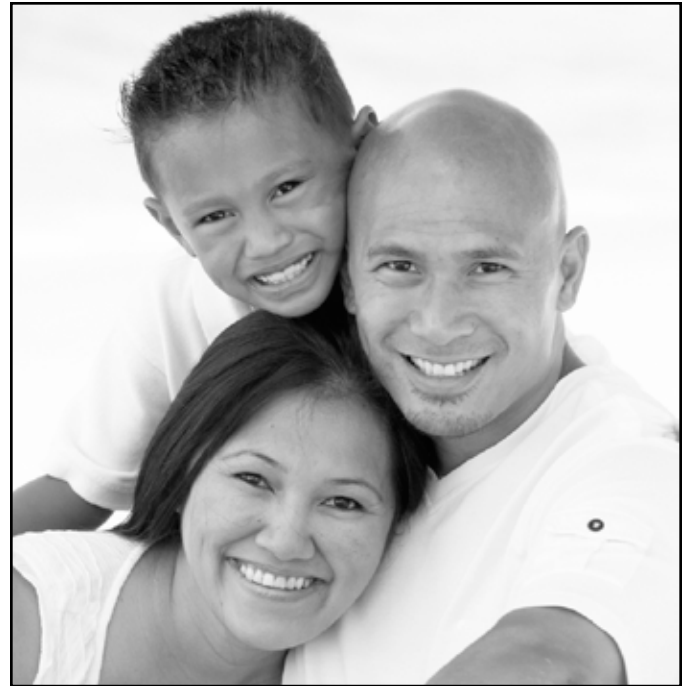
All changes must be made by midnight Friday, Nov. 18, 2011.

### How to Enroll – HR Online

Enroll or make changes online on HR Online at [srpnet.com/hronline](http://srpnet.com/hronline).

### Member ID Cards

**Medical/Prescription Cards:** All members that change from the EPO to a PPO Plan or vice versa will receive new medical/prescription ID cards by mail from Gilsbar. Members who are in the PPO Plan but change their deductible option should retain their current ID cards as new ones will not be issued.



### Toll-Free Health Plan Hotline

Questions about your 2012 medical plan and TSAs can be answered by calling the SRP Health Plan Hotline at Gilsbar at (877) 841-4SRP or (877) 841-4777 between 7 a.m. and 7 p.m. Central Standard Time.

### SRP Benefits Services

Questions about your dental, vision, STD or other 2012 benefits can be answered by calling SRP Benefits Services at (602) 236-3600.

# 2. INSTRUCTIONS FOR ENROLLMENT

If you want to make a change, enroll online for the 2012 plan year at [srpnet.com/hronline](http://srpnet.com/hronline).

## I. Before you enroll:

1. Review and select from the available plans outlined in this guide.
2. If you are establishing a Tax Saver Account, you will need to know the pay-period amount that you wish to be deducted from your paycheck.
3. If you want to add a dependent for coverage for next year, now is the time to do it. You may not add dependents during the plan year unless you have a qualified event.
  - A birth certificate and a Social Security number must be submitted to SRP Benefits Services for any covered dependent before they will become effective on the plan.
  - To add a spouse not previously covered, a copy of the marriage license must be submitted to SRP Benefits Services before your spouse will become effective on the plan.
  - If you wish to add 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 to Benefits, PAB242. The form is located on HR Online under

Benefits Forms or HR Net, or you may call Benefits at (602) 236-3600 to request a form.

## II. Instructions to Access HR Online:

From work:

- Go online to <http://insidesrp>.
- On the left side under HR Quick Links, click on "My HR Online."
- This will take you to the "Welcome to HR Online" page. Click on "begin using HR Online now."
- At the main logon screen, enter your user ID followed by your password.

From home:

- Go online [srpnet.com/hronline](http://srpnet.com/hronline).
- This will take you to the "Welcome to HR Online" page. Click on "begin using HR Online now."
- At the main logon screen, enter your user ID followed by your password.

## Hot Tips:

Did you forget your user ID? Enter your Social Security number in the user ID box and click on "Send Me My User ID" to have your user ID emailed to your SRP Outlook inbox and personal email address stored in our system.

Did you forget your password? Are you a first-time user? Enter your user ID in the box and click on "Send Me My Password" to have your password emailed to your SRP Outlook inbox and personal email address stored in our system.

If you do not have an email address, you can call Benefits Services at (602) 236-3600 to have your user ID and password reset.

Once you're online, click on "Open Enrollment." To see your current benefit plan elections, click on "Open Enrollment Summary." To make a change to your Medical, Dental, Tax Saver, Group Legal or Short-Term Disability plans, click on the link of the plan you want to change. Your current options will appear on the screen. If you wish to make a change for 2012, select the new option. Once you're satisfied with the change, click on "Submit" to change your election. Be sure to print a copy of your pending election before you log out.

If you have questions during Open Enrollment, you may call (877) 841-4SRP between 7 a.m. and 7 p.m. Central Standard Time, Monday through Friday.

Please contact SRP Benefits Services for any change-of-address requests and to submit birth certificates or marriage licenses for any dependent covered on your plan.



# 3. HEALTH PLAN

## Overview of Plan Choices

There will be three plan options for 2012: a \$300/\$600 deductible Preferred Provider Organization (PPO), a \$1,000/\$2,000 deductible PPO, and an Exclusive Provider Organization (EPO).

With the PPO plans, you will have both in-network and out-of-network providers. If you choose the EPO plan, you can select any provider who is part of the Blue Cross Blue Shield of Arizona network. There are no benefits available if you use an out-of-network provider.

With all plan choices, employees can choose from four coverage tiers: employee only; employee and spouse; employee and child/children; and employee, spouse and child/children.

## Networks

SRP will continue to offer the following network coverage.

- **EPO Plan:** SRP employees residing in Arizona will access the Blue Cross Blue Shield of Arizona provider network. There will be no benefits available if you use an out-of-network provider, with the exception of Emergency Services.
- **PPO Plans Only:** SRP employees residing in Arizona will access the Blue Cross Blue Shield of Arizona provider network. SRP employees residing in Arizona who travel



out of state, or their covered out-of-state dependents, will have access to the PHCS provider network. SRP employees residing outside of Arizona will access only the PHCS provider network.

To find a list of providers, please visit the network websites:

- **Blue Cross Blue Shield of Arizona:**  
[bcbsaz.com](http://bcbsaz.com)
- **PHCS:** [phcs.com](http://phcs.com)

## Medical Plan Comparison of Benefits 2012

	SRP EPO	SRP PPO \$300/\$600 AND \$1,000/\$2,000 DEDUCTIBLE
<b>Restrictions/ Choice of Physician</b>	Services must be received from a BCBSAZ provider with the exception of Emergency Care. No referral necessary to see a specialist.	Services must be received from a BCBSAZ or PHCS provider with the exception of Emergency Care. No referral necessary to see a specialist.
<b>Deductible</b>	None	<b>PPO, Non-PPO and Behavioral Health Combined:</b> \$300 Single or \$1,000 Single \$600 Family \$2,000 Family
<b>Out-of-Pocket Maximum</b> (Does Not Include Deductibles and Co-payments)	Not applicable	<b>PPO, Non-PPO and Behavior Health Combined:</b> \$1,500 Single or \$2,000 Single \$3,000 Family \$4,000 Family  <b>Non-PPO:</b> \$4,500 Single or \$6,000 Single \$9,000 Family \$12,000 Family
<b>Lifetime Maximum</b>	Unlimited	
<b>Pre-existing Conditions</b>	Covered	
<b>Prescription Drugs Retail</b> (30-Day Supply)	Participating pharmacies only: Tier 1 – \$10 co-pay Tier 2 – \$25 co-pay Tier 3 – \$50 co-pay <b>Specialty Pharmacy: \$50 for 30-day supply</b>	
	<b>Non-Network:</b> Not available	<b>Non-Network:</b> Member must pay for cost of Rx and submit a paper claim to the Prescription Drug Program, using the Direct Member Reimbursement process; <b>Specialty Rx</b> is not eligible for reimbursement.
<b>Mail Order Prescription Service</b> (CVS/Caremark Only, 90-Day Supply, Use for Maintenance Meds)	Tier 1 – \$20 co-pay Tier 2 – \$50 co-pay Tier 3 – \$100 co-pay <b>Specialty Pharmacy: \$50 for 30-day supply</b> <b>Non-Network:</b> Not available	

## Medical Plan Comparison of Benefits 2012

	SRP EPO	SRP PPO \$300/\$600 AND \$1,000/\$2,000 DEDUCTIBLE
<b>Physician Services/ Physician Office Visits</b>	Primary Care Physician \$15 co-payment per visit Specialist \$25 co-payment per visit	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible
<b>Surgeon</b> (Physician Charge)	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible
<b>Inpatient Hospital</b> (Room and Board) (Semi-Private Room)	\$100 co-payment per admission (precertification required or \$250 penalty)	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible (precertification required or \$250 penalty)
<b>Outpatient Hospital Services</b>	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible
<b>Laboratory/X-Ray</b>	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible
<b>Routine Physical/ Adult Well Care</b>	\$15 co-payment per visit  Physicals are annual until age 18; thereafter, frequency is based on age.	Up to \$500 annual benefit per individual, no deductible, and paid as follows: PPO: 90% of allowed charges Non-PPO: 70% of allowed charges Outside of PPO Area: 80% of allowed charges
<b>Adult Cancer Screenings</b> (Mammogram ≥ Age 40, Annual Pap Smear ≥ Age 18, PSA ≥ 50, Colonoscopy ≥ 50)	Covered at 100%	Deductible waived PPO: 90% of allowed charges Non-PPO: 70% of allowed charges Outside of PPO Area: 80% of allowed charges

## Medical Plan Comparison of Benefits 2012

	SRP EPO	SRP PPO \$300/\$600 AND \$1,000/\$2,000 DEDUCTIBLE
<b>Well-Baby</b> (Includes Inoculations and Immunizations)	\$15 co-payment per visit  Physicals are annual until age 18; thereafter, frequency is based on age.	Up to \$2,000 maximum, birth to age 3, no deductible, and paid as follows: <b>PPO:</b> 90% of allowed charges <b>Non-PPO:</b> 70% of allowed charges <b>Outside of PPO Area:</b> 80% of allowed charges
<b>Coordination of Benefits (COB)</b>	Carve-out COB (Plan will adjudicate claim as if SRP were Primary, then subtract from that amount the dollars paid by Primary plan.)	
<b>Physical Medicine</b>	\$15 co-payment per visit (PT, OT, speech, pulmonary, cardiac rehab and spinal manipulations)	<b>PPO:</b> 90% after deductible <b>Non-PPO:</b> 70% after deductible <b>Outside of PPO Area:</b> 80% after deductible
	<p style="text-align: center;"><b>Spinal Manipulation:</b> Plan pays maximum benefit of \$1,500 per person per year (including initial office visit and X-rays)</p> <p style="text-align: center;"><b>Rehabilitation Services:</b></p> <ul style="list-style-type: none"> <li>• Outpatient – 60 visits per year</li> <li>• Inpatient – 60 days per person per illness or injury</li> </ul>	
<b>Ambulance Services</b>	No charge when authorized or due to emergency	90% after deductible for all providers, in-network or out-of-network
<b>Urgent Care</b>	\$50 co-payment per visit	90% after deductible for all providers, in-network or out-of-network
<b>Emergency Room</b>	\$100 co-payment per visit; waived if admitted	90% after deductible for all providers, in-network or out-of-network

## Medical Plan Comparison of Benefits 2012

	SRP EPO	SRP PPO \$300/\$600 AND \$1,000/\$2,000 DEDUCTIBLE
<b>Behavioral Health/ Substance Abuse</b> (Mental Health Parity Effective Jan. 1, 2011)		
• <b>Outpatient</b>	\$15 co-payment per visit	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible
• <b>Inpatient</b>	\$100 co-payment per admission (semi-private room)(precertification required or \$250 penalty)	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible (precertification required or \$250 penalty)
<b>Other Services</b>		
• <b>Medicine Man</b>	Not available	Must be certified (subject to deductible)
• <b>Weight Loss Programs/ Medications</b>	Program: cost reimbursed up to \$250 lifetime max (does not cover cost of food)	
	Medications: 50% up to \$1,000 benefit per year	
• <b>Dietician Counseling</b> (Prescription Required)	Up to three visits per year at 100%; lifetime maximum \$500 benefit per person per condition	
• <b>Smoking Cessation Programs/ Medications</b>	Program: 100% (not subject to deductible)	
	<b>Medications</b> Tier 1 – \$10 co-pay Tier 2 – \$25 co-pay Tier 3 – \$50 co-pay	

# 4.

## DENTAL & VISION PLANS

### Dental Plans Comparison of Benefits 2012

	SRP DENTAL PLAN (DELTA DENTAL)	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. Three cleanings per year. Two exams per year.	Plan provides most preventive services with \$5 co-pay.
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	EDS dentists only
Dental Schedule Participating Provider Non-Participating Provider	<ul style="list-style-type: none"> <li>• Benefits paid up to Plan limits</li> <li>• Benefits paid up to usual and customary limits</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 co-payment each office visit</li> <li>• Plan lists additional co-payment by service provided</li> </ul>
Prescription Drugs	Not covered	APN Discount Program
Coordination of Benefits (COB)	Carve-out COB (up to 70%)	Please call EDS Customer Service.

### Vision Service Plan 2012

Coverage for your dependents will be the same as your medical plan election.

BENEFIT	FREQUENCY	DESCRIPTION
WellVision Exam®	Once every calendar year	<ul style="list-style-type: none"> <li>• Focuses on your eye health and overall wellness</li> <li>• Wellness \$15 co-pay</li> </ul>
Eyeglass Lenses	Once every calendar year	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal lenses</li> <li>• Polycarbonate, progressive lenses, and tints</li> </ul>
Frames	Once every calendar year	<ul style="list-style-type: none"> <li>• \$150 allowance for frame of your choice</li> <li>• 20% off of the amount over your allowance</li> </ul>
<b>OR</b>		
Contact Lenses	Once every calendar year	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts and the contact-lens exam (fitting and evaluation)</li> </ul>
<b>AND</b>		
Laser Vision Correction	(SRP employees and dependents over 18) VSP's Laser VisionCare <sup>SM</sup> Preferred Program: laser vision correction (LASIK, Custom LASIK, or PRK) is covered up to a maximum of \$250 per eye. For further information, please visit <a href="http://vsp.com">vsp.com</a> or call (800) 877-7195.	

# 5. SHORT-TERM DISABILITY PLAN 2012

SRP's Short-Term Disability (STD) Plan is designed to help bridge the gap between the date of your absence due to an illness or injury and the beginning of your long-term disability benefits, which begin once you are absent for 90 calendar days. STD insurance provides for the payment of a weekly income benefit of 60% of weekly base pay and is only available after you have exhausted all of your accumulated sick leave.

Employees can choose one of two waiting periods before the STD benefit would begin: 14 days or 28 days. The premium you will pay for coverage will be based on the waiting period chosen and your base pay. If you elect a 14-day waiting period, your cost is \$0.35

per \$100 of covered monthly payroll. The 28-day waiting period costs \$0.26 per \$100 of covered monthly payroll. The maximum STD benefit available will be \$2,000 weekly.

You can only enroll or cancel your enrollment in STD during the annual Open Enrollment period.

To find your individual rate, divide your monthly base pay by 100. Multiply that total by either .35 or .26 to find your monthly cost, then divide by 2 to get your cost per pay period. Example:  $\$3,800/100 = \$38 \times .26 = \$9.88/2 = \$4.94$  per pay period.

STD SAMPLE MONTHLY PREMIUM RATES		
WAITING PERIOD (cost per \$100/covered pay)	BASE ANNUAL PAY	
	\$50,000	\$75,000
14 days (\$0.35/\$100)	\$14.58	\$21.88
28 days (\$0.26/\$100)	\$10.84	\$16.24



# 6. TAX SAVER ACCOUNTS

## **New for 2012: Changes to Tax Saver Account (TSA) Minimum Reimbursements – Medical and Dependent Care**

Effective Jan. 1, 2012, all TSA direct deposits or check reimbursements will have a minimum required amount of \$25. **If your reimbursement is less than \$25, it will be held in suspense until the amount reimbursed reaches \$25. Any amounts at year-end under \$25 will be processed.**

Gilsbar Inc. will continue to be the administrator of our TSAs this year and will manage claims processing and payment for these accounts. You will have the option to participate in both the Health Care TSA and the Dependent Care TSA. By using your TSA to pay for qualified medical or dependent care expenses, you can save an additional 20%–30%, which means your take-home pay increases!

The IRS requires that all money in TSA accounts be used during the plan year. Money cannot be returned to you or carried over to the following year. For this reason, it is important to carefully estimate your expenses at the beginning of the plan year when you decide your election amount.

TSAs will no longer reimburse over-the-counter (OTC) medications, unless these medications are accompanied by a doctor's prescription. This change may affect how you determine your TSA amount for next year.

## **Health Care TSA**

A Health Care TSA (also known as a Flexible Spending Account) is a reimbursement account that allows you to set aside a certain amount of money from the first two paychecks of each month, pre-tax, to help pay for out-of-pocket medical expenses for you and your family.

### **Who should enroll in the Health Care TSA?**

Any employee who has eligible out-of-pocket expenses beyond what their health plan covers should enroll in the Health Care TSA.

### **How does the Health Care TSA work?**

With a TSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be deducted from the first two pay periods of the month.

### **How much can I contribute to my Health Care TSA?**

You may deposit up to \$208.33 per pay period into this account (24 pay periods). Your total contributions for the calendar year cannot exceed the SRP maximum contribution limit of \$5,000.

## Dependent Care TSA

A Dependent Care TSA is a reimbursement account that allows you to set aside a certain amount of money from the first two paychecks of each month on a pre-tax basis to pay for your eligible dependent day care expenses.

An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who:

- Is a child under 13 years of age
- Is a child over the age of 13 who is physically or mentally incapable of caring for himself or herself
- Is your spouse and is physically or mentally incapable of caring for himself or herself
- Is an elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself

### What expenses are covered in the Dependent Care TSA?

Eligible dependent care expenses are those that allow you and your spouse, if you are married, to work or attend school full time.

Private school tuition is not eligible for reimbursement. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before- and after-school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for kindergarten
- In-home babysitting fees, if not provided by another dependent and claimed as income by the care provider

### How much can I contribute to my Dependent Care TSA?

- You may deposit up to \$208.33 per pay period into this account (24 pay periods). Your total contributions for the calendar year cannot exceed the SRP maximum contribution limit of \$5,000.
- If married and filing separate federal income tax returns, please refer to your Employee Handbook.
- If you are married to an SRP employee, and you and your spouse both participate in Dependent Care TSAs, your total combined contributions for the calendar year cannot exceed the SRP maximum contribution of \$5,000.



# 7. GROUP LEGAL

The Group Legal Services Program, administered by Hyatt Legal Plans Inc., a MetLife company, provides you and your qualified dependents with a variety of legal services at a cost that can be a fraction of average attorneys' fees for the same services. The program costs \$17.34 per month (\$8.67 per pay period). The Group Legal Services Program gives you access to a nationwide network of more than 9,000 attorneys who can provide you with legal advice and representation. There are no waiting periods, dollar caps, co-payments, hour limits or frequency limits.

Services covered include:

- Consumer protection – small-claims assistance
- Debt matters – collections, personal bankruptcy
- Civil lawsuits
- Document review – any personal legal document
- Family law – name change, premarital agreement, uncontested adoption, uncontested guardianship
- Juvenile matters – juvenile court defense
- Real estate matters – eviction defense, refinancing of home, sale or purchase of home
- Traffic matters – traffic defense, excluding DUI
- Wills and estate planning – living wills, powers of attorney, trusts, wills and codicils
- Identity theft – consultation and representation, if needed

During Open Enrollment, employees may join the program or cancel their participation via HR Online.

For more information about SRP's Group Legal Services Program, go to [http://insidesrp/hrnet/benefits/group\\_legal.htm](http://insidesrp/hrnet/benefits/group_legal.htm).



# PREMIUM COMPARISONS 2012

2012 - PREMIUMS PER PAY PERIOD												
Employee Status	Medical Plan PPO \$300/\$600 Deductible		Medical Plan PPO \$1,000/\$2,000 Deductible		SRP Medical Plan EPO		STD		SRP Dental Plan		Employer's Dental Plan	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	14-Day Wait Per \$100	28-Day Wait Per \$100	Your Cost	SRP Cost	Your Cost	SRP Cost
Full and 3/4 Time Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$13.00	\$250.00	(\$21.00)	\$200.00	\$12.00	\$223.00	\$0.35	\$0.26	\$1.00	\$20.00	\$0.00	\$5.50
	\$110.00	\$441.00	\$41.00	\$379.00	\$123.00	\$371.00			\$11.00	\$33.00	\$2.60	\$7.90
	\$76.00	\$436.00	\$20.00	\$370.00	\$92.00	\$366.00			\$14.50	\$43.50	\$3.10	\$9.40
	\$158.00	\$748.00	\$51.00	\$639.00	\$182.00	\$629.00			\$19.50	\$58.50	\$3.90	\$11.60
Half Time Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$131.50	\$131.50	\$100.00	\$100.00	\$117.50	\$117.50	\$0.35	\$0.26	\$10.50	\$10.50	\$2.75	\$2.75
	\$275.50	\$275.50	\$210.00	\$210.00	\$247.00	\$247.00			\$22.00	\$22.00	\$5.25	\$5.25
	\$256.00	\$256.00	\$195.00	\$195.00	\$229.00	\$229.00			\$29.00	\$29.00	\$6.25	\$6.25
	\$453.00	\$453.00	\$345.00	\$345.00	\$405.50	\$405.50			\$39.00	\$39.00	\$7.75	\$7.75
Employees on Leave Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$13.00	\$250.00	(\$21.00)	\$200.00	\$12.00	\$223.00	Not eligible		\$1.00	\$20.00	\$0.00	\$5.50
	\$110.00	\$441.00	\$41.00	\$379.00	\$123.00	\$371.00			\$11.00	\$33.00	\$2.60	\$7.90
	\$76.00	\$436.00	\$20.00	\$370.00	\$92.00	\$366.00			\$14.50	\$43.50	\$3.10	\$9.40
	\$158.00	\$748.00	\$51.00	\$639.00	\$182.00	\$629.00			\$19.50	\$58.50	\$3.90	\$11.60
COBRA - No Medicare Younger than 65 Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)		\$536.52		\$408.00		\$479.40	Not eligible			\$42.84		\$11.22
		\$1,124.04		\$856.80		\$1,007.76				\$89.76		\$21.42
		\$1,044.48		\$795.60		\$934.32				\$118.32		\$25.50
		\$1,848.24		\$1,407.60		\$1,654.44				\$159.12		\$31.62
COBRA - with 1 Medicare Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$344.76	\$344.76	\$310.80	\$310.80	\$319.26 (CIGNA)	\$319.26 (CIGNA)	Not eligible		\$42.84	\$42.84		\$11.22
	\$881.28	\$881.28	\$718.08	\$718.08	\$355.25 (UHC MA PPO)	\$355.25 (UHC MA PPO)			\$89.76	\$89.76		\$21.42
	\$881.28	\$881.28	\$718.08	\$718.08	\$834.65 (UHC MA PPO)	\$834.65 (UHC MA PPO)			\$118.32	\$118.32		\$25.50
	\$1,417.80	\$1,417.80	\$1,126.08	\$1,126.08	\$834.65 (UHC MA PPO)	\$834.65 (UHC MA PPO)			\$159.12	\$159.12		\$31.62
COBRA - with 2 Medicare Employee + Spouse Employee + Spouse + Child(ren)	\$689.52	\$689.52	\$620.16	\$620.16	\$638.52 (CIGNA)	\$638.52 (CIGNA)	Not eligible		\$89.76	\$89.76		\$21.42
	\$1,226.04	\$1,226.04	\$1,028.16	\$1,028.16	\$710.49 (UHC MA PPO)	\$710.49 (UHC MA PPO)			\$159.12	\$159.12		\$31.62

**2012 - PREMIUMS PER PAY PERIOD**

Employee Status	Medical Plan PPO \$300/\$600 Deductible		Medical Plan PPO \$1,000/\$2,000 Deductible		SRP Medical Plan EPO		STD		SRP Dental Plan		Employer's Dental Plan	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	14-Day Wait Per \$100	28-Day Wait Per \$100	Your Cost	SRP Cost	Your Cost	SRP Cost
	Opt Out Dental (\$21.00)											
<b>Severed Employees (Monthly)</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$26.00	\$500.00	\$0.00	\$400.00	\$24.00	\$446.00	Not eligible		\$2.00	\$40.00	\$0.00	\$11.00
	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00			\$22.00	\$66.00	\$5.20	\$15.80
	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00			\$29.00	\$87.00	\$6.20	\$18.80
	\$316.00	\$1,496.00	\$102.00	\$1,278.00	\$364.00	\$1,258.00			\$39.00	\$117.00	\$7.80	\$23.20
<b>Layoff (Monthly)</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$0.00	\$526.00	\$0.00	\$400.00	\$0.00	\$470.00	Not eligible		Not eligible			
	\$0.00	\$1,102.00	\$0.00	\$840.00	\$0.00	\$988.00						
	\$0.00	\$1,024.00	\$0.00	\$780.00	\$0.00	\$916.00						
	\$0.00	\$1,812.00	\$0.00	\$1,380.00	\$0.00	\$1,622.00						
<b>Active B&amp;C (Monthly)</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)	\$26.00	\$500.00	\$0.00	\$400.00	\$24.00	\$446.00	Not eligible		\$2.00	\$40.00	\$0.00	\$11.00
	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00			\$22.00	\$66.00	\$5.20	\$15.80
	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00			\$29.00	\$87.00	\$6.20	\$18.80
	\$316.00	\$1,496.00	\$102.00	\$1,278.00	\$364.00	\$1,258.00			\$39.00	\$117.00	\$7.80	\$23.20
<b>PERA Club: Full, 3/4 Time (Monthly)</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)							\$0.70	\$0.52				
	\$26.00	\$500.00	\$0.00	\$400.00	\$24.00	\$446.00			\$2.00	\$40.00	\$0.00	\$11.00
	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00			\$22.00	\$66.00	\$5.20	\$15.80
	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00			\$29.00	\$87.00	\$6.20	\$18.80
<b>PERA Club: Half Time (Monthly)</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)							\$0.70	\$0.52				
	\$26.00	\$500.00	\$0.00	\$400.00	\$24.00	\$446.00			\$2.00	\$40.00	\$0.00	\$11.00
	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00			\$22.00	\$66.00	\$5.20	\$15.80
	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00			\$29.00	\$87.00	\$6.20	\$18.80
<b>Provisional Employees: Full, 3/4 Time</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)							\$0.70	\$0.52				
	\$26.00	\$500.00	\$0.00	\$400.00	\$24.00	\$446.00			\$2.00	\$40.00	\$0.00	\$11.00
	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00			\$22.00	\$66.00	\$5.20	\$15.80
	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00			\$29.00	\$87.00	\$6.20	\$18.80
<b>Provisional Employees: Half Time</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)												
	\$13.00	\$250.00	(\$21.00)	\$200.00	\$12.00	\$223.00	Not eligible		\$21.00	\$21.00	\$5.50	\$5.50
	\$110.00	\$441.00	\$41.00	\$379.00	\$123.00	\$371.00			\$44.00	\$44.00	\$10.50	\$10.50
	\$76.00	\$436.00	\$20.00	\$370.00	\$92.00	\$366.00			\$58.00	\$58.00	\$12.50	\$12.50
<b>Provisional Employees: Half Time</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Spouse + Child(ren)												
	\$131.50	\$131.50	\$100.00	\$100.00	\$117.50	\$117.50	Not eligible		Not eligible		Not eligible	
	\$275.50	\$275.50	\$210.00	\$210.00	\$247.00	\$247.00						
	\$256.00	\$256.00	\$195.00	\$195.00	\$229.00	\$229.00						
	\$453.00	\$345.00	\$345.00	\$405.50	\$405.50							

# 9.

## IMPORTANT PLAN INFORMATION

### MID-YEAR CHANGES TO YOUR MEDICAL, DENTAL AND VISION PLAN ELECTIONS

**IMPORTANT:** After this Open Enrollment period is completed, generally you will not be allowed to change your benefit elections or add/delete dependents until next year's Open Enrollment, unless you have a Special Enrollment Event or Mid-Year Change in Status Event.

### SPECIAL ENROLLMENT EVENT

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this Plan if your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after the other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request Special Enrollment or to obtain more information, contact Gilsbar.

You and your dependents may also enroll in this plan if you (or your dependents):

- Have coverage through Medicaid or a state Children's Health Insurance Program (CHIP)

and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or CHIP coverage ends.

- Become eligible for a premium assistance program through Medicaid or CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact SRP Benefits Services.

### MID-YEAR CHANGE IN STATUS EVENTS

The following events may allow certain changes in benefits mid-year, as permitted by the Internal Revenue Service:

- Change in legal marital status (e.g., marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g., birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a Qualified Medical Child Support Order.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and Family and Medical Leave Act leaves.

You must notify the Plan in writing within 31 days of the Mid-Year Change in Status Event. The Plan will determine if your change request is permitted, and if so, changes become effective on the first day of the month following the approved Change in Status Event (except for newborn and adopted children, who are covered back to the date of birth, adoption, or placement for adoption).

## COBRA COVERAGE

In compliance with a federal law called COBRA Continuation Coverage, this Plan offers its eligible members and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA Continuation Coverage when qualifying events occur and, as a result of the qualifying event, coverage of that qualified beneficiary ends. Qualifying events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child. The maximum period of COBRA Continuation Coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the chance to elect COBRA Continuation Coverage after a divorce/legal separation or a child ceasing to be a dependent child under the Plan, you and/or a family member must inform the Plan in writing of that event no later than 60 days after that event occurs. That notice should be sent to

SRP Benefits Services via first-class mail and is to include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense. If you have questions about COBRA Continuation Coverage, contact Gilsbar.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the 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.
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, co-payments, and co-insurance apply to these benefits. For more information on WHCRA benefits, contact the Claims Administrator.

## MEDICARE NOTICE OF CREDITABLE COVERAGE

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under this plan is or is not credible (as valuable as Medicare's prescription drug coverage). You should review the Plan's Medicare Part D Notice of Creditable Coverage that was mailed to you in early October.

## PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information. This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this notice when you enroll in the plan. You can get another copy of this notice from Benefits Services.

## NOTICE OF GRANDFATHERED PLANS STATUS

This group health plan believes the SRP EPO, SRP PPO \$300 and SRP PPO \$1,000 plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not

include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Salt River Project Agricultural Improvement and Power District, at (602) 236-3600.

### Mailing Address

SRP Benefits Manager  
Benefits Services PAB242  
P.O. Box 52025  
Phoenix, AZ 85072-2025

### Street Address

SRP Benefits Manager  
Benefits Services PAB242  
1521 N. Project Drive  
Tempe, AZ 85281

ERISA plan participants may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at (866) 444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. Individual market policies and nonfederal governmental plans may contact the U.S. Department of Health and Human Services at [healthreform.gov](http://healthreform.gov).

# 10. MYGILSBAR.COM

## REGISTER FOR MYGILSBAR.COM

Follow the instructions below to register for myGilsbar.com if you have not done so already.

1. Go to [myGilsbar.com](http://myGilsbar.com).
2. Under **Register/Activate Account**, click the **Register** button and register as a Participant.
3. The next page will require you to enter a group number. **SRP's GROUP NUMBER is S2612.**
4. Fill in the brief registration fields. Once you're done, a confirmation email will be sent to your email address indicating that you have started the registration process.
5. Go to your email. Open the email from [webmaster@gilsbar.com](mailto:webmaster@gilsbar.com) and click on the link in the email. (Registration is not complete until you click the link in the email to confirm.)
6. Once the link is clicked, you will be taken back to the [myGilsbar.com](http://myGilsbar.com) website, and your site registration is now complete.

**SRP'S group number for myGilsbar registration is S2612.**

**myGilsbar.com**



## ELECTRONIC EXPLANATION OF BENEFITS (EOBs)

1. Log in to [myGilsbar.com](http://myGilsbar.com).
2. Click the **Edit Online Profile** link located under **Personal Profile** at the top of the screen.
3. Click "Yes, I wish to stop receiving paper EOBs."
4. It's that EASY to receive EOBs online!

Instead of receiving paper copies of your EOBs, you will receive an email stating that you have an EOB ready to view at [myGilsbar.com](http://myGilsbar.com). Log in to your [myGilsbar.com](http://myGilsbar.com) account and click **Claims & EOBs** to view the PDF of your EOB or print a copy for your records.

## REQUESTING AN ID CARD

1. Log in to [myGilsbar.com](http://myGilsbar.com).
2. Click the **Request ID Card** link on the left.
3. Click **Request ID Card**. You may also print the temporary ID card that pops up.

# 11.

## CONTACT INFORMATION

For more information about any of the benefits discussed in this Open Enrollment guide, please contact SRP Benefits Services at (602) 236-3600.

BENEFIT	PHONE NUMBER	WEBSITE
Medical Plans and TSAs	(877) 841-4SRP (4777)	myGilsbar.com
Prescription Options	(800) 770-8014, option 3	caremark.com
Delta Dental	(602) 588-3993	deltadentalaz.com
Employers Dental Plan	(800) 722-9772	mydentalplan.net
Vision Service Plan	(800) 877-7195	vsp.com
Group Legal/Hyatt	(800) 821-6400	metlife.com/mybenefit

FOR ANSWERS ABOUT ...	CONTACT	PHONE	WEBSITE
Enrollment, eligibility, claims, ID cards, TSA administration, medical plan network providers, precertification of care, mid-year change of status	Gilsbar Inc. 2100 Covington Centre Covington, LA 70433	(877) 841-4SRP (4777)	myGilsbar.com
Disease management, disease education	Gilsbar Inc. 2100 Covington Centre Covington, LA 70433	(877) 841-4SRP (4777)	myGilsbar.com
Retail and specialty drug prescription drug program	CVS	(800) 770-8014, option 3	caremark.com
Mail-order prescription drug program	CVS	(877) 889-3402	caremark.com
Dental plan administration and network providers	Delta Dental	(602) 588-3993	deltadentalaz.com
Employee assistance program, behavioral health and substance abuse	ComPsych	(888) 882-0771	guidanceresources.com WebID: SRP10

The summary descriptions 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.



[srpnet.com](http://srpnet.com)