

OPEN ENROLLMENT 2012 GUIDEBOOK



Delivering more than power.™

Dear Health Plan Member,

This guide provides the information you need to make medical and group legal selections for 2012. The Open Enrollment period begins Nov. 1 and concludes at midnight (Arizona time) Nov. 18.

With a few exceptions, SRP's major medical plan is 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 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.

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

TABLE OF CONTENTS

1. IMPORTANT DATES & RESOURCES	PAGE 1
Open Enrollment	PAGE 1
• Open Enrollment Dates	
• Open Enrollment Deadline	
• How to Enroll	
• Member ID Cards	
Toll-Free Health Plan Hotline	PAGE 1
SRP Benefits Services	PAGE 1
2. INSTRUCTIONS FOR ENROLLMENT	PAGE 2
3. HEALTH PLAN	PAGE 4
Overview of Plan Choices	PAGE 4
Networks	PAGE 4
Medical Plan Comparison of Benefits	PAGE 5
4. GROUP LEGAL	PAGE 12
5. PREMIUM COMPARISONS 2012	PAGE 13
6. IMPORTANT PLAN INFORMATION	PAGE 16
7. MYGILSBAR.COM	PAGE 19
8. CONTACT INFORMATION	PAGE 20

1. IMPORTANT DATES & RESOURCES

Open Enrollment

All health plan participants can make new medical plan selections. If you do not wish to change your plan at this time, no action is necessary.

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.

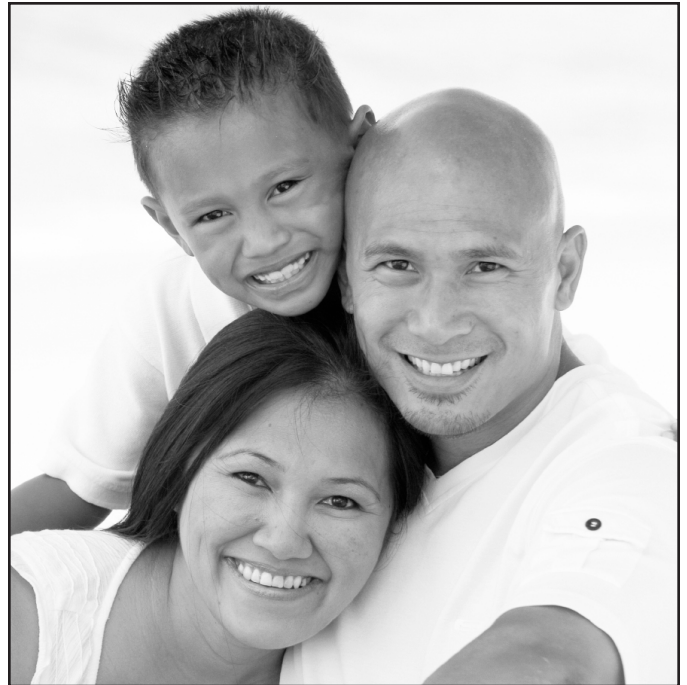
Member ID Cards

Medical/Prescription Cards: All members that make changes to their medical coverage 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.

CIGNA Medicare Select plan members and United Healthcare Medicare Advantage PPO members will receive new ID cards.

Toll-Free Health Plan Hotline

Questions about your 2012 EPO or PPO medical plan 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.

For CIGNA Medicare Select or United Healthcare Medicare Advantage PPO plans, please call the customer service number on your card.

SRP Benefits Services

Questions about your 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.

I. Before you enroll:

1. Review and select from the available plans outlined in this guide.
2. 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, P.O. Box 52025, Phoenix, AZ 85072-2025. 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:

- Go online to 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 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 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 or 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 plan, click on the "change medical plan" link. 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.

To enroll in the CIGNA Sr. or United HealthCare Medicare Advantage PPO Plan, a separate enrollment form is required.

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

SRP retirees have the option to select one of the 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), in addition to two Medicare plan options, CIGNA Medicare Select and United Healthcare Medicare Advantage PPO.

With the PPO plans, you will have both in-network and out-of-network providers. If you are under age 65, not Medicare eligible due to disability, and 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.

SRP retirees who are currently enrolled in the 80/20 or PAT plans have the option to stay with those plans. However, if you are not currently enrolled in the 80/20 or PAT plans, then you cannot elect those plans at this time. Instead you must choose one of the PPO, EPO or Medicare plan options.

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

Networks

SRP will continue to offer the following network coverage.



- **EPO Plan Only** (under the age of 65 only and not eligible for Medicare due to disability): SRP retirees residing in Arizona will access the Blue Cross Blue Shield of Arizona provider network. There are no benefits available if you use an out-of-network provider, with the exception of Emergency Services.
- **PPO Plans Only:** SRP retirees residing in Arizona will access the Blue Cross Blue Shield of Arizona provider network. SRP retirees residing in Arizona who travel out of state, or their covered out-of-state dependents, will have access to the PHCS provider network. SRP retirees residing outside of Arizona will also access the PHCS provider network.
- **80/20 and PAT Plans Only:** There is no provider network for these plan options.

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

- **Blue Cross Blue Shield of Arizona:** bcbsaz.com
- **PHCS:** phcs.com
- **United Healthcare Medicare Advantage PPO:** uhcretiree.com
- **CIGNA:** cigna.com

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Restrictions/ Choice of Physician	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.		No restriction; in-network and out-of-network remain the same; no referral necessary to see a specialist.	You select a CIGNA physician at any CIGNA Health Care Center.	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.
Deductible	None	PPO and Non-PPO Combined: \$300 Single or \$1,000 Single \$600 Single \$2,000 Single		None		\$100 Single \$200 Family	Single: \$0 Part 1, \$116 Part 2, \$229 Part 3 Family: \$0 Part 1, \$0 Part 2, \$689 Part 3. \$116 hospital confinement; amounts increased each year by Consumer Price Index.
Out-of-Pocket Maximum Does Not Include Deductibles and Co-payments	Not applicable	PPO: \$1,500 Single or \$3,000 Family Non-PPO: \$4,500 Single or \$9,000 Family	\$1,000 Single \$2,000 Family	None	(Excludes deductibles) \$1,000 Single \$2,000 Family	Single: \$1,857 Family: \$3,714 (includes deductible); amounts increased each year by Consumer Price Index	
Lifetime Maximum	Unlimited						

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Pre-existing Conditions	Covered						
Prescription Drugs Retail (30-Day Supply)	<p>Participating pharmacies only: Tier 1 – \$10 copay Tier 2 – \$25 copay Tier 3 – \$50 copay</p> <p>Specialty Pharmacy: \$50 for 30-day supply</p> <p>Non-network: Not available</p>	<p>Participating pharmacies only: Tier 1 – \$10 copay Tier 2 – \$25 copay Tier 3 – \$50 copay at UHC participating pharmacies</p> <p>Specialty Pharmacy: \$50 for 30-day supply</p> <p>Non-network: Member must pay for cost of Rx and submit a paper claim to the Prescription Drug Program, using the Direct Member Reimbursement process; Specialty Rx is not covered.</p>	<p>Tier 1 – \$10 copay Tier 2 – \$25 copay Tier 3 – \$30 copay at CIGNA participating pharmacies</p>	<p>Tier 1 – \$25 copay Tier 2 – \$85 copay Tier 3 – \$85 copay 90-day supply use for maintenance meds</p>	<p>\$7 co-pay per prescription at CVS network pharmacies, up to a 34-day supply</p>	<p>85% after deductible</p>	
Mail-Order Prescription Service (CVS/Caremark Only, 90-Day Supply, Use for Maintenance Meds)	<p>Tier 1 – \$20 co-pay Tier 2 – \$50 co-pay Tier 3 – \$100 co-pay Specialty Rx: \$50 for 30-day supply Non-network: Not available</p>	<p>Tier 1 – \$20 copay Tier 2 – \$50 copay Tier 3 – \$100 copay 90-day supply use for maintenance meds</p>	<p>Tier 1 – \$25 copay Tier 2 – \$85 copay Tier 3 – \$85 copay 90-day supply use for maintenance meds</p>	<p>\$5 co-pay, 90-day supply use for maintenance meds</p>	<p>Not offered</p>		

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Physician Services/ Physician Office Visits	Primary Care Physician: \$15 co-pay per visit Specialist: \$25 co-pay per visit	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	Primary Care Physician: \$15 co-pay per visit Specialist: \$25 co-pay per visit	Primary Care Physician: \$5 co-pay per visit Specialist: \$12 co-pay per visit	80% of usual and customary charges	85% of usual and customary charges
Surgeon (Physician Charge)	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	In Office: \$15 Inpatient/ Outpatient: No charge	In Office: \$12 Inpatient/ Outpatient: No charge	80% of U&C after deductible	85% of schedule, no deductible
Inpatient Hospital (Room and Board) (Semi-Private Room)	\$100 co-pay 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)	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible (precertification required or \$250 penalty)	\$100 co-pay per admission	No charge	80% of U&C after deductible	85% of U&C after \$112 deductible per confinement
Outpatient Hospital	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	No charge	Some procedures require \$12 facility co-pay	80% of U&C after deductible	85% of U&C, no deductible
Laboratory/X-Ray	No charge	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible	No charge	No charge	80% of U&C after deductible	85% of U&C, no deductible

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Routine Physical/ Adult Well Care	\$15 co-pay 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		Primary Care Physician: \$15 co-pay per visit Specialist: \$25 co-pay per visit	Primary Care Physician: \$5 per visit; physicals are annual Specialist: \$12 co-pay per visit	80% of U&C up to \$250 annual benefit per individual, no deductible	85% of U&C, no deductible
Adult Cancer Screenings (Mammogram ≥ Age 40, 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		\$15 co-pay per visit	Primary Care Physician: \$5 per visit; physicals are annual	80% of U&C up to \$250 annual benefit per individual, no deductible	85% of U&C, no deductible
Well-Baby (Includes Inoculations and Immunizations)	\$15 co-pay per visit Physicals are annual until age 18; thereafter, frequency is based on age.	Up to \$2,000 max, birth to age 3, 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		See Routine Physical			
Coordination of Benefits (COB)	Carve-out COB (Plan will adjudicate claim as if SRP were Primary, then subtract from that amount the dollars paid by Primary plan.)			Standard COB	Standard COB	Carve-out COB (up to 80% combined benefit)	Standard COB unless eligible for Medicare and then carve-out COB

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Physical Medicine	\$15 co-pay per visit (PT, OT, speech, pulmonary, cardiac rehab and spinal manipulations)	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible		Rehabilitation Services: \$10 per visit	Physical Therapy: \$12 per visit, no visit limit	Limited to \$40 per visit max, 26 visits per year, subject to deductible, payable at 80%	
				Chiropractic Medicare: covered \$10 per visit Routine Non-Medicare: covered \$10 per visit, 25-visit limit	Chiropractic Self-Referral Medicine: covered \$12 per visit Non-Medicare: covered \$12 per visit, 12-visit limit		
Ambulance Services	No charge when authorized or due to emergency	90% after deductible for all providers, PPO or Non-PPO		No charge when authorized or due to emergency	No charge if due to emergency	80% of U&C after deductible	85% of U&C after \$223 per person annual deductible (family deductible \$671)
Urgent Care	\$50 co-pay per visit	90% after deductible for all providers, PPO or Non-PPO		\$50 co-pay, waived if confined within 24 hours for the same condition	\$20 co-pay per visit at CIGNA Urgent Care \$35 co-pay per visit at Non-CIGNA Urgent Care	80% of U&C after deductible	85% of U&C

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Emergency Room	\$100 co-pay per visit, waived if admitted	90% after deductible for all providers, PPO or Non-PPO		\$50 co-pay, waived if confined within 24 hours for the same condition	\$65 co-pay per visit. No charge if admitted to hospital due to emergency.	80% of U&C after deductible	85% of U&C, no deductible
Behavioral Health/ Substance Abuse (Mental Health Parity Effective Jan. 1, 2011)							
• Outpatient	\$15 co-pay per visit	PPO: 90% after deductible Non-PPO: 70% after deductible Outside of PPO Area: 80% after deductible		\$25 co-pay per visit	\$12 co-pay per visit	80% of U&C after deductible	For substance abuse, first 12 months of structured outpatient program paid at 100%. Mental health benefits are payable at 85%.
• Inpatient	\$100 co-pay 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)		\$100 co-pay per admission	\$0 co-pay, 190-day lifetime maximum	Hospital charges are covered at 80% after deductible. Physician visits are payable at 80%; no deductible.	For substance abuse, first five days of detox paid at 100%. After inpatient deductible, hospital charges are covered at 85%. Physician charges are payable at 85%.

Medical Plan Comparison of Benefits 2012

	SRP EPO (under age 65)	SRP PPO \$300/\$600	SRP PPO \$1,000/\$2,000	UNITED HEALTHCARE Medicare Advantage PPO Plan	CIGNA HEALTHCARE Medicare Select Plan	1991 SRP PLAN (80/20) (For Info Only, Cannot Enroll)	PAT PLAN (For Info Only, Cannot Enroll)
Other Services							
• Medicine Man	Not available	Must be certified (subject to deductible)	Not available	Not available			
• Weight Loss Programs/ Medications	Medications: 50% up to \$1,000 benefit per year Program: cost reimbursed up to \$2.50 lifetime max (does not cover cost of food and is not subject to deductible)			Wellness programs	Wellness/ health education	None	
• Dietician Counseling (Prescription Required)	Up to three visits per year at 100%; lifetime max \$500 benefit per person per condition (not subject to deductible)						
• Smoking Cessation Programs/ Medications	Program: 100% (not subject to deductible)			Not available			
	Medications: Tier 1 – \$10 co-pay Tier 2 – \$25 co-pay Tier 3 – \$50 co-pay						

4. 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. 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, you may join the program or cancel participation by calling Hyatt Group Legal at (800) 821-6400.

2012 Open Enrollment Premiums

2012 OPEN ENROLLMENT PREMIUMS – SRP RETIRED BOARD & COUNCIL MEMBERS						
Status	SRP Medical Plan PPO \$300/\$600 Deductible (Monthly Premium)		SRP Medical Plan PPO \$1,000/\$2,000 Deductible (Monthly Premium)		SRP Medical Plan EPO/Medicare Eligible Requires Medicare Advantage Plan (Monthly Premium)	
	Retiree Cost	SRP Cost	Retiree Cost	SRP Cost	Retiree Cost	SRP Cost
BOARD & COUNCIL RETIREE						
No Medicare						
Retiree Only	\$0.00	\$526.00	\$0.00	\$400.00	\$0.00	\$470.00
Retiree + Spouse	\$220.00	\$882.00	\$82.00	\$758.00	\$246.00	\$742.00
Retiree + Child(ren)	\$152.00	\$872.00	\$40.00	\$740.00	\$184.00	\$732.00
Retiree + Spouse + Child(ren)	\$316.00	\$1,496.00	\$102.00	\$1,278.00	\$364.00	\$1,258.00
One Medicare						
Retiree Only	\$0.00	\$338.00	\$0.00	\$304.00	CIGNA Sr. UHC MA PPO	\$313.00 \$348.28
Retiree + Spouse	\$216.00	\$648.00	\$176.00	\$528.00	CIGNA Sr. UHC MA PPO	\$587.25 \$613.71
Retiree + Child(ren)	\$216.00	\$648.00	\$176.00	\$528.00	CIGNA Sr. UHC MA PPO	\$587.25 \$613.71
Retiree + Spouse + Child(ren)	\$347.50	\$1,042.50	\$276.00	\$828.00	CIGNA Sr. UHC MA PPO	\$939.75 \$966.21
Two Medicare						
Retiree + Spouse	\$169.00	\$507.00	\$152.00	\$456.00	CIGNA Sr. UHC MA PPO	\$469.50 \$522.42
Retiree + Spouse + Child(ren)	\$300.50	\$901.50	\$252.00	\$756.00	CIGNA Sr. UHC MA PPO	\$822.00 \$874.92

2012 Open Enrollment Premiums

2012 OPEN ENROLLMENT PREMIUMS – SURVIVOR OF A RETIREE OR BOARD & COUNCIL MEMBER			
Status	SRP Medical Plan PPO \$300/\$600 Deductible (Monthly Premium)	SRP Medical Plan PPO \$1,000/\$2,000 Deductible (Monthly Premium)	SRP Medical Plan EPO/ Medicare Eligible Requires Medicare Advantage (Monthly Premium)
SURVIVOR OF A RETIREE OR RETIRED BOARD & COUNCIL MEMBER			
No Medicare Single Coverage	\$526.00	\$400.00	\$470.00
With Child(ren) (All Under 65 With No Medicare)	\$1,024.00	\$780.00	\$916.00
One Medicare Single Coverage	\$338.00	\$304.00	CIGNA Sr. \$313.00 UHC MA PPO \$348.28
With Child(ren)	\$864.00	\$704.00	CIGNA Sr. \$783.00 UHC MA PPO \$818.28
Two Medicare With Child(ren), Two on Medicare (Disabled Child)	\$676.00	\$608.00	CIGNA Sr. \$626.00 UHC MA PPO \$696.56

6.

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 creditable (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, SRP PPO \$1,000, SRP PAT and 80/20 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:

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. 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.

DEATH OF RETIREE

Retiree medical coverage will end upon death. Surviving dependents will have coverage until the end of the month in which the retiree dies. Surviving dependents may elect to continue coverage by paying full monthly premiums.

7. 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.
2. In the login area, click on the Register link.
3. Registration 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 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 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.
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. Log in to your 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.
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.

8.

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 Prescription Options	(877) 841-4SRP (4777)	myGilsbar.com
Prescription Options	(800) 770-8014, option 3	caremark.com
UnitedHealthcare Medicare Advantage PPO Plan	(877) 714-0178	uhretiree.com
CIGNA Medicare Select Senior Plan	(800) 627-7534	cignamedicare.com
Group Legal/Hyatt	(800) 821-6400	metlife.com/mybenefits

FOR ANSWERS ABOUT...	CONTACT	PHONE	WEBSITE
Enrollment, eligibility, claims, ID cards, 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
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
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