Your Benefits, Your Opportunity

Dear Health Plan Member,

SRP remains committed to delivering a comprehensive benefits package that offers quality care at affordable prices. Our members are our highest priority and our benefit package is specifically designed to meet the individual needs of you and your loved ones.

We know that making these choices can be difficult. Use this booklet as a guide in evaluating the benefits that work best for you. It is an extensive resource to empower your decisions.

Before you get started, here are a few important things to note:

▶ This is a passive enrollment. **If you are satisfied with your current coverage, no further action is needed!** Your current coverage will automatically renew at the 2017 rates.

▶ Your 2017 Open Enrollment begins Oct. 31, 2016, and ends Nov. 18, 2016, at midnight Arizona time.

▶ Need to alter coverage or change your plan participation? Go to srpnet.com/hronline during the Open Enrollment period.

▶ Don’t miss out on the high-quality affordable care available through the Acclaim Network.

Need assistance during Open Enrollment?
Call (602) 236-3600 or email hrbenexp@srpnet.com.

Live Well,
Your SRP Benefits Services Team
# Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates to Remember</td>
<td>2</td>
</tr>
<tr>
<td>Enrollment Instructions &amp; Common Questions</td>
<td>2</td>
</tr>
<tr>
<td>Q&amp;A: Have Questions? Get Answers.</td>
<td>3</td>
</tr>
<tr>
<td>Acclaim Network: Quality Care for Less</td>
<td>4</td>
</tr>
<tr>
<td>Prioritize Your Health</td>
<td>5</td>
</tr>
<tr>
<td>Member Experience Center</td>
<td>6</td>
</tr>
<tr>
<td>24/7 Plan Information</td>
<td>7</td>
</tr>
<tr>
<td>Your Options</td>
<td>8</td>
</tr>
<tr>
<td>Your Choices</td>
<td>9</td>
</tr>
<tr>
<td>Tips to Maximize Your Health Benefits</td>
<td>11</td>
</tr>
<tr>
<td>Becoming Medicare-eligible</td>
<td>13</td>
</tr>
<tr>
<td>Group Legal Services</td>
<td>14</td>
</tr>
<tr>
<td>Midyear Changes to Your Plan Election</td>
<td>15</td>
</tr>
<tr>
<td>Your Prescription Drug Coverage</td>
<td>16</td>
</tr>
<tr>
<td>Medical Plan Comparison of Benefits</td>
<td>18</td>
</tr>
<tr>
<td>2017 Premium Comparisons</td>
<td>22</td>
</tr>
<tr>
<td>Important Plan Information and Notices</td>
<td>27</td>
</tr>
<tr>
<td>Contact Information</td>
<td>29</td>
</tr>
</tbody>
</table>
Enrollment
Instructions &
Common Questions

Pre-enrollment Steps
1. Review and select the plans that best fit your and your family’s needs.
2. Need to add eligible dependents or a spouse? Collect the following information for all dependents:
   » Date of birth
   » Social Security number
   » Birth certificate (dependents only)
   » Marriage certificate (spouse only)
3. Adding to or changing your family plan? Complete the SRP Benefit Election Form. Go to HR Online, select Forms and then click “Benefits” to access the form. From insideHR click on Forms and Resources, scroll down to benefits, locate the Benefits Election Form and complete the online form, print the PDF or call (602) 236-3600.

Access HR Online
From Home
► Visit srpnet.com/hronline.
► Select “Begin using HR Online now” when redirected.
► Enter your user ID and password on the main login screen.
► Select “Benefits” and “Open Enrollment.”
► Select the link of the plan you want to change.

Helpful links:
srpnet.com/healthplans
srpnet.com/hronline
Remember: Your opportunity to make changes ends on Nov. 18. Don’t wait!

Dates to Remember
Your Open Enrollment Schedule
BEGINNS: Oct. 31, 2016
ENDS: Midnight on Nov. 18, 2016
Retirees interested in the following:
► Change any existing medical elections.
► Elect any new coverage, including Group Legal.
► Add or remove an eligible dependent.
Go to srpnet.com/hronline.

Health Plan Hotline
► Questions about your 2017 plans can be answered by calling SRP at (602) 236-3600 or Gilsbar at (877) 841-4SRP (4777) between 5 a.m. and 7 p.m. Arizona time.
► For Cigna-HealthSpring Preferred or UnitedHealthcare Medicare Advantage PPO plan questions, please call the customer service number on your card.
**Review**

- Select “New Options” to make changes for 2017. Select “Submit” when finished.

- To see your current benefit plan elections, click on “Benefits Summary.”

**Save a Copy**

- Print a copy of your benefit elections before logging out.

---

**Q&A: Have Questions? Get Answers.**

1. **If I don’t have any changes to make, do I need to do anything?**

   No additional action is required.

2. **Can I change my beneficiary for my retiree life insurance?**

   We encourage you to review your beneficiaries on file. You can access that information at HR Online. Under Forms, click Benefits and search for Retiree Life Insurance Beneficiary Designation. The form should be submitted to SRP Benefits. If you have any questions, contact SRP Benefits at (602) 236-3600.

3. **What is the difference between HR Online and insideHR?**

   HR Online is where Open Enrollment changes are made. InsideHR is a website that contains HR-related information.
We’ve all been affected by the rising costs of healthcare, and SRP has been hard at work developing a solution to alleviate the impact on its retirees. SRP continues to be excited about the customized Acclaim Network available to retirees.

Acclaim is a high-efficiency network of providers working collaboratively to provide quality care to patients while reducing costs.

**Benefits**

**Access:**

- More than 4,000 providers
- 12 acute care hospitals
- MD Anderson Cancer Center
- Member Experience Center, including 24-hour nurse access or advice. Go to Page 6 for more information.

Excellent provider coordination improves the quality of the care provided and reduces the need for duplicate tests and lab work.

**Accessing Acclaim**

SRP medical plans offer access to the Acclaim Network, allowing all participants customized advantages, including lower deductibles, coinsurance and copays.

**Questions About Acclaim?**

Call the SRP Health Plan Hotline at Gilsbar: *(877) 841-4SRP (4777)* 5 a.m.–7 p.m. MST.
Prioritize Your Health

For participants on the SRP PPO, CCP or EPO plan, SRP wants to partner with you and your family in prioritizing your health. All services/results are completely confidential and are not shared with SRP. SRP Wellness offers many resources to assist you on your healthcare journey.

Coached to Health

Gilsbar offers free health coaching. If you have questions about a health condition, your wellness screening results or health goals, call your Gilsbar/MedCom health coach at (866) 284-5268.

Get Help With Ongoing or Chronic Health Conditions

Experienced, compassionate registered nurses are available to assist you with the following conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes mellitus
- Hypertension
- Low back pain
- Metabolic syndrome

Call Gilsbar/MedCom: (888) 728-7843

Stressed Out? Depressed? Need to Vent?

ComPsych is the Plan’s network provider selected to help you obtain the care you need for behavioral health issues, substance disorders and other serious life problems.

Contact ComPsych: (888) 882-0771

Don’t Quit on Quitting!

Tobacco cessation program visits, counseling and treatment are covered at 100% with no deductible, copays or visit limitations.

Contact Gilsbar for details: (877) 841-4777

Convenient Support

SRP Wellness provides support throughout the year, including:

- Seasonal flu shots
- Wellness health screenings
- Mobile On-site Mammography (MOM) screenings
- Prostate On-site Project (POP) screenings

Accessible Health Advice

Call the 24-hour nurse helpline on your medical ID card.

For participants on the UnitedHealthcare or Cigna-HealthSpring plans, contact your member services number on the back of your medical card for all of the above services.
Member Experience Center

The Member Experience Center offers an innovative range of services and benefits supported by state-of-the-art technology.

Banner Health Nurses

Banner Health nurses are available 24/7. When you or your dependents are ill or injured, Banner Health nurses can access:

- Pharmacists
- Social workers
- Poison Control staff
- Behavioral health professionals
- Physicians and more

24/7 Access

Advanced Telehealth services bring quality healthcare to you. Technology is being leveraged to improve patient care.

Regardless of location, the Telehealth team can:

- Respond to requests for help from the bedside care team.
- Identify adverse trends and intervene before they become adverse outcomes.
- Measure and monitor clinical outcomes and implement best practices.

For example, TeleICU uses cutting-edge systems to make it possible for a highly trained nurse to remotely monitor a patient 24/7. With access to all systems, intensive care medications, on-site nurses and video observation, an acute patient in ICU always has a nurse in the room.

Other innovative programs include:

- Banner iCare
- TeleAcute Care
- TeleBehavioral Health
- Telehome Health

Banner Health Centers

Take care of the primary health needs of your whole family with convenient locations. Provider services include:

- Family medicine
- Internal medicine
- Pediatrics
- Women's health
- X-rays and labs
- Minor procedures

Banner Health Center providers can help your family with primary care needs, including the following:

- Chronic conditions
- Cuts and suture removal
- Minor skin concerns
- Well-child checkups and immunizations
- Physicals
- Sports injuries or fracture care
- Treatment for earaches, sore throats or infections
MyBanner Patient Portal
Visit bannerhealth.com to establish an online profile and manage your healthcare.

- Review health information like blood pressure, allergies, immunizations and more.
- Request medical records.
- View lab results and prescribed medications.
- View reports about X-rays and medical imaging tests.
- Securely message your Banner Medical Group provider for yourself or your child (ages 11 and younger).

Resources on Bannerhealth.com
- Search for doctors, health center locations and services.
- Find upcoming health classes, support groups and events.
- Get the latest health tips and read up on important topics with the Health eConnect newsletter.

Banner Health Center Hours
Monday–Thursday: 7 a.m. to 7 p.m.
Friday: 7 a.m. to 5 p.m.
Saturday: 8 a.m. to 1 p.m.

Banner Health Member Experience Center
24/7, (602) 747-7990

24/7 Plan Information

For participants in the SRP PPO, CCP and EPO plans.

Visit myGilsbar.com

- View all medical and prescription claims.
- Review an explanation of benefits (EOB) for you and your family.
- See how much of your deductible and out-of-pocket you have met.
- Request an ID card.
- Find a network provider.
- Review the SRP medical benefits.
- And much more.

Questions?
Contact the SRP Health Plan Hotline at Gilsbar: (877) 841-4SRP (4777)

myGilsbar Mobile
The most commonly used features from myGilsbar.com are now mobile!

5. Open the email and click on the link in your email from webmaster@gilsbar.com to complete your registration.

Hassle-Free Registration
2. Select “First time user? Click here to register.”
3. Select “Participant.”
4. Complete the registration fields and enter SRP’s group number (S2612).
## Your Options

### Medical Plan Options

1. Consumer Choice Plan
2. Exclusive Provider Organization (EPO)
3. Preferred Provider Organization (PPO)
4. UnitedHealthcare Group Medicare Advantage (PPO)
5. Cigna-HealthSpring Medicare Preferred (HMO)

### Coverage Tiers

- **Retiree Only**
- **Retiree & Spouse**
- **Retiree & Children**
- **Retiree, Spouse & Children**

---

**Provider Networks**
Access to Acclaim and Blue Cross Blue Shield of Arizona (BCBSAZ)

Live or traveling outside of Arizona? Access the PHCS/MultiPlan network.

**Prescription Benefit Manager**
Express Scripts

**Medical Premiums**
For non-grandfathered retirees, survivors and former disabled employees, premiums vary depending on the chosen plan and tier.

**Need help?**
Call the SRP Health Plan Hotline at Gilsbar: (877) 841-4SRP (4777) 5 a.m.–7 p.m. MST.
Your Choices

Plan Option: Consumer Choice Plan
For non-grandfathered retirees, survivors and former disabled employees

- Lowest monthly premium of all plan options.
- 100% of preventive services covered.
- If any coverage other than single is elected, the family deductible has to be met.
- Access to the Acclaim Network for guaranteed cost-saving opportunities.
  » In-network deductibles: Acclaim and BCBSAZ cross-apply.
  » Out-of-network claims count against an independent deductible and do not cross-apply.

Plan Highlights

- Out-of-pocket maximums to protect your cost exposure.
  » In-network maximum out-of-pocket includes your Acclaim and BCBSAZ deductible. Acclaim and BCBSAZ cross-apply.
  » Out-of-network maximum out-of-pocket includes your out-of-network deductible and is separate and independent from your in-network maximum out-of-pocket.
- Covered out-of-pocket drug costs count toward your annual plan deductible and out-of-pocket maximums. No deductible costs apply for preventive medications, only copay or coinsurance. Once the deductible is met, copays apply.
  » Visit srpnet.com/healthplans or insideHR for a list of preventive medications.

Plan Option: Exclusive Provider Organization (EPO)
In order to participate in this plan, you cannot be Medicare-eligible.

- Access to the BCBSAZ and Acclaim networks in Arizona.
- SRP’s Acclaim Network users experience lower copays and no deductible.
- 100% of preventive services are covered.
- Out-of-network coverage only available for emergency services.
Plan Option: Preferred Provider Organization (PPO)

- BCBSAZ and Acclaim Network as customized for SRP, including physicians, hospitals and laboratories contracted to offer eligible services at discounted rates.

- Retirees living outside of Arizona will access the PHCS/MultiPlan network. Access to the Acclaim Network for guaranteed cost-saving opportunities.
  - Out-of-network claims count against out-of-network deductible.
  - Out-of-pocket maximum includes your deductible (BCBSAZ out-of-pocket maximum is separate from out-of-network out-of-pocket).

- Covered services are paid at 100% once out-of-pocket is met, including medical and pharmacy copays.

- 100% of preventive services are covered for in-network providers.

- Less out-of-pocket costs for using in-network providers.

- Maximum savings are offered through Acclaim. Pay a copay instead of coinsurance and your deductible is waived.

UnitedHealthcare Group Medicare Advantage (PPO)

- To join UnitedHealthcare Group Medicare Advantage (PPO), you must be enrolled in Medicare Part A and B, live in their service areas and complete a separate enrollment form.

- UHC’s service area includes the 50 states, the District of Columbia and all U.S. territories.

- You can see any provider (in-network or out-of-network) that participates in Medicare at no additional cost to you.

- You pay copays for services.

Cigna-HealthSpring Medicare Preferred (HMO)

- You can join Cigna-HealthSpring Medicare Preferred (HMO) if you are enrolled in Medicare Part A and B and live in their service areas.

- You may only use doctors who are part of their network. The health providers in their network may change at any time.

- Out-of-network providers are covered for emergency services only. Maricopa County residents only.
Tips to Maximize Your Health Benefits

Physician’s Office, Urgent Care or Emergency Room

What is the best option for my condition?

If you are unsure about your condition or have questions, utilize the Banner Member Experience Center at (602) 747-7990 24 hours a day or refer to the number on your medical card.

When Urgent Care Is the Best Option

1. Open When Your Doctor’s Office Isn’t
   Urgent care centers are typically staffed with at least one physician, nurse and X-ray technician at all times. Check with your nearest urgent care center before going to the emergency room (ER) if you need immediate medical attention.

2. If You Don’t Have an Established Doctor-Patient Relationship
   For example, what if you’ve recently moved to a new city and have come down with the flu or maybe sprained your ankle? An urgent care center will be able to treat you, while some physicians may be unable to accept a new patient at that time.

3. Treatment for Most Non-Life-Threatening Situations
   An urgent care center is more than capable of providing care if you are experiencing a minor problem such as cold or flu-like symptoms, back pain, sore throat, earache, minor burns or a non-life-threatening allergic reaction.

4. Shorter Wait Time
   Because they are open 24/7 and cannot turn patients away, be prepared to wait several hours before it’s your turn to be seen in the ER if you do not have a life- or limb-threatening condition.

5. Less Expensive
   No matter the structure of your benefit plan, it is likely that you will pay less in copayments, coinsurance or out-of-pocket deductibles for an urgent care visit than a trip to the ER.

Urgent Care Services
- Minor infections
- Strains, sprains
- Minor broken bones
- X-rays
- Respiratory infections
- Minor burns, cuts, wounds and stitches
- Nausea, vomiting and diarrhea

When in Doubt, Visit the Emergency Room

Emergency rooms are open 24/7 and are the best place for treating severe and life-threatening conditions.

Emergency Room Services
- Chest pain
- Major burns
- Heavy bleeding
- Large open wounds
- Sudden change in vision
- Difficulty breathing
- Sudden weakness
- Severe flu or cold symptoms
- Altered mental status, confusion
- Major broken bones
- Seizures
- Severe head injury
- Spinal injuries
- Severe and persistent vomiting or diarrhea

Did you know?

On average, Arizona residents will spend about $300 for an emergency room visit compared to only $100 when visiting an urgent care center.
Preventive Healthcare

Prevention and early detection are key to a healthy lifestyle as it is less costly to treat conditions diagnosed early and patients have better outcomes.

Preventing disease is key to improving health, controlling rising health costs and improving quality of life. Some sort of illness hits everyone eventually, but many diseases, when caught early, can be halted with full health returned quickly. It is important to become educated about what it takes to maintain good health overall.

According to the Centers for Disease Control and Prevention, chronic diseases, such as heart disease, cancer and diabetes, account for seven out of 10 deaths among Americans every year and make up 75% of the country’s health spending. These diseases are largely preventable when working proactively with your doctor.

Most Americans will underuse preventive healthcare because they are unaware of the options available to them. Utilizing these options will not only improve your health in the long run but will also reduce your overall healthcare costs. Your first step is to visit your doctor to evaluate your health risks and options.

To start your own “good health” practices, here are things you can do immediately:

- Don’t smoke or use other tobacco products.
- Drink alcohol only in moderation.
- Eat a properly balanced diet to get the correct amount of nutrients and calories daily.
- Exercise at least three days per week. Aerobic exercise will build muscle and endurance.
- Maintain a healthy weight.
- Keep vaccinations up to date.

- Look for future disease risks, such as obesity or high cholesterol.
- See your doctor regularly for checkups.
- Ask your doctor if there are any gender- or age-specific preventive screenings available for your stage in life.

Be aware of changes in your body that may not be normal. See your healthcare provider right away if changes include:

- A lump anywhere on your body
- Losing weight without trying
- A lasting fever
- A cough that does not go away
- Body aches and pains that do not go away
- Changes or blood in your stools
- Skin changes or sores that do not go away or that get worse
- Other changes or symptoms that are irregular
Even if you feel fine, visit your healthcare provider for regular checkups. Health screenings and wellness exams can discover problems you may not know you have. Below are preventive tests that may be scheduled with your provider:

- Alcohol misuse
- Tobacco use
- Blood pressure
- Blood sugar
- Obesity
- Cholesterol
- Colon cancer
- Depression
- Breast cancer
- Cervical cancer
- Lung cancer
- HIV
- Mammogram
- Osteoporosis
- Pap smear
- Sexually transmitted diseases

SRP’s non-grandfathered health plans follow the preventive services listing recommended by the United States Preventive Services Task Force (USPSTF). This listing is both age- and gender-specific.

For information on the recommended preventive services, please visit the USPSTF website at uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations.

Under the Affordable Care Act, preventive medical care is covered at 100% on all plans, regardless of whether you’ve met your deductible.

**Becoming Medicare-eligible**

**Medicare Is a Health Insurance Program for:**

- People age 65 or older
- People under age 65 with certain disabilities
- People of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

**Important Note for Medicare-Eligible Retirees and Their Medicare-Eligible Dependents**

Benefits that are paid for by this Plan for Medicare-eligible retirees and their Medicare-eligible dependents are reduced by the amounts payable under Medicare Parts A (hospital) and B (professional services). This reduction will apply even if the Medicare-eligible individual is NOT enrolled in Medicare Parts A and B; therefore, if you are Medicare-eligible, you should consider enrolling in Medicare Parts A and B in order to receive the maximum amount of benefits under this Plan.
Group Legal Services

If you are a retiree, the Group Legal Services program offers you and your qualified dependents a variety of legal services at a fraction of the cost of average attorney fees.

Quick Facts About Group Legal

- Hyatt Legal Plans Inc. (a MetLife company) administers Group Legal.
- The annual program cost is $214.08 for retiree membership.
- The plan provides access to more than 9,000 attorneys.
- There are no waiting periods, dollar caps, copays, hour limits or frequency limits.

What Services Does Group Legal 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)

For more information on SRP’s Group Legal Services program, contact Hyatt Legal at (800) 821-6400. To enroll online and pay with a credit card, go to retirees.legalplans.com/6760010.
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 special enrollment event (or qualifying event) or a midyear change-in-status event. To request special enrollment or obtain more information about life events, visit insideHR, or contact Benefits Services at hrbenexp@srpnet.com or (602) 236-3600.

What Constitutes a Special Enrollment Event?

- Marriage, divorce, legal separation
- Death
- 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
- Coverage through Medicaid or a state Children’s Health Insurance Program (CHIP) eligibility is lost (request enrollment within 60 days after the Medicaid or CHIP coverage ends)

You or your dependent(s) become eligible for a premium assistance program through Medicaid or CHIP (request enrollment within 60 days after you or your dependents are determined to be eligible for such assistance)

All requests for special enrollment must be requested within 31 days of the event. If approved, changes become effective on the first or the 16th day of the month following approval. Newborn and adopted children are covered from the date of birth, adoption or placement for adoption.

Death of a 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.
Your Prescription Drug Coverage

For participants on the SRP PPO, CCP or EPO plan. Express Scripts is our Prescription Benefits Manager (PBM). When filling a prescription, you will use their network.

Some preventive medications are covered with no deductible as required by federal guidelines; however, copays or coinsurance may apply. Visit srpnet.com/healthplans, insideHR or express-scripts.com/saltriverproject for a list of preventive medications.

<table>
<thead>
<tr>
<th>Tier 1 (Generic)</th>
<th>Tier 2 (Preferred)</th>
<th>Tier 3 (Non-Preferred)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail 30-day supply</td>
<td>$10</td>
<td>25% coinsurance ($25 minimum, $50 maximum)</td>
</tr>
<tr>
<td>Mail Order 90-day supply</td>
<td>$20</td>
<td>25% coinsurance ($50 minimum, $100 maximum)</td>
</tr>
<tr>
<td>Specialty Drugs 30-day supply</td>
<td>Tier 1 (Generic)</td>
<td>$50</td>
</tr>
<tr>
<td>Retail 90-day supply</td>
<td>Tier 1 (Generic)</td>
<td>$30</td>
</tr>
</tbody>
</table>

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

**CCP**
- Once the Acclaim calendar year deductible is met, copays/coinsurance will apply.
- Some preventive medications are covered with no deductible; however, copays and coinsurance may apply.
- Out-of-network retail pharmacy claims must be paid by the member and submitted for reimbursement to Express Scripts.

**PPO**
- Follows the copay for each tier.
- Out-of-network retail pharmacy claims must be paid by the member and submitted for reimbursement to Express Scripts.

**EPO**
- Follows the copay for each tier for in-network prescriptions.
- No out-of-network pharmacies are covered.
Prescription Drug Tiers for CIGNA and UnitedHealthcare (UHC)

Drugs are divided into different cost levels or tiers. In general, the higher the tier, the higher the cost of the drug. There may be opportunities for you to save money on your medications using your prescription coverage. Ask your doctor if there are any lower-cost generic alternatives available for any of your current medications.

### CIGNA

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>(Preferred Generic)</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 2</td>
<td>(Non-Preferred Generic)</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 3</td>
<td>(Preferred Brand)</td>
<td>$45</td>
</tr>
<tr>
<td>Tier 4</td>
<td>(Non-Preferred Brand)</td>
<td>$95</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Specialty</td>
<td>33%</td>
</tr>
</tbody>
</table>

#### Retail 30-day Supply

- Tier 1: $0
- Tier 2: $10
- Tier 3: $45
- Tier 4: $95
- Tier 5: 33%

#### Mail Order 90-day Supply

- Tier 1: $20
- Tier 2: $50
- Tier 3: $100
- Tier 4: 33%

### UHC

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>(Preferred Generic)</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2</td>
<td>(Non-Preferred Generic)</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 3</td>
<td>(Preferred Brand)</td>
<td>$50</td>
</tr>
<tr>
<td>Tier 4</td>
<td>(Non-Preferred Brand)</td>
<td>$50</td>
</tr>
</tbody>
</table>

#### Retail 30-day Supply

- Tier 1: $10
- Tier 2: $25
- Tier 3: $50
- Tier 4: $50

#### Mail Order 90-day Supply

- Tier 1: $20
- Tier 2: $50
- Tier 3: $100
- Tier 4: $100
## Medical Plan Comparison of Benefits

### 2017

#### Calendar Year Deductible

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,300</td>
<td>$1,500</td>
<td>$3,900</td>
<td>$0</td>
<td>$500</td>
<td>$100</td>
</tr>
<tr>
<td>Family</td>
<td>$2,600</td>
<td>$3,000</td>
<td>$7,800</td>
<td>$0</td>
<td>$1,000</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

#### Calendar Year Maximum Out-Of-Pocket (OOP) Includes Deductible

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$3,750</td>
<td>$10,000</td>
<td>$2,000</td>
<td>$2,500</td>
<td>$10,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family OOP</td>
<td>$6,850</td>
<td>$20,000</td>
<td>$4,000</td>
<td>$5,000</td>
<td>$20,000</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

#### Wellness & Immunizations*

- 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-ray or lab and screening colonoscopy.
- This list is not intended to be inclusive of all eligible preventive services.

<table>
<thead>
<tr>
<th>Preventive</th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% no deductible</td>
<td>70% allowed charges after deductible</td>
<td>100% no deductible/copy</td>
<td>70% allowed charges after deductible</td>
<td>100% no deductible/copy</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Inpatient

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>95% after deductible</td>
<td>90% after deductible</td>
<td>$100 copay per admission</td>
<td>$135 copay per admission after deductible</td>
<td>$200 copay per admission</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Maternity Services

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% after deductible</td>
<td>90% after deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Outpatient

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab/X-ray</td>
<td>95% after deductible</td>
<td>90% after deductible</td>
<td>No charge</td>
<td>No charge</td>
<td>$50 copay after deductible</td>
<td>$22 PCP; $35 Specialist after deductible</td>
</tr>
</tbody>
</table>

#### Emergency Room

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% after deductible</td>
<td>$100 copay per visit*</td>
<td>$500 copay per visit* after deductible</td>
<td>$65 copay per visit, waived if admitted</td>
<td>$575 copay per visit, waived if admitted</td>
<td>80% of usual and customary charges after deductible</td>
<td>85% of usual and customary charges, no deductible</td>
</tr>
</tbody>
</table>

#### Physician Services

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>$10 copay per visit</td>
<td>$20 copay per visit</td>
<td>$100 copay after deductible</td>
<td>Some procedures require $50–$125 copay</td>
<td>Some procedures require $50–$125 copay</td>
<td>$100 copay after deductible</td>
</tr>
</tbody>
</table>

#### Other Services

<table>
<thead>
<tr>
<th></th>
<th>CCP</th>
<th>PPO</th>
<th>United Healthcare</th>
<th>Cigna Healthcare</th>
<th>1991 SRF Plan (80/20)</th>
<th>PAT Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon</td>
<td>95% after deductible</td>
<td>90% after deductible</td>
<td>$15 PPO/ $25 Specialist copay</td>
<td>$15 PPO/ $25 Specialist copay</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
### OTHER SERVICES

**Outside PPO area is 80% of allowable charges.**

<table>
<thead>
<tr>
<th>Service</th>
<th>CCP</th>
<th>PPO</th>
<th>EPO</th>
<th>UNITED HEALTHCARE</th>
<th>CIGNA HEALTHCARE</th>
<th>1991 SRP PLAN (80/20)</th>
<th>PAT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Medicine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Includes PT, OT, SL, pulmonary, cardiac rehab, &amp; spinal manipulation)</td>
<td>95% after deductible</td>
<td>90% after deductible</td>
<td>76% allowed charges after deductible</td>
<td>515 copay</td>
<td>90% after deductible</td>
<td>76% allowed charges after deductible</td>
<td>515 copay</td>
</tr>
<tr>
<td><strong>Rehabilitation Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Outpatient limited to 60 visits per calendar year, Inpatient limited to 60 days per person per illness or injury.)</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>70% allowed charges after deductible</td>
<td>525 copay</td>
<td>70% after deductible</td>
<td>70% allowed charges after deductible</td>
<td>525 copay</td>
</tr>
<tr>
<td><strong>Spinal Manipulation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited to 26 visits per year (including initial office visit and 9 mos.)</td>
<td>90% after deductible</td>
<td>90% after deductible</td>
<td>76% allowed charges after deductible</td>
<td>525 copay</td>
<td>90% after deductible</td>
<td>70% allowed charges after deductible</td>
<td>525 copay</td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Emergency)</td>
<td>90% after deductible</td>
<td>80% after deductible</td>
<td>70% allowed charges after deductible</td>
<td>525 copay</td>
<td>80% after deductible</td>
<td>70% allowed charges after deductible</td>
<td>525 copay</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95% after deductible</td>
<td>90% after deductible</td>
<td>76% allowed charges after deductible</td>
<td>525 copay</td>
<td>90% allowed charges after deductible</td>
<td>525 copay</td>
<td>80% after deductible</td>
<td>70% allowed charges after deductible</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only available to participants of the CCP and PPO plans.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
<td>100% and must be certified after deductible.</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>Not covered</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td><strong>Outpatient Therapy (Individual, Family, and medication evaluation)</strong></td>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>515 copay</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td><strong>Outpatient Group Psychotherapy</strong></td>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>515 copay</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
</tbody>
</table>

### BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY

<table>
<thead>
<tr>
<th>LEVEL OF CARE</th>
<th>CCP</th>
<th>PPO</th>
<th>EPO</th>
<th>UNITED HEALTHCARE</th>
<th>CIGNA HEALTHCARE</th>
<th>1991 SRP PLAN (80/20)</th>
<th>PAT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td><strong>Outpatient Therapy</strong> (Individual, Family, and medication evaluation)</td>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>515 copay</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td><strong>Outpatient Group Psychotherapy</strong></td>
<td>95% after deductible</td>
<td>70% of allowed charges after deductible</td>
<td>515 copay</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
<td>$100 copay per admission</td>
</tr>
</tbody>
</table>
## 2017 Premium Comparisons

**Grandfathered Retiree** .............................. 22
**Non-Grandfathered Retiree**  ......................... 23
**Survivor of a Retiree or Retired Board and Council**  ..... 24

### 2017 Premium Comparison for Grandfathered Retiree

<table>
<thead>
<tr>
<th>STATUS</th>
<th>EPO If Medicare-Eligible Requires Medicare Advantage Plan</th>
<th>PPO (Monthly Premium)</th>
<th>CCP (Monthly Premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RETIREE COST</td>
<td>SRP COST</td>
<td>RETIREE COST</td>
</tr>
<tr>
<td><strong>NO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$0.00</td>
<td>$971.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$0.00</td>
<td>$1,942.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>$0.00</td>
<td>$1,690.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>$0.00</td>
<td>$2,839.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>ONE MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>CIGNA $0.00</td>
<td>$336.44</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $459.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>CIGNA $0.00</td>
<td>$1,307.58</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,430.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>CIGNA $0.00</td>
<td>$1,296.16</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,418.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>CIGNA $0.00</td>
<td>$2,267.30</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $2,390.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TWO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>CIGNA $0.00</td>
<td>$672.88</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $918.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>CIGNA $0.00</td>
<td>$672.88</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $918.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>CIGNA $0.00</td>
<td>$1,632.60</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,852.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2017 Premium Comparison for Non-Grandfathered Retiree

**Hired after 1/1/2000**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>EPO</th>
<th>PPO (Monthly Premium)</th>
<th>CCP (Monthly Premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RETIERE COST</td>
<td>SRP COST</td>
<td>RETIERE COST</td>
</tr>
<tr>
<td><strong>No Medicare</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$223.00</td>
<td>$748.00</td>
<td>$259.00</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$447.00</td>
<td>$1,495.00</td>
<td>$517.00</td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>$389.00</td>
<td>$1,301.00</td>
<td>$498.00</td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>$653.00</td>
<td>$2,186.00</td>
<td>$695.00</td>
</tr>
<tr>
<td><strong>One Medicare</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>CIGNA $0.00</td>
<td>UHC $123.00</td>
<td>CIGNA $336.44</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>CIGNA $223.00</td>
<td>UHC $346.00</td>
<td>CIGNA $1,084.58</td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>CIGNA $223.00</td>
<td>UHC $346.00</td>
<td>CIGNA $1,073.16</td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>CIGNA $446.00</td>
<td>UHC $569.00</td>
<td>CIGNA $1,821.30</td>
</tr>
<tr>
<td><strong>Two Medicare</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>CIGNA $0.00</td>
<td>UHC $246.00</td>
<td>CIGNA $672.88</td>
</tr>
<tr>
<td>Retiree + Children</td>
<td>CIGNA $0.00</td>
<td>UHC $246.00</td>
<td>CIGNA $672.88</td>
</tr>
<tr>
<td>Retiree + Spouse + Children</td>
<td>CIGNA $223.00</td>
<td>UHC $469.00</td>
<td>CIGNA $1,409.60</td>
</tr>
<tr>
<td>STATUS</td>
<td>EPO If Medicare-Eligible Requires Medicare Advantage Plan</td>
<td>PPO (Monthly Premium)</td>
<td>CCP (Monthly Premium)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>SURVIVOR</td>
<td>SURVIVOR</td>
<td>SURVIVOR</td>
</tr>
<tr>
<td>NO MEDICARE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Coverage</td>
<td>$618.00</td>
<td>$674.00</td>
<td>$384.00</td>
</tr>
<tr>
<td>With Children</td>
<td>$1,202.00</td>
<td>$1,314.00</td>
<td>$748.00</td>
</tr>
<tr>
<td>ONE MEDICARE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Coverage</td>
<td>CIGNA $336.44</td>
<td>$427.00</td>
<td>$158.00</td>
</tr>
<tr>
<td></td>
<td>UHC $459.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Children</td>
<td>CIGNA $954.44</td>
<td>$1,101.00</td>
<td>$542.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,077.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TWO MEDICARE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Children 2 on Medicare (Disabled Child)</td>
<td>CIGNA $672.88</td>
<td>$854.00</td>
<td>$316.00</td>
</tr>
<tr>
<td></td>
<td>UHC $918.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>EPO If Medicare-Eligible Requires Medicare Advantage Plan</td>
<td>PPO (Monthly Premium)</td>
<td>CCP (Monthly Premium)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>RETIREE COST</td>
<td>SRP COST</td>
<td>RETIREE COST</td>
</tr>
<tr>
<td><strong>NO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Only</td>
<td>$0.00</td>
<td>$618.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>$390.00</td>
<td>$906.00</td>
<td>$420.00</td>
</tr>
<tr>
<td>Member + Children</td>
<td>$270.00</td>
<td>$932.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>$500.00</td>
<td>$1,628.00</td>
<td>$520.00</td>
</tr>
<tr>
<td><strong>ONE MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Only</td>
<td>$0.00</td>
<td>$336.44</td>
<td>$0.00</td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>$220.00</td>
<td>$734.44</td>
<td>$253.00</td>
</tr>
<tr>
<td>Member + Children</td>
<td>$220.00</td>
<td>$734.44</td>
<td>$253.00</td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>$362.00</td>
<td>$1,210.44</td>
<td>$408.00</td>
</tr>
<tr>
<td><strong>TWO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>$155.00</td>
<td>$517.88</td>
<td>$196.00</td>
</tr>
<tr>
<td>Member + Children</td>
<td>$155.00</td>
<td>$517.88</td>
<td>$196.00</td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>$297.00</td>
<td>$993.88</td>
<td>$351.00</td>
</tr>
</tbody>
</table>
# 2017 Premium Comparison for Former Disabled Employee

**Benefits Enrollment 2017**

<table>
<thead>
<tr>
<th>Status</th>
<th>EPO If Medicare Eligible Requires Medicare Advantage Plan</th>
<th>PPO (Monthly Premium)</th>
<th>CCP (Monthly Premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEMBER COST</td>
<td>MEMBER COST</td>
<td>MEMBER COST</td>
</tr>
<tr>
<td><strong>NO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Only</td>
<td>$618.00</td>
<td>$674.00</td>
<td>$384.00</td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>$1,296.00</td>
<td>$1,414.00</td>
<td>$804.00</td>
</tr>
<tr>
<td>Member + Children</td>
<td>$1,202.00</td>
<td>$1,314.00</td>
<td>$748.00</td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>$2,128.00</td>
<td>$2,326.00</td>
<td>$1,322.00</td>
</tr>
<tr>
<td><strong>ONE MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Only</td>
<td>CIGNA $336.44</td>
<td>$427.00</td>
<td>$158.00</td>
</tr>
<tr>
<td></td>
<td>UHC $459.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>CIGNA $954.44</td>
<td>$1,101.00</td>
<td>$542.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,077.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Children</td>
<td>CIGNA $954.44</td>
<td>$1,101.00</td>
<td>$542.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,077.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>CIGNA $1,572.44</td>
<td>$1,775.00</td>
<td>$926.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,695.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TWO MEDICARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Spouse</td>
<td>CIGNA $672.88</td>
<td>$854.00</td>
<td>$316.00</td>
</tr>
<tr>
<td></td>
<td>UHC $918.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Children</td>
<td>CIGNA $672.88</td>
<td>$854.00</td>
<td>$316.00</td>
</tr>
<tr>
<td></td>
<td>UHC $918.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member + Spouse + Children</td>
<td>CIGNA $1,290.88</td>
<td>$1,528.00</td>
<td>$700.00</td>
</tr>
<tr>
<td></td>
<td>UHC $1,536.36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Important Plan Information and Notices

**COBRA Coverage**
COBRA continuation of coverage gives members and their covered dependents the opportunity to elect temporary continuation of group health coverage when it would otherwise end as a result of a qualifying COBRA event. Qualifying events include:

- Termination of employment
- Reduction in hours of work making the employee ineligible for coverage
- Death of the employee
- Divorce/legal separation
- Child ceasing to be an eligible dependent child

COBRA is generally either 18 months or 36 months, depending on which qualifying event occurred.

**How Do You Elect COBRA?**
You and/or a family member must inform the Plan in writing of the event no later than 60 days after the event occurs. The notice should be sent to Gilsbar Inc. 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 must pay for it at their own expense. For questions about COBRA, contact Gilsbar at (877) 841-4SRP (4777).

**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 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 Gilsbar at (877) 841-4SRP (4777).

**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.

**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 hronline or Benefits Services.

Continued on Page 28
Notice of Grandfathered or Non-Grandfathered Plan Status

This group health plan believes the 80/20 and PAT 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 dollar limits on essential benefits.

Questions regarding which protections do and do not apply to grandfathered health plans 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. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at (866) 444-3272 or visit dol.gov/ebsa/healthreform for a summary of 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.

Coordination of Benefits

In some cases, the primary plan or program pays benefits or provides services first and the secondary plan or program pays some or all of the difference between the total cost of those services and payment by the primary plan.

In other cases, only one plan pays benefits. This can occur if you or a covered dependent are also covered by:

- Another group healthcare plan
- Medicare
- Another government program, such as Medicaid, TRICARE/CHAMPUS or a program of the U.S. Department of Veterans Affairs, or any coverage provided by a federal, state or local government or agency
- Workers’ compensation

ERISA

Plan participants may contact the Employee Benefits Security Administration, the U.S. Department of Labor, at (866) 444-3272 or visit dol.gov/ebsa/healthreform for a summary of 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.

Cadillac Tax

The so-called “Cadillac Tax,” created by the ACA, is a 40% excise tax on “high-cost” employer-sponsored health coverage. Initial IRS guidance was provided in February 2015, resulting in a significant amount of bipartisan discussion on Capitol Hill to scale back this tax. Not surprisingly, on Dec. 18, 2015, the president signed into law the Consolidated Appropriations Act, which, among other things, delays the effective date of the Cadillac Tax until 2020. SRP began reviewing its health plans and made strategic yet small and gradual adjustments to work toward having plans that would not have the excise tax imposed upon them. SRP has proactively made preparations to avoid the Cadillac Tax.

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/HRonline or insideHR. A paper copy is also available, free of charge, by calling (602) 236-3600.
Contact Information

**Medical Plans**

Gilsbar, LLC  
Group #: S2612  
SRP Health Plan Hotline:  
(877) 841-4SRP (4777)  
myGilsbar.com  
Contact with questions regarding:  
» Medical claim questions, enrollment, eligibility, provider or ID cards  
» Chronic Care Management/Education  
» Precertification of care  
» COBRA

**Pharmacy Plans**

Express Scripts  
(866) 229-5806  
express-scripts.com  
Contact with questions regarding retail or mail order prescriptions.  
Accredo  
(800) 501-7210  
Contact with questions regarding specialty medications.

**Preferred Provider Networks**

Acclaim Network  
azblue.com/srpacclaim  
Blue Cross Blue Shield of Arizona  
azblue.com  
PHCS/MultiPlan  
phcs.com  
Behavioral Health  
ComPsych® Guidance Resources®  
(888) 882-0771  
guidanceresources.com  
Company Web ID: SRP10

**Medicare**

US Dept. of Health and Human Services  
Centers for Medicare & Medicaid Services  
cms.hhs.gov  
(877) 267-2323, ext. 61565

Social Security  
ssa.gov  
(800) 772-1213  
(TT (800) 325-0778)

**Medicare Advantage Plans**

UnitedHealthcare Group  
Medicare Advantage (PPO)  
(800) 457-8506 (TTY 711)  
Cigna-HealthSpring Medicare Advantage  
(888) 281-7867 (TTY 711)

**Life Insurance**

See SRP Benefits Services

**SRP Benefits Services**

Mailing Address:  
Benefits Services CUB242  
P.O. Box 52025  
Phoenix, AZ 85072-2025

Street Address:  
1511 N. Project Drive  
Tempe, AZ 85281  
Phone: (602) 236-3600  
Fax: (602) 236-3603  
Email: hrbenexp@srpnet.com  
For more information, please visit srpnet.com/healthplans or srpnet.com/hronline.