Delivering water and power®

2027

RETIREE BENEFITS GUIDE

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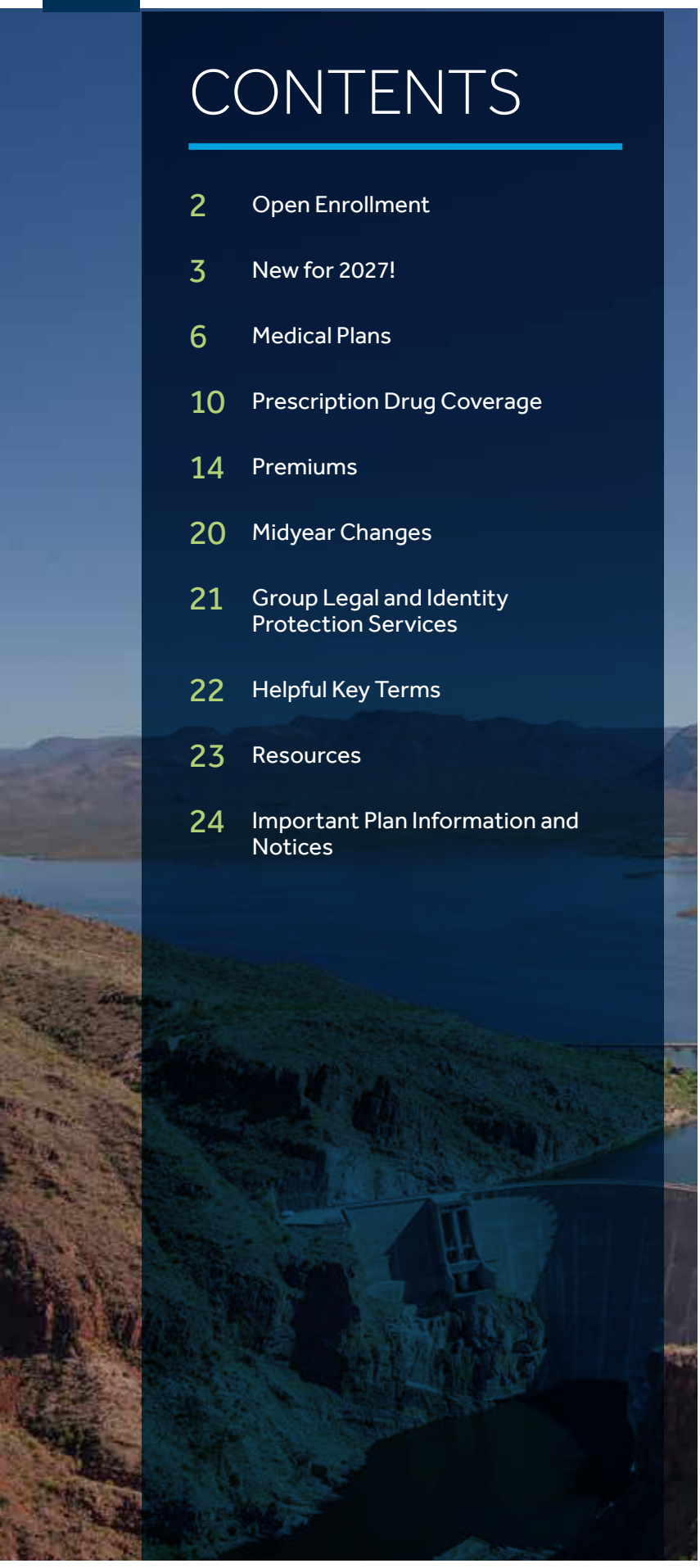


Open Enrollment

BEGINS: Nov. 2, 2026
ENDS: 11 p.m. MST, Nov. 13, 2026

Important: Your current elections roll over to 2027 unless you make changes during Open Enrollment.

Need to Alter Coverage or Change Your Plan Participation?

Go to **srpnet.com/healthplans** during the Open Enrollment period, then scroll down and click on the **SRP Benefits Portal** box.

How to Access the Benefits Portal

Go to **srpnet.com/healthplans**.

- Scroll down and click on the **SRP Benefits Portal** box to enroll, make changes or view resources and plan documents.
- If you are logging in for the **first time**, you will need to set up a new account. After clicking on the SRP Benefits Portal link, select "Inactive employee", then click on "Don't have a User ID" and follow the prompts.
- If you have already set up your account, click on the SRP Benefits Portal button to access the site.

Once these steps are completed, you'll be ready to use your newly created user ID and password going forward. However, there may be some situations (for example, if you try to log in with a new device or computer) when you'll need to follow additional steps to log in. In this case, you may receive a one-time activation code sent to the email address or cellphone number you provided during your initial setup.

New for 2027!

1 New Card and New ID Number

All retirees enrolled in a medical plan will receive a new Personify Health ID card with a new member ID number. UHC members will receive two new ID cards (one for medical and one for prescription). **Important:** Make sure your address is correct. You will begin using the new card starting Jan. 1, 2027.

2 Network and Plan Changes

Due to required Blue Cross Blue Shield (BCBS) network changes, there will no longer be two in-network options for each plan (Alliance and BCBSAZ); instead you will have one in-network benefit through BCBS National. Additionally, out-of-state coverage will go through BCBS National instead of Cigna.

3 EPO/UHC Split Coverage Is Ending

Beginning Jan. 1, 2027, retirees and dependents will no longer be able to maintain split coverage between the EPO and UnitedHealthcare Medicare Advantage plans. Review your 2027 plan options carefully to understand how this change may affect your household coverage.

4 Medical Plan Updates

The CCP medical plan name is changing for 2027. In addition, all medical plans have plan design changes, including the elimination of the two-network structure and changes to UnitedHealthcare copays. Review the medical plan information in this guide for details about your 2027 coverage.

5 Some Premiums Are Increasing

See page 14.

HDHP High-Deductible Health Plan

- For non-grandfathered retirees, survivors and former disabled employees.
- Lowest monthly premium of all plan options for those who pay premiums.
- 100% of preventive services covered.
- If any coverage other than single is elected, the family deductible has to be met.
- BCBS National is your network inside and outside Arizona. However, your in-network amounts do not count toward your out-of-network amounts (deductible or out-of-pocket maximum).
- Out-of-network claims and expenses have a separate deductible and out-of-pocket maximum. Out-of-network amounts do not count toward your in-network amounts (deductible or out-of-pocket maximum).
- Covered services are paid at 100% once the annual out-of-pocket maximum is met.
- No deductible costs apply for preventive medications, only copay or coinsurance. Once the deductible is met, copays/coinsurance apply. Covered out-of-pocket prescription drug costs count toward your annual plan deductible and out-of-pocket maximums.
- Visit **srpnet.com/healthplans** for a list of preventive medications.
- You and your covered dependents can be a combination of Medicare and non-Medicare eligible.

EPO Exclusive Provider Organization

- In order to participate in this plan, you and your covered dependents cannot be Medicare-eligible. If you or your covered dependents become Medicare-eligible, you must move to UHC or your covered dependents will be moved to the PPO plan.
- If you and your covered dependents become Medicare-eligible together, you can select to move all to the UHC plan.
- BCBS National is your network inside and outside Arizona.
- In-network preventive services are covered at 100%.
- Out-of-network coverage is available only for emergency services.

PPO Preferred Provider Organization

- In-network preventive services are covered at 100% (deductible does not apply).
- BCBS National is your network inside and outside Arizona. However, your in-network amounts do not count toward your out-of-network amounts (deductible or out-of-pocket maximum).
- Out-of-network claims and expenses have a separate deductible and out-of-pocket maximum. Out-of-network amounts do not count toward your in-network amounts (deductible or out-of-pocket maximum).
- Covered services are paid at 100% once the individual out-of-pocket maximum is met.
- Less out-of-pocket costs for using in-network providers.

UHC UnitedHealthcare Group Medicare Advantage (PPO)

- To join UnitedHealthcare Group Medicare Advantage (PPO), you and any covered dependents must be enrolled in Medicare parts A and B and live in a UHC service area.
- UHC's service area includes the 50 states, the District of Columbia and all U.S. territories.
- You may see any provider in-network or out-of-network that accepts a Medicare Advantage Plan at no additional cost to you.
- You pay copays for services.
- A separate enrollment/disenrollment form is required. Contact SRP Benefits Services for these forms.

EPO/UHC Medical Plans

Retirees and covered dependents who are a mix of Medicare retirees and non-Medicare eligible in 2027 will be moved from the EPO/UHC medical plans to the PPO medical plan for 2027.

If you would like to select the HDHP medical plan for 2027, you will need to go to the Benefits Portal to make that change.

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.

Medicare Benefits

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 and administered by Personify Health 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.

Due to required Blue Cross Blue Shield (BCBS) network changes, there will no longer be two in-network options (Alliance and BCBSAZ). Instead, for 2027, you will have one in-network option (BCBS National).

Medical Plans

BENEFIT	HDHP[1]		PPO		EPO
	BCBS National		BCBS National		BCBS National
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
CALENDAR YEAR DEDUCTIBLE					
Individual	$2,050	$4,150	$850	$4,100	$200
Family	$4,200	$8,300	$1,700	$8,200	$400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)					
Individual	$4,750	$12,200	$4,000	$12,000	$8,000
Family	$9,500	$24,400	$8,000	$24,000	$16,000
WELLNESS AND 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-rays or lab, and screening colonoscopy. This list is not intended to be inclusive of all eligible preventive services.					
Preventive Care	100% no deductible/ copay	70% allowed charges*	100% no deductible/ copay	70% allowed charges*	100% no deductible/ copay
INPATIENT					
Hospitalization	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay per admission*
Maternity Services	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay per admission*
OUTPATIENT					
Hospital/Surgical Facility	90%*	70% allowed charges*	90%*	70% allowed charges*	$70*
Lab/X-ray	90%*	70% allowed charges*	90%*	70% allowed charges*	100% no deductible
Emergency Room**	90%*	90% allowed charges*	90%*	90% allowed charges*	$200 copay**
PHYSICIAN SERVICES					
Telehealth 24/7 Access to doctor by video, phone or email	90%*	Not covered	90%*	Not covered	$32 copay*
Office Visit (for illness & injury)	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 PCP*; $45 Specialist*
Surgeon	90%*	70% allowed charges*	90%*	70% allowed charges*	No charge*

[1] HDHP was formerly called CCP.

* After deductible.

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

BENEFIT	UHC UnitedHealthcare Medicare Advantage PPO Plan	1991 SRP PLAN (80/20) (for info only, cannot enroll)	PAT PLAN (for info only, cannot enroll)
CALENDAR YEAR DEDUCTIBLE			
Individual Deductible	NONE	$100	$0 Part 1 $142 Part 2 $282 Part 3
Family Deductible		$200	$846 Part 3
CALENDAR YEAR MAXIMUM OUT-OF-POCKET (OOP) (INCLUDES DEDUCTIBLE)			
Individual OOP	$4,000	$1,100	$2,292
Family OOP	N/A	$2,200	$4,584
WELLNESS AND 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-rays or lab and screening colonoscopy. This list is not intended to be inclusive of all eligible preventive services.			
Preventive	$0 copay	80% of usual and customary charges up to $250 annual benefit per individual, no deductible	85% of usual and customary charges, no deductible
INPATIENT			
Hospitalization	$200 copay per admission	80% of usual and customary charges after deductible	85% of usual and customary charges after Part 2 deductible per confinement
Maternity Services			
OUTPATIENT			
Hospital Services	$100 copay	80% of usual and customary charges after deductible	85% of usual and customary charges, no deductible
Lab/X-ray	Some procedures require $100 copay		
Emergency Room (*ER copay waived if admitted, inpatient copay applies) Out-of-network emergencies covered	$150 copay per visit, waived if admitted	80% of usual and customary charges after deductible	85% of usual and customary charges, no deductible
PHYSICIAN SERVICES			
Office Visit (for illness & injury)	**Primary Care Physician:** $25 copay per visit **Specialist**: $35 copay per visit	80% of usual and customary charges after deductible	85% of usual and customary charges after deductible
Surgeon	**In Office:** $35 **Inpatient/Outpatient:** No charge		85% no deductible

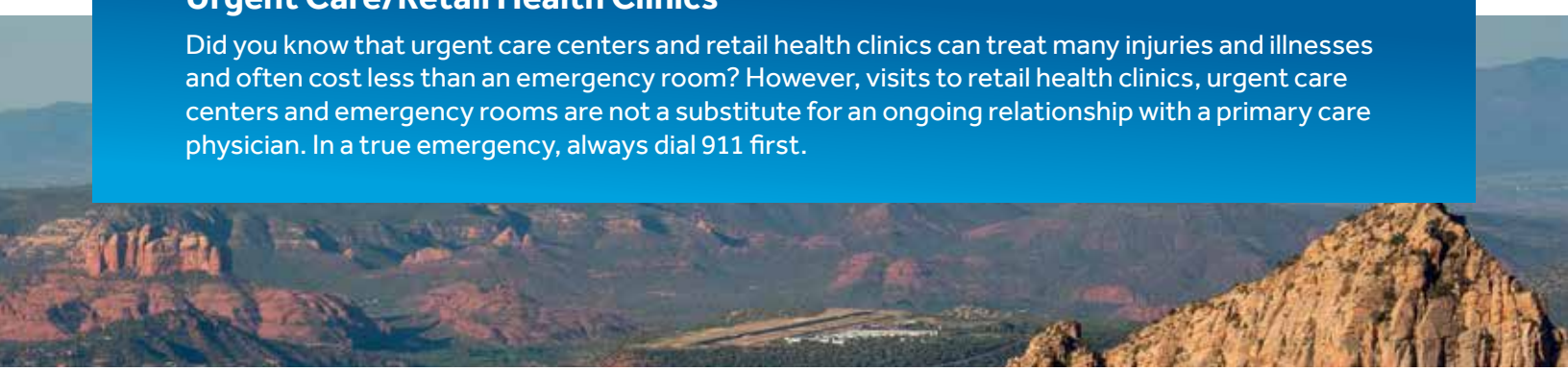
BENEFIT	HDHP[1]		PPO		EPO
	BCBS National		BCBS National		BCBS National
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
OTHER SERVICES					
Rehabilitation Services Occupational, Physical, Speech and Vision Therapies. Outpatient limited to 75 visits per calendar year, combined. Inpatient limited to 75 days per person per illness/injury, combined.	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay outpatient*
Chiropractic Treatment Limited to 26 visits per year (including initial office visit and X-rays).	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay*
Acupuncture	Limited to $1,250 per calendar year maximum. Provider must be licensed to perform acupuncture. 90%*				
Biofeedback/ Neurofeedback	Limited to $1,250 per calendar year maximum. Provider must be licensed and certified. 95%*				
Ambulance Services (When authorized due to emergency.)	90%*	90%*	90%*	90%*	100% no deductible
Urgent Care	90%*	70% allowed charges*	90%*	70% allowed charges*	$70 copay*
Native Traditional Healer	Only available to participants of the HDHP and PPO plans.				N/A
Doula Services	Reimbursement benefit covered at 100% after BCBS deductible up to a maximum of $1,000 per calendar year.				
Nutritional Guidance and Training	Up to 12 visits per calendar year. Provider must be an in-network registered dietitian.				
BEHAVIORAL/MENTAL HEALTH AND SUBSTANCE USE DISORDERS					
Inpatient Hospitalization	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay*
Outpatient Therapy (Individual, family, and medication evaluation.)	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay*
Outpatient Group Psychotherapy	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay*

[1] HDHP was formerly called CCP. * After deductible.

BENEFIT	UHC UnitedHealthcare Medicare Advantage PPO Plan	1991 SRP PLAN (80/20) (for info only, cannot enroll)	PAT PLAN (for info only, cannot enroll)
OTHER SERVICES			
Physician Medicine (Includes PT, OT, ST, pulmonary, cardiac rehab & spinal manipulation) **Rehabilitation Services** (Outpatient limited to 60 visits per calendar year. Inpatient limited to 60 days per person per illness or injury.) **Spinal Manipulation** Limited to 26 visits per year (including initial office visit and X-rays.)	$10 copay	Limited to $40 per visit max, 26 visits per year, subject to deductible, payable at 80%	Limited to $40 per visit max, 26 visits per year, subject to deductible, payable at 85%
Acupuncture	N/A	N/A	N/A
Biofeedback/Neurofeedback	N/A	N/A	N/A
Mindfulness-Based Stress Reduction (MBSR) Training	N/A	N/A	N/A
Ambulance Services (When authorized due to emergency.)	$0 copay if due to emergency	80% of usual and customary charges after deductible	85% of usual and customary charges after Part 3 annual deductible
Urgent Care	$35 copay, waived if confined within 24 hours for the same condition	80% of usual and customary charges after deductible	85% of usual and customary charges
Native Traditional Healer (Limited to $500/family)	N/A	N/A	N/A
Weight Loss Programs	Wellness programs and available health education	N/A	N/A
Nutritional Guidance and Training	Wellness programs and available health education	N/A	N/A
BEHAVIORAL HEALTH/CHEMICAL DEPENDENCY			
Inpatient Hospitalization	$200 copay per admission	Hospital charges are covered at 80% after deductible	After deductible, charges are covered at 85%
Outpatient Therapy (individual, family, and medication evaluation)	$35 copay Individual visit $25 copay Group visit	80% of usual and customary charges after deductible	Mental health benefits are payable at 85%
Outpatient Group Psychotherapy	$25 copay	Physician visits are payable at 80%; no deductible	First 12 months of structured outpatient program paid at 100%

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.



Prescription Drug Coverage

If you sign up for medical coverage, you automatically get prescription drug coverage through Express Scripts. The plan helps pay for your medications, but you will share some of the cost when filling in prescriptions. Your prescription benefits will pay differently depending on your health plan.

With the HDHP medical plan, you must meet your calendar year deductible before the copay/coinsurance apply. For the PPO and EPO medical plans, you pay the copay/coinsurance for each tier for in-network prescriptions. Out-of-network pharmacies are not covered with the EPO medical plan.

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

Maintenance Medications

Prescription Drug Tiers for 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 by asking your doctor if there are any lower-cost generic alternatives for any of your medications. Prescriptions are managed through Optum Rx.

UNITEDHEALTHCARE	
RETAIL	MAIL ORDER
30-DAY SUPPLY	**90-DAY SUPPLY**
TIER 1 PREFERRED GENERIC **$10**	**TIER 1** **$20**
TIER 2 PREFERRED BRAND **$25**	**TIER 2** **$50**
TIER 3 NON-PREFERRED DRUG **$50**	**TIER 3** **$100**
TIER 4 SPECIALTY **$50**	**TIER 4** **$100**

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**.
3. You pay a flat copay or a percentage of the total amount, depending on the type of medication:
   - **Generics:** least expensive
   - **Formulary brand name:** moderate
   - **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:** 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** 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.

* For HDHP, PPO, and EPO plan members

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's 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.

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.

EncircleRx Plus Omada for Weight Management

To support your health and well-being, we're offering EncircleRx — a 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.

Learn More

To view your prescription information and check to see if your medication is on the formulary medication list:

- Call Express Scripts at (866) 229-5806, or
- Visit **express-scripts.com/saltriverproject**.

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 HDHP deductible).
Visit **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.

Please Note

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

Premiums

GRANDFATHERED RETIREE	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE								
Retiree Only	$0	$927.92	$0	$1,703.65	$0	$1,483.82	See Note	
Retiree + Spouse	$0	$1,855.84	$0	$3,407.30	$0	$2,967.64		
Retiree + Child(ren)	$0	$1,782.07	$0	$2,912.69	$0	$2,688.84		
Retiree + Family	$0	$2,709.99	$0	$4,616.34	$0	$4,172.66		
ONE MEDICARE								
Retiree Only	$0	$251.82	$0	$621.95	See Note		$0	$462.31
Retiree + Spouse	$0	$1,179.74	$0	$2,325.60			See Note	
Retiree + Child(ren)	$0	$1,105.97	$0	$1,830.99				
Retiree + Family	$0	$2,033.89	$0	$3,534.64				
TWO MEDICARE								
Retiree + Spouse	$0	$503.64	$0	$1,243.90	See Note		$0	$924.62
Retiree + Child(ren)	$0	$503.64	$0	$1,243.90			$0	$924.62
Retiree + Family	$0	$1,357.79	$0	$2,452.94			$0	See Note

Note: Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

NON-GRANDFATHERED RETIREE	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE								
Retiree Only	$157.75	$770.17	$408.88	$1,294.77	$356.12	$1,127.70	See Note	
Retiree + Spouse	$315.49	$1,540.35	$817.75	$2,589.55	$712.23	$2,255.41		
Retiree + Child(ren)	$302.95	$1,479.12	$699.05	$2,213.64	$645.32	$2,043.52		
Retiree + Family	$460.70	$2,249.29	$1,107.92	$3,508.42	$1,001.44	$3,171.22		
ONE MEDICARE								
Retiree Only	$0.00	$251.82	$149.27	$472.68	See Note		$110.95	$351.36
Retiree + Spouse	$157.75	$1,021.99	$558.15	$1,767.45			See Note	
Retiree + Child(ren)	$145.21	$960.76	$439.44	$1,391.55				
Retiree + Family	$302.95	$1,730.94	$848.32	$2,686.32				
TWO MEDICARE								
Retiree + Spouse	$0.00	$503.64	$298.54	$945.36	See Note		$221.90	$702.72
Retiree + Child(ren)	$0.00	$503.64	$298.54	$945.36			$221.90	$702.72
Retiree + Family	$145.21	$1,212.58	$588.71	$1,864.23			See Note	

Note:Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

Personify Health Care Advocates

Personify Health helps members and their families by providing experienced healthcare advocates who can explain options and provide solutions in a way that is easy to understand. The goal is to guide you through every detail of your benefits and care options while offering the strategic advice you need to lead a happy and healthy life. (Personify Health Care Advocates are not available for UHC participants – contact UHC for assistance.)

Here are some examples of how Advocates can assist you:

- Verify if your providers are in-network, thus saving you money.
- Find in-network doctors, providers and registered dietitians near you.
- Assist with appointment scheduling, claims and billing questions.
- Assist with diagnoses and treatments.
- Coordinate care for complex conditions like diabetes, lower back pain, high blood pressure, etc.
- Help you find alternative pain treatment options like acupuncture, biofeedback and mindfulness-based stress reduction.
- Offer support and advice for a healthy pregnancy.
- Explain the weight loss benefit and reimbursement.

Confidentiality and Security of Information

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

GRANDFATHERED RETIREE COBRA MEDICAL RATES	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
COBRA – NO MEDICARE								
Member Only	$946.48	$0	$1,737.72	$0	$1,513.50	$0	See Note	
Member + Spouse	$1,892.96	$0	$3,475.45	$0	$3,026.99	$0		
Member + Child(ren)	$1,817.71	$0	$2,970.94	$0	$2,742.62	$0		
Member + Family	$2,764.19	$0	$4,708.67	$0	$4,256.11	$0		
COBRA – ONE MEDICARE								
Member Only	$256.86	$0	$634.39	$0	See Note		$471.56	$0
Member + Spouse	$1,203.33	$0	$2,372.11	$0			See Note	
Member + Child(ren)	$1,128.09	$0	$1,867.61	$0				
Member + Family	$2,074.57	$0	$3,605.33	$0				
COBRA – TWO MEDICARE								
Member + Spouse	$513.71	$0	$1,268.78	$0	See Note		$943.11	$0
Member + Child(ren)	$513.71	$0	$1,268.78	$0			$943.11	$0
Member + Family	$1,384.95	$0	$2,502.00	$0			See Note	

Note: Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

NON-GRANDFATHERED RETIREE COBRA MEDICAL RATES	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE								
Retiree Only	$946.48	$0	$1,737.72	$0	$1,513.50	$0	See Note	
Retiree + Spouse	$1,892.96	$0	$3,475.45	$0	$3,026.99	$0		
Retiree + Child(ren)	$1,817.71	$0	$2,970.94	$0	$2,742.62	$0		
Retiree + Family	$2,764.19	$0	$4,708.67	$0	$4,256.11	$0		
ONE MEDICARE								
Retiree Only	$256.86	$0	$634.39	$0	See Note		$471.56	$0
Retiree + Spouse	$1,203.33	$0	$2,372.11	$0			See Note	
Retiree + Child(ren)	$1,128.09	$0	$1,867.61	$0				
Retiree + Family	$2,074.57	$0	$3,605.33	$0				
TWO MEDICARE								
Retiree + Spouse	$513.71	$0	$1,268.78	$0	See Note		$943.11	$0
Retiree + Child(ren)	$513.71	$0	$1,268.78	$0			$943.11	$0
Retiree + Family	$1,384.95	$0	$2,502.00	$0			See Note	

Note: Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

RETIRED BOARD AND COUNCIL	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE								
Retiree Only	$0	$638.66	$0.00	$1,092.46	$0	$1,002.29	See Note	
Retiree + Spouse	$302.51	$1,166.41	$661.29	$1,851.37	$597.77	$1,707.50		
Retiree + Child(ren)	$224.13	$1,053.19	$524.63	$1,660.29	$477.94	$1,526.64		
Retiree + Family	$377.27	$1,730.31	$869.66	$2,735.46	$795.90	$2,511.66		
ONE MEDICARE								
Retiree Only	$0	$251.82	$0	$621.95	See Note		$0	$462.31
Retiree + Spouse	$183.95	$898.13	$490.12	$1,552.03			See Note	
Retiree + Child(ren)	$151.38	$739.10	$411.46	$1,302.95				
Retiree + Family	$292.53	$1,428.21	$752.31	$2,382.30				
TWO MEDICARE								
Retiree + Spouse	$85.62	$418.02	$298.54	$945.36	See Note		$221.90	$702.72
Retiree + Child(ren)	$85.62	$418.02	$298.54	$945.36			$221.90	$702.72
Retiree + Family	$194.19	$948.11	$560.73	$1,775.63			See Note	
SURVIVOR OF A RETIREE OR RETIRED BOARD AND COUNCIL								
NO MEDICARE								
Single Coverage	$638.66	N/A	$1,092.46	N/A	$1,002.29	$0	See Note	See Note
With Children	$1,277.32		$2,184.92		$2,004.58	$0		
ONE MEDICARE								
Single Coverage	$251.82	N/A	$621.95	N/A	See Note		$462.31	See Note
With Children	$890.48		$1,714.41				See Note	
TWO MEDICARE								
With Children on Medicare (Disabled Child)	$503.64	N/A	$1,243.90	N/A	See Note		$924.62	See Note

Note: Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

FORMER DISABLED EMPLOYEE	MONTHLY MEDICAL PREMIUM							
	HDHP		PPO		EPO		UHC*	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE								
Member Only	$638.66	N/A	$1,092.46	N/A	$1,002.29	N/A	See Note	
Member + Spouse	$1,468.92		$2,512.66		$2,305.27			
Member + Child(ren)	$1,277.32		$2,184.92		$2,004.58			
Member + Family	$2,107.58		$3,605.12		$3,307.56			
ONE MEDICARE								
Member Only	$251.82	N/A	$621.95	N/A	See Note		$462.31	N/A
Member + Spouse	$1,082.08		$2,042.15				See Note	
Member + Child(ren)	$890.48		$1,714.41					
Member + Family	$1,720.74		$3,134.61					
TWO MEDICARE								
Member + Spouse	$503.64	N/A	$1,243.90	N/A	See Note		$924.62	See Note
Member + Child(ren)	$503.64		$1,243.90				$924.62	
Member + Family	$1,142.30		$2,336.36				See Note	

Note: Contact Benefits Services for details about your plan options and costs.

* All family members must be Medicare eligible.

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, contact Benefits Services at **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.

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.

Example: Month 1

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	EVENT 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 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

Group Legal and Identity Protection Services

Group Legal

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

- Administered by MetLife
- Cost: $214.08/annually
- Access to more than 18,000 attorneys
- No waiting periods, dollar caps, copays, hour limits or frequency limits

Services

The list of covered services includes:

- Consumer protection
- Debt matters
- Civil lawsuits
- Document review
- Family law
- Juvenile matters
- Real estate matters
- Traffic matters (excludes DUI)
- Wills and estate planning
- Identity theft
- Habeas corpus
- Probate
- Reproductive assistance services

For More Information and to Enroll

MetLife | legalplans.com | (800) 821-6400

Identity Services

When you enroll in Identity Services for SRP retirees, you'll receive a credit report and round-the-clock monitoring services that scour millions of pieces of data to detect any signs of fraud in both credit and non-credit identity records, including credit reports and criminal court records, and uncover name and address changes affiliated with your Social Security number. Email alerts will advise you of potential fraud or misuse. If your identity is compromised, a U.S.-based Personal Restoration Specialist will personally handle your case and help restore your identity.

How to Set Up Identity Services

- Go to **http://srpnet.norton-benefits.com** and click "Enroll Now."
- After enrolling, you will receive a Welcome Email within 24 hours. Once you receive your Welcome Email, you may access your plan by setting up your online account at **https://norton.com/EBsetup**.
- Once you have set up your online account credentials, you may access your account in the future by logging in at **My.Norton.com**.
- Retirees are billed at $3.49 a month.

For More Information and to Enroll

Norton LifeLock | (800) 607-9174

Helpful Key Terms

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 percentage 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.

GENERIC DRUG

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

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A medical plan with lower premiums and a higher deductible, which means you pay more of your healthcare costs before the plan begins to share expenses.

IN-NETWORK PROVIDER

Doctors, hospitals and other providers who contract with Blue Cross Blue Shield National.

OUT-OF-NETWORK (OON)

The use of healthcare providers who have not contracted with BCBS National to provide services. For PPO plans, 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 for your visit.

Resources

Make Just One Call — (877) 841-4777
Not sure where to start? Call Personify Health to help you navigate all your benefits.

MEDICAL PLANS / MENTAL / BEHAVIORAL HEALTH

Personify Health
(877) 841-4SRP (4777)
CustomerServe@personifyhealth.com
login.personifyhealth.com

PHARMACY PLANS

Express Scripts
(866) 229-5806
express-scripts.com

Accredo (specialty medications)
(800) 803-2523

FIND A NETWORK PROVIDER

Blue Cross Blue Shield National
azblue.com/srp

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**
For more information, please visit **srpnet.com/healthplans**.

OTHER

Alight/COBRA and Direct Billing
(866) 318-2570
srpnet.com/healthplans

401(k) Empower Retirement
National **(844) 725-8787**
Empower.com/participant

Life Insurance
The Hartford Group Policy #: 6814534
(800) 331-7234

Group Legal/MetLife
(800) 821-6400 | **legalplans.com**

HealthEquity —
Health Savings Account
(866) 346-5800 | **healthequity.com**

Norton LifeLock
(800) 607-9174 | **my.norton.com**

MEDICARE ADVANTAGE PLAN

UnitedHealthcare Group Medicare Advantage (PPO)
(800) 457-8506 (TTY 711)

MEDICARE

Social Security
ssa.gov | **(800) 772-1213**
TTY: (800) 325-0778

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

Your Benefits Information

View all of your benefits information through the Benefits Portal at **srpnet.com/healthplans**.

Important Plan Information and Notices

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you 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:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact Personify Health at **(877) 841-4SRP (4777)**.

Notice of Special Enrollment Rights for Medical/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 coverages 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** or contact Benefits Services at **hrbenexp@srpnet.com** or **(602) 236-3600**.

Newborns' and Mothers' Health Protection Act notice

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.

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 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. A paper copy is also available, free of charge, by calling **(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.

Additional Health Plan Notices

You can locate and review the following additional health plan notices at **srpnet.com/healthplans**:

- 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.

Notes

Notes

Care Advocates

Don't know where to start? Let the Personify Health Care Advocates help you navigate all your benefit resources, potentially saving you money in the process. Call **(877) 841-4777** from 7 a.m. to 7 p.m. CST or email CustomerServe@personifyhealth.com.

MedCom Care Management

Get assistance from a dedicated team of health professionals to help manage chronic conditions and coordinate care, saving you time, money and frustration. Get free support by calling MedCom at **(888) 728-7843**. MedCom is part of Personify Health.

WellSMART

For those enrolled in an SRP medical plan, WellSMART offers free, confidential annual preventive screenings are available at your physician's office. When scheduling, be sure to make the appointment for a wellness screening only. During this visit, if you discuss another health issue, you may have to pay a fee.

Open Enrollment Period:
Nov. 2-13 at 11 p.m. MST
Open enrollment is a week shorter —
so take action now!

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