



Delivering water and power®

# 2026

## EMPLOYEE BENEFITS GUIDE

TEMPORARY

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Visit [insideSRP](#)

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## Welcome!

This guide serves as an overview of benefit options for newly eligible temporary employees. Temporary employees include employees in hourly jobs who are employed by SRP for up to two years. It does not include the following jobs: salaried student intern, hourly field/shop student intern or variable.

Additional information can be found on [insideSRP](#).

## What's New Starting Jan. 1, 2026

**Below are changes for active members in 2026. Additional plan details can be found throughout this guide.**

- 1. New ID Cards:**  
SRP's medical claims administrator, Personify Health, will be sending out new Health Insurance ID card(s) to your home mailing address in December.
- 2. 2026 Benefit Enhancements:**  
Improved benefits include doula services, increased visit limits for outpatient therapy, and hearing aid reimbursements now every two years.
- 3. Premiums Are Changing:**  
Due to rising healthcare costs, there will be increases to medical premiums. See page 16 for details.

# Getting Started

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## 1. When Can I Enroll or Make Changes?

There are only certain times you can enroll or make changes to your benefits:

- When you are first hired,
- Once a year, during fall Open Enrollment, or
- If you have a qualifying life event like marriage or the birth of a child.

See Midyear Changes or visit [insideSRP](#) for more details.

## 2. Let ALEX® Help You Find the Right Plan!

Go to [start.myalex.com/srp](http://start.myalex.com/srp).

ALEX walks you through the most commonly asked questions to help you understand your benefits needs for the year ahead. This helpful resource makes learning about benefits options and decision-making simple and fun.

Once ALEX has helped you choose the best plan for your situation, update your choices on the **SRP Benefits Portal** on [insideSRP](#).

## 3. Access the Benefits Portal

### From Work

1. Visit [insideSRP](#).
2. Click on **Benefits and Wellness**.
3. Click on **My Benefits Election/Enrollment**.
4. Click on the **Benefits Portal** link.

### From Home

1. Visit [srpnet.com/healthplans](http://srpnet.com/healthplans).
2. Click [insideSRP](#).
3. Click "**Log in**" and enter your standard SRP login credentials and your current SRP system password.
4. Click on **Benefits and Wellness**, then select **My Benefits Election/Enrollment**.
5. Click on the **Benefits Portal** link.





# Wellness Benefits

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## Wellness Benefits

Take advantage of the many wellness benefits available to help you feel better and spend less on healthcare!

- Acupuncture
- Biofeedback/neurofeedback
- Dietitian and nutritional counseling
- Healthy Pregnancy Program
- Personal health coaching
- Preventive wellness exams
- Tobacco cessation
- Vaccines
- Weight loss benefit
- WellSMART biometric health screenings

Visit the Wellness Programs page on [insideSRP](#) to see all wellness benefits available to you and your family.

## Healthy Worksite Award

SRP has been recognized by the Arizona Department of Health Services for our efforts to positively affect the health and well-being of SRP employees, their families and the communities we serve through evidence-based worksite health initiatives, benefits and programs.



# Mental and Emotional Health Resources

## Lyra: Mental and Emotional Healthcare

Take the first step on the path to feeling your best with Lyra, your mental health benefit. No matter what you're going through — coping with stress, managing anxiety or depression, navigating relationship issues, or whatever else life brings — personalized mental healthcare from Lyra can help.

### To Get Started



Take a quick assessment at [LyraHealth.com/SRP](https://LyraHealth.com/SRP) to share what you're experiencing. Lyra will custom-match you with a mental health coach or therapist who meets your needs.

No matter what you're going through, Lyra can help. Get matched with confidential mental health support today.

Seeing a loved one suffer affects your well-being, too. With Lyra, every member of your family — including kids 2+, teens, adults, and couples — gets the care they need.

### Care with Lyra

Lyra is designed to offer you care when, where, and how you need it.

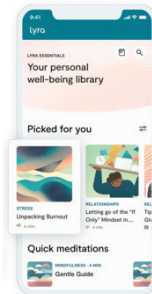


You and your dependents each have access to 12 confidential mental health coaching or therapy sessions per year — all at no cost to you. If you or your dependents use up your free sessions, you can continue seeing your Lyra provider if enrolled in one of SRP's health plans through Personify Health with Blue Cross/Blue Shield of AZ providers (or Cigna providers if out-of-state).

### Resources

When you sign up with Lyra, you also gain unlimited access to a library of self-care resources to help you strengthen your relationships, stress less, and sleep better, including:

- Videos
- Soundscapes
- Meditations
- Breathing exercises



### Fast Access

Sign up in just a few minutes and be paired with providers who have appointments available for new clients.

### High-Quality Providers

Lyra's expert mental healthcare providers are custom-matched to you to meet your unique needs and preferences.

### Flexible Options

Meet with Lyra's mental health providers in person or online — whatever works best for your schedule.

Visit [LyraHealth.com/SRP](https://LyraHealth.com/SRP) or call (877) 251-7602 to learn more.



Our mental health (EAP) benefits are administered through Lyra Health.

The Behavioral Health portion is administered through Personify Health and uses the BCBSAZ providers.

Lyra offers something for every stage of your emotional health journey.

- Marital or Family Problems
- Aging Parents
- Stress, Anxiety, or Depression
- Substance Misuse
- Financial Issues

## Personify Health Care Advocates

Advocates can be reached through SRP's dedicated Healthcare Helpline Monday through Friday, 7 a.m. to 7 p.m. CST, at **(877) 841-4777**.



## Urgent Care/Retail Health Clinics

Did you know that urgent care centers and retail health clinics can treat many injuries and illnesses and often cost less than an emergency room? However, visits to retail health clinics, urgent care centers and emergency rooms are not a substitute for an ongoing relationship with a primary care physician. In a true emergency, always dial **911** first.

# Personify Health Care Advocates

Personify Health helps employees and their families by providing experienced healthcare advocates who can explain options and provide solutions in a way that is easy to understand.

**Personify Health Care Advocacy helps you make the most of your benefits. Here are some examples of how Advocates can assist you:**

- Find in-network providers.
- Assist with appointment scheduling, claims and billing questions.
- Coordinate care for aging parents.
- Coordinate care for complex conditions: sleep apnea, asthma, diabetes, lower back pain, high blood pressure, etc.
- Provide support and resources for a healthy pregnancy.
- Help you find alternative pain treatment options like acupuncture, biofeedback, mindfulness-based stress reduction and more.

## Confidentiality and Security of Information

All information you provide is completely confidential. You can trust that your personal history is safe, confidential and protected.

## Don't Have a Primary Care Physician (PCP)? You Should. Here's Why.

**Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. Preventive care is free, so there's no excuse to skip it.

**A healthier wallet.** Having a doctor you can call helps you avoid costly trips to the emergency room and can help you decide when you really need to see a specialist.

**Peace of mind.** Advice from someone you trust means a lot when you're healthy, but it's even more important when you're sick. Your PCP gets to know you and your health history and can help coordinate your care.



# Provider Network FAQ

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## It Pays to Stay In-Network!

Out-of-network deductibles, maximums and other costs are significantly higher than those in-network. Find out if your providers are in-network by calling Personify Health Care Advocates at **(877) 841-4777**.

## Blue Cross/Blue Shield of Arizona and the Alliance Network

The Alliance network from Blue Cross® Blue Shield® of Arizona (BCBSAZ) offers improved care quality to create a better healthcare experience while lowering costs. A network of doctors and hospitals that are close and convenient:

- The Alliance network is for residents of Maricopa and Pinal counties.
- The network features doctors and hospitals from Banner Health and HonorHealth.
- To keep your healthcare costs lower, it is important to use a participating lab or imaging service such as Sonora Quest Laboratories, Banner Imaging, Southwest Diagnostic Imaging or Sun Radiology.
- Only providers contracted with the Alliance/BCBSAZ network are considered “in-network.” Please check with your doctors, facilities and other healthcare professionals to make sure they are in the network before receiving care.
- Finding in-network care is easy with the Find-a-Doctor tool, available at [azblue.com/SRP](https://azblue.com/SRP) or on the MyBlue<sup>SM</sup> AZ app. Be sure to search for providers in the Alliance network, indicated at the top right of the search page.

## Common Questions

### 1. Which doctors can I visit?

In Arizona, you can select any provider who is part of the Blue Cross Blue Shield of Arizona network, which includes the Alliance network of providers.

For PPO and CCP plans, you may also have coverage for an out-of-network provider, but it will cost you more. The EPO plan does not have any coverage for out-of-network providers, except for a true emergency.

### 2. Do I have coverage while outside of Arizona?

With the PPO and CCP plans, you can see a provider in the Cigna network or you can see any non-Cigna provider at a higher cost.

If you choose the EPO option, benefits are not available outside of Arizona, except for a medical emergency.

### 3. Am I covered under my SRP medical plan if I travel outside of the United States?

PPO and CCP plan members may receive services for urgent or emergency medical services that occur while out of the country. EPO plan participants are eligible to receive services for life-threatening emergencies only. In most cases, an itemized statement with the date of service, who performed the service, and the services performed along with the cost are required for reimbursement.

### 4. Are prescriptions and behavioral health services covered under my medical plan?

When you enroll in any SRP medical plan, you automatically receive behavioral/mental health and substance use disorders coverage through BCBSAZ and prescription drug coverage through Express Scripts.

# Choose the Plan That's Right for You

## Medical Plans

**CCP** Consumer Choice Plan

**EPO** Exclusive Provider Organization

**PPO** Preferred Provider Organization

| MEDICAL PLAN HIGHLIGHTS   | CCP | PPO | EPO |
|---|-----|-----|-----|
| In-network preventive services are covered at 100%  | ✓   | ✓   | ✓   |
| Once the annual out-of-pocket maximum is met, covered services are paid at 100%                                 | ✓   | ✓   | ✓   |
| Emergency services are covered, including out-of-network  | ✓   | ✓   | ✓   |
| 12 mental and emotional health visits available through Lyra Health and are covered at 100%                     | ✓   | ✓   | ✓   |
| May use Alliance network providers in Arizona   | ✓   | ✓   | ✓   |
| In-network and out-of-network deductibles and out-of-pocket maximums do not cross-apply                         | ✓   | ✓   | ✓   |
| Can have other medical coverage such as Medicare, VA Benefits, TRICARE or Indian Health Services                | ✓   | ✓   | ✓   |
| Outside of Arizona coverage (non-emergency) with Cigna network  | ✓   | ✓   |     |
| Total family deductible must be met before plan pays  | ✓   |     |     |
| Plan starts to pay after individual deductible is met   |     | ✓   | ✓   |
| Must meet deductible prior to copay or coinsurance for prescription medicine (except for preventive medication) | ✓   |     |     |
| Qualified high-deductible health plan   | ✓   |     |     |
| Has the lowest premium and highest deductible   | ✓   |     |     |

# Cost Comparison Example

**Max** (SRP Employee)  
**Zara** (Spouse)  
**Enzo** (Child)

**Employee, Spouse and Child Coverage**

|   | CCP        | PPO         | EPO        |
|---|------------|-------------|------------|
| <b>Annual Premiums</b>  | \$3,203.72 | \$8,045.44  | \$7,363.20 |
| <b>Max</b> recently had a ski accident that resulted in a broken leg that required hospitalization for two days and four physical therapy sessions.   | \$2,800.00 | \$2,500.00  | \$160.00   |
| <b>Zara</b> sees her doctor annually for a preventive visit and takes one monthly generic medication.   | \$120.00   | \$120.00    | \$120.00   |
| <b>Enzo</b> has asthma for which he sees a specialist four times a year and uses an inhaler that he refills monthly. This year he had to go to the emergency room when he had an asthma attack that ultimately ended with a one-day stay in the hospital. | \$2,400.00 | \$1,200.00  | \$200.00   |
| <b>Totals</b>   | \$8,523.72 | \$11,865.44 | \$7,843.20 |

Assuming all situations are using Alliance providers.



# Medical Plans

| BENEFIT  | CCP   |                      |                                      | PPO  |                           |                                      | EPO  |  |
|--|---|----------------------|--------------------------------------|--|---------------------------|--------------------------------------|--|--|
|  | Alliance In-Network                                     | BCBSAZ / CIGNA*      | Out-of-Network                       | Alliance In-Network                            | BCBSAZ / CIGNA*           | Out-of-Network                       | Alliance In-Network                            | BCBSAZ   |
| <b>CALENDAR YEAR DEDUCTIBLE</b>  |   |                      |                                      |  |                           |                                      |  |  |
| <b>Individual Deductible</b>   | \$1,850   | \$2,000              | \$4,100                              | \$200  | \$850                     | \$4,100                              | \$100  | \$200  |
| <b>Family Deductible</b>   | \$3,700   | \$4,100              | \$8,200                              | \$400  | \$1,700                   | \$8,200                              | \$200  | \$400  |
| <b>CALENDAR YEAR MAXIMUM OUT-OF-POCKET (OOP) (INCLUDES DEDUCTIBLE)</b>   |   |                      |                                      |  |                           |                                      |  |  |
| <b>Individual OOP</b>  | \$4,400   |                      | \$12,000                             | \$3,000  | \$4,000                   | \$12,000                             | \$4,000  | \$8,000  |
| <b>Family OOP</b>  | \$8,800   |                      | \$24,000                             | \$6,000  | \$8,000                   | \$24,000                             | \$8,000  | \$16,000   |
| <b>WELLNESS &amp; IMMUNIZATIONS</b>  |   |                      |                                      |  |                           |                                      |  |  |
| Services are also covered as recommended by the U.S. Preventive Services Task Force (USPSTF). Immunizations will be covered as recommended by the Centers for Disease Control (CDC). Examples of preventive care are routine physical exams, X-rays or lab and screening colonoscopy. This list is not intended to be inclusive of all eligible preventive services. |   |                      |                                      |  |                           |                                      |  |  |
| <b>Preventive</b>  | 100% no deductible                                      |                      | 70% allowed charges after deductible | 100% no deductible/ copay                      |                           | 70% allowed charges after deductible | 100% no deductible/ copay                      |  |
| <b>INPATIENT</b>   | ▼ <b>Outside PPO area is 80% of allowable charges</b> ▼ |                      |                                      |  |                           |                                      |  |  |
| <b>Hospitalization</b>   | 95% after deductible                                    | 90% after deductible | 70% allowed charges after deductible | 95% after deductible                           | 90% after deductible      | 70% allowed charges after deductible | \$100 copay per admission after deductible     | \$135 copay per admission after deductible       |
| <b>Maternity Services</b>  |   |                      |                                      |  |                           |                                      |  |  |
| <b>OUTPATIENT</b>  | ▼ <b>Outside PPO area is 80% of allowable charges</b> ▼ |                      |                                      |  |                           |                                      |  |  |
| <b>Hospital/Surgical Facility</b>  | 95% after deductible                                    | 90% after deductible | 70% allowed charges after deductible | 95% after deductible                           | 90% after deductible      | 70% allowed charges after deductible | \$25 copay, no deductible                      | \$70 copay after deductible                      |
| <b>Lab/X-ray</b>   |   |                      |                                      | 95% after deductible                           | 90% after deductible      |                                      | 100%, no deductible                            | 90% after deductible                             |
| <b>Emergency Room</b>  | 95% after deductible                                    | 90% after deductible | 90% after deductible                 | 95% after deductible                           | 90% after deductible      | 90% after deductible                 | \$100 copay per visit** after deductible       | \$200 copay per visit** after deductible         |
| <b>PHYSICIAN SERVICES</b>  | ▼ <b>Outside PPO area is 80% of allowable charges</b> ▼ |                      |                                      |  |                           |                                      |  |  |
| <b>MDLIVE 24/7</b><br>Access to doctor by video, phone or email  | 90% after deductible                                    | 90% after deductible | Not covered                          | \$25 copay, no deductible                      | \$25 copay, no deductible | Not covered                          | \$25 copay, no deductible                      |  |
| <b>Office Visit</b><br>(for illness & injury)  | 95% after deductible                                    | 90% after deductible | 70% allowed charges after deductible | \$25 PCP; \$35 Specialist copay, no deductible | 90% after deductible      | 70% allowed charges after deductible | \$25 PCP; \$35 Specialist copay, no deductible | \$32 PCP; \$45 Specialist copay after deductible |
| <b>Surgeon</b>   | 95% after deductible                                    | 90% after deductible | 70% allowed charges after deductible | 95% after deductible                           | 90% after deductible      | 70% allowed charges after deductible | No charge after deductible                     | No charge after deductible                       |

\*BCBSAZ is the network for those who reside in Arizona. CIGNA is the network for those who reside outside of Arizona.

\*\*Emergency Room copay waived if admitted, inpatient copay applies; out-of-network emergencies covered

| BENEFIT   | CCP   |   |                                      | PPO  |   |  | EPO                       |                             |  |
|---|---|---|--------------------------------------|--|---|--|---------------------------|-----------------------------|--|
|   | Alliance In-Network   | BCBSAZ/CIGNA*                           | Out-of-Network                       | Alliance In-Network  | BCBSAZ/CIGNA*                           | Out-of-Network                           | Alliance In-Network       | BCBSAZ                      |  |
| <b>OTHER SERVICES</b>   | ▼ Outside PPO area is 80% of allowable charges ▼  |   |                                      |  |   |  |                           |                             |  |
| <b>Rehabilitation Services</b><br>Occupational, Physical, Speech and Vision Therapies. Outpatient limited to 75 visits per calendar year, combined. Inpatient limited to 75 days per person per illness/injury, combined. | 95% after deductible  | 90% after deductible                    | 70% allowed charges after deductible | \$25 copay, no deductible  | 90% after deductible                    | 70% allowed charges after deductible     | \$25 copay, no deductible | \$32 copay after deductible |  |
| <b>Chiropractic Treatment</b><br>Limited to 26 visits per year (including initial office visit and X-rays.)   | 95% after deductible  | 90% after deductible                    | 70% allowed charges after deductible | \$25 copay, no deductible  | 90% after deductible                    | 70% allowed charges after deductible     | \$25 copay, no deductible | \$32 copay after deductible |  |
| <b>Acupuncture</b>  | Limited to \$1,250 per calendar year maximum. Provider must be licensed to perform acupuncture. 90% after BCBSAZ deductible.  |   |                                      |  |   |  |                           |                             |  |
| <b>Biofeedback/ Neurofeedback</b>   | Limited to \$1,250 per calendar year maximum. Provider must be licensed and certified. 95% after BCBSAZ deductible.   |   |                                      |  |   |  |                           |                             |  |
| <b>Ambulance Services</b><br>(When authorized due to emergency.)  | 90% after deductible  |   |                                      | 90% after deductible   |   |  | 100%, no deductible       | 100%, no deductible         |  |
| <b>Urgent Care</b>  | 95% after deductible  | 90% after deductible                    | 70% allowed charges after deductible | \$40 copay, no deductible  | 90% after deductible                    | 70% allowed charges after deductible     | \$40 copay, no deductible | \$70 copay after deductible |  |
| <b>Native Traditional Healer</b><br>(Limited to \$500/family)   | Only available to participants of the CCP and PPO plans. 100% after BCBSAZ deductible and must be certified.  |   |                                      |  |   |  | Not covered               |                             |  |
| <b>Doula Services</b>   | Reimbursement benefit covered at 100% after BCBSAZ deductible up to a maximum of \$1,000 per calendar year.   |   |                                      |  |   |  |                           |                             |  |
| <b>Hearing Aid</b>  | Reimbursed up to 80% of reasonable and customary charges after BCBSAZ deductible per ear; every two years.  |   |                                      | Reimbursed up to 80% of reasonable and customary charges per ear; every two years. |   |  |                           |                             |  |
| <b>Nutritional Guidance and Training</b>  | Up to 12 visits per calendar year at 100%. Provider must be an in-network registered dietitian.   |   |                                      |  |   |  |                           |                             |  |
| <b>BEHAVIORAL/MENTAL HEALTH AND SUBSTANCE USE DISORDERS</b>   |   |   |                                      |  |   |  |                           |                             |  |
| BENEFIT   | CCP   |   |                                      | PPO  |   | EPO                                      |                           |                             |  |
|   | BCBSAZ  | Out-of-Network                          |                                      | BCBSAZ   | Out-of-Network                          | BCBSAZ                                   |                           |                             |  |
| <b>LEVEL OF CARE</b>  | ▼ Outside PPO area is 80% of allowable charges ▼  |   |                                      |  |   |  |                           |                             |  |
| <b>Inpatient Hospitalization</b>  | 95% after deductible  | 70% of allowed charges after deductible |                                      | 95% after deductible   | 70% of allowed charges after deductible | \$100 copay per admission, no deductible |                           |                             |  |
| <b>Outpatient Therapy</b><br>(individual, family, and medication evaluation)  | 95% after deductible  | 70% of allowed charges after deductible |                                      | \$25 copay, no deductible  | 70% of allowed charges after deductible | \$25 copay, no deductible                |                           |                             |  |
| <b>Outpatient Group Psychotherapy</b>   | 95% after deductible  | 70% of allowed charges after deductible |                                      | \$25 copay, no deductible  | 70% of allowed charges after deductible | \$25 copay, no deductible                |                           |                             |  |
| <b>Employee Assistance Program (EAP)</b>  | 12 free sessions per year of short-term counseling available to you and your household members. Get started now or learn more at <a href="http://LyraHealth.com/SRP">LyraHealth.com/SRP</a> or call (877) 251-7602. |   |                                      |  |   |  |                           |                             |  |

\*BCBSAZ is the network for those who reside in Arizona. CIGNA is the network for those who reside outside of Arizona.



# Prescription Drug Coverage

**When you enroll in medical coverage, you automatically have prescription drug coverage through Express Scripts.** Although the prescription drug program is designed to cover a large portion of the total cost, you share in the cost.

Your prescription benefits will pay differently depending on your health plan.

**CCP** Generally, you must meet your Alliance/BCBSAZ calendar year deductible before the copay/coinsurance apply.

**PPO** You pay the copay/coinsurance for each tier for in-network prescriptions. For the EPO, out-of-network pharmacies are not covered.

**EPO**



| RETAIL   | MAIL ORDER  | WALGREENS   | SPECIALTY DRUGS  |
|--|---|---|--|
| <b>30-DAY SUPPLY</b>   | <b>90-DAY SUPPLY</b>  | <b>90-DAY SUPPLY</b>  | <b>30-DAY SUPPLY</b>   |
| <b>TIER 1</b><br>GENERIC<br><b>\$10</b>  | <b>TIER 1</b><br>GENERIC<br><b>\$20</b>   | <b>TIER 1</b><br>GENERIC<br><b>\$20</b>   | <b>TIER 1</b><br>GENERIC<br><b>\$10</b>  |
| <b>TIER 2</b><br>PREFERRED<br><b>25% coinsurance</b><br>\$25 min./<br>\$50 max.      | <b>TIER 2</b><br>PREFERRED<br><b>25% coinsurance</b><br>\$50 min./<br>\$100 max.      | <b>TIER 2</b><br>PREFERRED<br><b>25% coinsurance</b><br>\$50 min./<br>\$100 max.      | <b>TIER 2</b><br>PREFERRED<br><b>25% coinsurance</b><br>\$25 min./<br>\$50 max.      |
| <b>TIER 3</b><br>NON-PREFERRED<br><b>50% coinsurance</b><br>\$50 min./<br>\$150 max. | <b>TIER 3</b><br>NON-PREFERRED<br><b>50% coinsurance</b><br>\$100 min./<br>\$300 max. | <b>TIER 3</b><br>NON-PREFERRED<br><b>50% coinsurance</b><br>\$100 min./<br>\$300 max. | <b>TIER 3</b><br>NON-PREFERRED<br><b>50% coinsurance</b><br>\$50 min./<br>\$150 max. |

▲ ▲  
**MAINTENANCE MEDICATIONS**

## How to Use Your Prescription Benefits

1. You must use participating Express Scripts pharmacies to receive coverage. Express Scripts network pharmacies can be found across the nation and include Walmart, Walgreens and CVS.
2. Certain preventive medications are covered at 100% as mandated through the ACA. It's always recommended to confirm coverage and costs on the Express Scripts mobile app or at [express-scripts.com/saltriverproject](https://www.express-scripts.com/saltriverproject).
3. You pay a flat copay or a percentage of the total amount, depending on the type of medication:
  - a. **Generics:** least expensive
  - b. **Formulary brand name:** moderate
  - c. **Non-formulary brand name:** most expensive
4. You can save money by requesting generics if available and using the Smart90 program for your maintenance medications.

## Smart90 and Maintenance Medications

You must use the Smart90 program if you are taking a long-term or maintenance medication.

### Here's how it works:

When you get a prescription for a maintenance medication, such as medications for blood pressure, cholesterol or birth control, you can get two 30-day fills at a retail pharmacy. After your second fill, you must get 90-day fills through the Smart90 program. You can do that in two ways:

1. **Home delivery:** To sign up for this, create an account on the Express Scripts website and sign up for home delivery. Express Scripts will contact your doctor directly to get a 90-day prescription.
2. **Visit a Walgreens pharmacy and fill your maintenance medication.** The pharmacist will contact your doctor to get a 90-day prescription. Visit [express-scripts.com/saltriverproject](https://www.express-scripts.com/saltriverproject) to find a Smart90 retail pharmacy near you.

If you do not use either Express Scripts home delivery or get a 90-day fill at a Walgreens pharmacy, you will pay the full cost of your prescription. There is no option to opt out of the Smart90 program for maintenance medications.

## What's a Preventive Prescription Drug?

Preventive prescription drugs are those designed to help you maintain a health condition before it becomes serious. These drugs save consumers thousands of dollars each year by preventing more significant and costly conditions.

Preventive drugs include prenatal and pediatric vitamins, antivirals, drugs to control blood pressure and cholesterol, and diabetic drugs and supplies.

## What Is a Maintenance Medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long term. These conditions usually require regular daily use of medicines.

Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.



## EncircleRx Plus Omada for Weight Management

**Starting January 1, 2026**, to support your health and well-being, we're offering EncircleRx — a new weight management program that includes coverage for select prescription weight management medications (GLP-1s). Enroll and engage in Omada (an online lifestyle modification program) to get your medication covered, if clinically eligible. The Omada program is available at no extra cost to you.

For more information, contact Express Scripts (866) 229-5806.

### Learn More

For more details, call Express Scripts at (866) 229-5806 or go to [express-scripts.com/saltriverproject](https://express-scripts.com/saltriverproject) to view your prescription information and check to see if your medication is on the formulary medication list.

### Please Note

Out-of-network mail order and specialty out-of-network pharmacies are not covered.

## Mandatory Generic Drug Substitution

When your doctor prescribes you or a dependent a medication, be sure that you are requesting the generic version, if available. Generic drugs cost less and have the same quality, strength, purity and stability as their brand-name counterparts.

If a generic is available and a brand-name drug is dispensed, you will be responsible for the cost difference between the generic drug and the brand-name drug under the Member Pays the Difference program. This applies even if your doctor notes "dispensed as written" on the prescription.

If you choose to pay the difference, it will be treated as a non-covered expense and will not count toward your deductible or out-of-pocket maximum.

If you are unable to take the generic, your doctor will be required to contact Express Scripts for a brand-name exception.

## Prescription Q&A

### 1. I have a maintenance medication. Where should I fill my 90-day supply?

You should fill it through Walgreens' Smart90 retail program or through Express Scripts mail order. You will be notified by Express Scripts if any of your retail prescriptions are affected by the Smart90 program. As an added benefit, you only pay two copays\* for a 90-day supply at a Walgreens retail pharmacy, just like Express Scripts mail order (\*after CCP deductible). Visit [express-scripts.com/saltriverproject](https://express-scripts.com/saltriverproject) to find a Smart90 retail pharmacy near you.

### 2. After the first two refills at a network retail location, do I have to pay the full price?

Members who continue to use other retail suppliers besides Walgreens for their maintenance prescriptions will pay the full cost of the prescription.

### 3. I have a one-time antibiotic. Does that need to be filled at Walgreens?

No, you may continue to fill short-term medications at your preferred network pharmacy (CVS, Walmart, etc.).

### 4. Do I have to move to generic?

To avoid paying the full cost of the medication under the Member Pays the Difference program, it is strongly encouraged that you use generic whenever possible. If you or your doctor requests a brand-name drug when a generic drug is available, you will be charged the difference in price over the cost of the generic copay. If you are unable to take the generic, your doctor will be required to contact Express Scripts for a brand-name exception.

# Premiums

| EMPLOYEE STATUS   | MEDICAL PLANS |          |            |            |              |          |
|---|---------------|----------|------------|------------|--------------|----------|
|   | CCP           |          | PPO        |            | EPO          |          |
|   | Your Cost     | SRP Cost | Your Cost  | SRP Cost   | Your Cost    | SRP Cost |
| <b>TEMPORARY EMPLOYEES: FULL, 3/4 TIME (26 PAY PERIODS)</b> |               |          |            |            |              |          |
| Employee Only   | \$29.91       | \$217.80 | \$96.16    | \$327.54   | \$74.59      | \$314.14 |
| Employee + Spouse   | \$113.47      | \$456.25 | \$264.41   | \$710.11   | \$239.01     | \$655.08 |
| Employee + Child(ren)                                       | \$84.07       | \$411.34 | \$203.47   | \$643.94   | \$185.37     | \$592.10 |
| Employee + Spouse + Child(ren)                              | \$141.51      | \$675.91 | \$337.29   | \$1,060.94 | \$308.69     | \$974.14 |
| <b>TEMPORARY EMPLOYEES: HALF TIME (26 PAY PERIODS)</b>      |               |          |            |            |              |          |
| Employee Only   | \$123.85      | \$123.85 | \$211.85   | \$211.86   | \$194.37     | \$194.37 |
| Employee + Spouse   | \$284.86      | \$284.86 | \$487.26   | \$487.26   | \$447.05     | \$447.05 |
| Employee + Child(ren)                                       | \$247.70      | \$247.70 | \$423.71   | \$423.71   | \$388.74     | \$388.74 |
| Employee + Spouse + Child(ren)                              | \$408.71      | \$408.71 | \$699.12   | \$699.12   | \$641.41     | \$641.41 |
| <b>COBRA: NO MEDICARE YOUNGER THAN 65 (MONTHLY)</b>         |               |          |            |            |              |          |
| Employee Only   | \$547.42      | \$0.00   | \$936.39   | \$0.00     | \$859.11     | \$0.00   |
| Employee + Spouse   | \$1,259.08    | \$0.00   | \$2,153.70 | \$0.00     | \$1,975.94   | \$0.00   |
| Employee + Child(ren)                                       | \$1,094.85    | \$0.00   | \$1,872.78 | \$0.00     | \$1,718.21   | \$0.00   |
| Employee + Spouse + Child(ren)                              | \$1,806.50    | \$0.00   | \$3,090.09 | \$0.00     | \$2,835.05   | \$0.00   |
| <b>COBRA: WITH 1 MEDICARE (MONTHLY)</b>                     |               |          |            |            |              |          |
| Employee Only   | \$216.21      | \$0.00   | \$534.00   | \$0.00     | U \$469.01   | \$0.00   |
| Employee + Spouse   | \$763.63      | \$0.00   | \$1,470.39 | \$0.00     | U \$1,328.12 | \$0.00   |
| Employee + Child(ren)                                       | \$763.63      | \$0.00   | \$1,470.39 | \$0.00     | U \$1,328.12 | \$0.00   |
| Employee + Spouse + Child(ren)                              | \$1,311.05    | \$0.00   | \$2,406.78 | \$0.00     | U \$2,187.23 | \$0.00   |
| <b>COBRA: WITH 2 MEDICARE (MONTHLY)</b>                     |               |          |            |            |              |          |
| Employee + Spouse   | \$432.42      | \$0.00   | \$1,068.00 | \$0.00     | U \$938.02   | \$0.00   |
| Employee + Spouse + Child(ren)                              | \$979.84      | \$0.00   | \$2,004.39 | \$0.00     | U \$1,797.12 | \$0.00   |

U = UHC PPO



# Midyear Changes

## Midyear Changes to Your Plan Elections

Changes to your medical plan elections cannot be made outside of the Open Enrollment period unless you experience a qualifying change in status (life event) or special enrollment event. To request special enrollment or obtain more information about life events, visit [insideSRP](#), or contact Benefits Services at [hrbenexp@srpnet.com](mailto:hrbenexp@srpnet.com) or **(602) 236-3615**.

### What Constitutes a Life Event?

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Qualified Medical Child Support Order (QMCSO)
- Change in spouse/dependent employment status
- Spouse/dependent loses other coverage due to changes in cost of coverage or curtailment of coverage
- Changes consistent with Family and Medical Leave Act (FMLA)
- Death of a spouse/dependent

All requests for changes must be submitted within 31 days of the event (or the next business day if the 31st day falls on a weekend/holiday). If approved, changes generally become effective on the first day of the next pay period, or the first of the following month, depending on the type of change. Newborn and adopted children are covered from the date of birth, adoption or placement for adoption. For divorce/legal separation, you must remove your ex-spouse from all SRP benefit plans even if you are not making any other changes.

Example: Month 1

| SUN | MON        | TUE | WED | THU | FRI | SAT |
|-----|------------|-----|-----|-----|-----|-----|
|     |            | 1   | 2   | 3   | 4   | 5   |
| 6   | EVENT<br>7 | 8   | 9   | 10  | 11  | 12  |
| 13  | 14         | 15  | 16  | 17  | 18  | 19  |
| 20  | 21         | 22  | 23  | 24  | 25  | 26  |
| 27  | 28         | 29  | 30  | 31  |     |     |

Example: Month 2

| SUN | MON | TUE | WED           | THU | FRI | SAT |
|-----|-----|-----|---------------|-----|-----|-----|
|     |     |     |               |     | 1   | 2   |
| 3   | 4   | 5   | LAST DAY<br>6 | 7   | 8   | 9   |
| 10  | 11  | 12  | 13            | 14  | 15  | 16  |
| 17  | 18  | 19  | 20            | 21  | 22  | 23  |
| 24  | 25  | 26  | 27            | 28  | 29  | 30  |

# Helpful Key Terms

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**Allowed Amount:** An allowable charge is an approved dollar amount that Personify Health will reimburse a provider for a certain medical expense.

**Behavioral Health and Mental Healthcare:** These two terms are typically used interchangeably for health insurance coverage purposes. Behavioral health includes substance use, eating disorders, addiction, etc. Mental health refers to a person's emotional, social and psychological wellness.

**Coinsurance:** Your share of the costs of a covered health service, calculated as a percent of the allowed amount for the service. You must pay the deductible before you receive the coinsurance benefit. Your coinsurance share is higher for out-of-network claims.

**Copay:** A fixed dollar amount you pay when you visit a healthcare provider or fill an in-network prescription.

**Deductible:** A fixed annual amount you pay before any plan begins to pay for covered services. Deductibles are higher on out-of-network claims.

**Drug Formulary:** A listing of prescription drugs established by Express Scripts Inc. that includes both brand-name prescription drugs and generic prescription drugs. Drugs listed on the formulary are covered under the prescription drug plan, with copayments.

**Employee Assistance Program (EAP):** An EAP is a work-based program designed to assist employees in resolving personal problems. This might include relationship challenges, child or elder care, work or personal stressors, etc. EAP helps in a broad range of situations and includes assistance for anyone covered on the employee's health plan, as well as those living in the employee's home.

**Generic Drug:** A prescription drug that is not protected by trademark registration but that is produced and sold under the chemical formulation name.

**In-Network Provider:** Doctors, hospitals and other providers who contract with Alliance and/or Blue Cross Blue Shield of Arizona (BCBSAZ). Alliance is a narrow network within BCBSAZ.

**Out-of-Network (OON):** The use of healthcare providers who have not contracted with BCBSAZ to provide services. Out-of-network providers may balance bill you extra charges.

**Out-of-Pocket (OOP) Maximum:** This is your safety net in the medical plans that protects you from catastrophic medical expenses. Once you pay the individual maximum or family maximum, additional covered medical claims for the year are paid at 100% and you pay nothing.

**Premium:** The amount you pay for insurance.

**Preventive Services:** All plans cover 100% of eligible preventive services made to in-network providers. Mammograms, flu shots, prostate exams and well-baby visits are examples of preventive services. Note: If you discuss another health issue during a preventive services visit, you may have to pay a fee for your visit.



Make Just One Call — (877) 841-4777

Not sure where to start? Call Personify Health to help you navigate all your benefits.

## MEDICAL PLANS

Personify Health

Group #: S2612

**(877) 841-4SRP (4777)**

[CustomerServe@personifyhealth.com](mailto:CustomerServe@personifyhealth.com)

[HCHealthBenefits.com](https://www.HCHealthBenefits.com)

Member ID# is 2612 followed by your five-digit employee number (format: 2612xxxxx). This is the same member number for covered dependents of the employee.

## MENTAL AND EMOTIONAL HEALTH / EAP

Lyra Health

**(877) 251-7602**

[LyraHealth.com/SRP](https://www.LyraHealth.com/SRP)

## SRP BEHAVIORAL HEALTH SPECIALIST / EAP

Brian Hufford, MS, LPC

**(602) 236-6261**

[brian.hufford@srpnet.com](mailto:brian.hufford@srpnet.com)

## PHARMACY PLANS

Express Scripts

**(866) 229-5806**

[express-scripts.com](https://www.express-scripts.com)

Accredo (specialty medications)

**(800) 803-2523**

## FIND A NETWORK PROVIDER

Blue Cross Blue Shield of Arizona & Alliance

[azblue.com/srp](https://www.azblue.com/srp)

Cigna (out of Arizona network)

[cigna.com](https://www.cigna.com)

## SRP BENEFITS SERVICES

Mailing Address:

Benefits Services, PAB 502

P.O. Box 52025

Phoenix, AZ 85072-2025

Street Address:

1500 N. Mill Ave.

Tempe, AZ 85288

Phone: **(602) 236-3600**

Fax: **(602) 629-7810**

Email: [hrbenexp@srpnet.com](mailto:hrbenexp@srpnet.com)

For more information, please visit [insideSRP](#).

## OTHER

MDLIVE — Telemedicine

**(877) 953-4955** | [mdlive.com/srp](https://www.mdlive.com/srp)

Alight/COBRA and Direct Billing

**(866) 318-2570**

[srpnet.com/healthplans](https://www.srpnet.com/healthplans)

401(k) Empower Retirement

**(844) 725-8787**

[Empower.com/participant](https://www.Empower.com/participant)

## Your Benefits Information

View all of your benefits information through the Benefits Portal (see page 3 for access instructions).

# Important Plan Information and Notices

## Women's Health and Cancer Rights Act of 1998

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (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 the following:

- 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
- Prosthesis
- Treatment of physical complications of the mastectomy, including lymphedema

Plan limits, deductibles, copayments and coinsurance apply to these benefits. For more information about WHCRA benefits, contact Personify Health at **(877) 841-4SRP (4777)**.

## Privacy Notices

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/or disclosed. The rules also give you additional rights concerning control of your own healthcare information. This Plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. You are provided with a copy of this notice when you enroll in the plan. You can get another copy of this notice from [srpnet.com/healthplans](http://srpnet.com/healthplans) or Benefits Services.

## Availability of Summary of Benefits and Coverage

SRP offers several health coverage options. Choosing a health coverage option is an important decision.

To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBCs are available on the web at [srpnet.com/healthplans](http://srpnet.com/healthplans). A paper copy is also available, free of charge, by calling **(602) 236-3600**.

## Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Salt River Project's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverage under this plan without waiting for the next Open Enrollment period, provided that you request enrollment within 31 days after your other coverage ends.

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 yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Salt River Project will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days (instead of 31) from the date of the Medicaid/CHIP eligibility change to request enrollment in the Salt River Project group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

To request special enrollment or obtain more information, including a full copy of the notice, visit [srpnet.com/healthplans](http://srpnet.com/healthplans) or contact Benefits Services at [hrbenexp@srpnet.com](mailto:hrbenexp@srpnet.com) or **(602) 236-3600**.

## 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 you understand whether the prescription drug coverage you elect under this plan is or is not creditable (as valuable as Medicare's prescription drug coverage). Review the Plan's Medicare Part D Notice of Creditable Coverage for more information.



## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**The Plan's medical options are in compliance with the Newborns' and Mothers' Health Protection Act of 1996.**

## Additional Health Plan Notices

You can locate and review the following additional health plan notices at [srpnet.com/healthplans](http://srpnet.com/healthplans):

- LIVEwell Wellness Program
- Marketplace/Exchange
- Rights and Protections Against Surprise Medical Bills

## Disclaimer

The descriptions of benefits in this guide are provided for informational 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 and insurance contracts determine all rights, benefits and restrictions of the plans described herein.







# Money- and Time-Saving Resources

# 2026

For more information on all topics, go to [srpnet.com/healthplans](https://srpnet.com/healthplans).

## Care Advocates

Do you ever wish someone could help you navigate through all of your medical benefit resources? The Personify Health Care Advocates are ready to help. Call **(877) 841-4777** from 7 a.m. to 7 p.m. CST or email [CustomerServe@personifyhealth.com](mailto:CustomerServe@personifyhealth.com).

## MDLIVE

24/7 access to a doctor by video, phone or email. Visit [mdlive.com/srp](https://mdlive.com/srp), call **(877) 953-4955** (identify yourself as an SRP employee) or download the app to register. This convenient option can be used instead of going to the ER or urgent care for a non-emergency issue.

## MedCom Care Management

Get free one-on-one support for coordinating your chronic healthcare by calling MedCom at **(888) 728-7843**. MedCom is part of Personify Health.

## WellSMART

Free, confidential annual health screening and flu vaccinations at convenient work locations or with your own doctor. Go to [insideSRP](#) for this and many other wellness program details.

## Lyra Mental Health Benefit

No matter what you're going through, Lyra can help. Get matched with confidential mental health support today. Every member of your family — including kids, teens, adults, and couples — gets the care they need. Call **(877) 251-7602** or go to [LyraHealth.com/SRP](https://LyraHealth.com/SRP). For urgent help, call the Suicide and Crisis Lifeline at **988**.

Temporary: 2647203 10/25



Benefits Services

PAB 502 | P.O. Box 52025 | Phoenix, AZ 85072-2025

**Open Enrollment Period:  
11/3/2025 through 11/21/2025 at 11 p.m. MST**