Delivering water and power®

2027

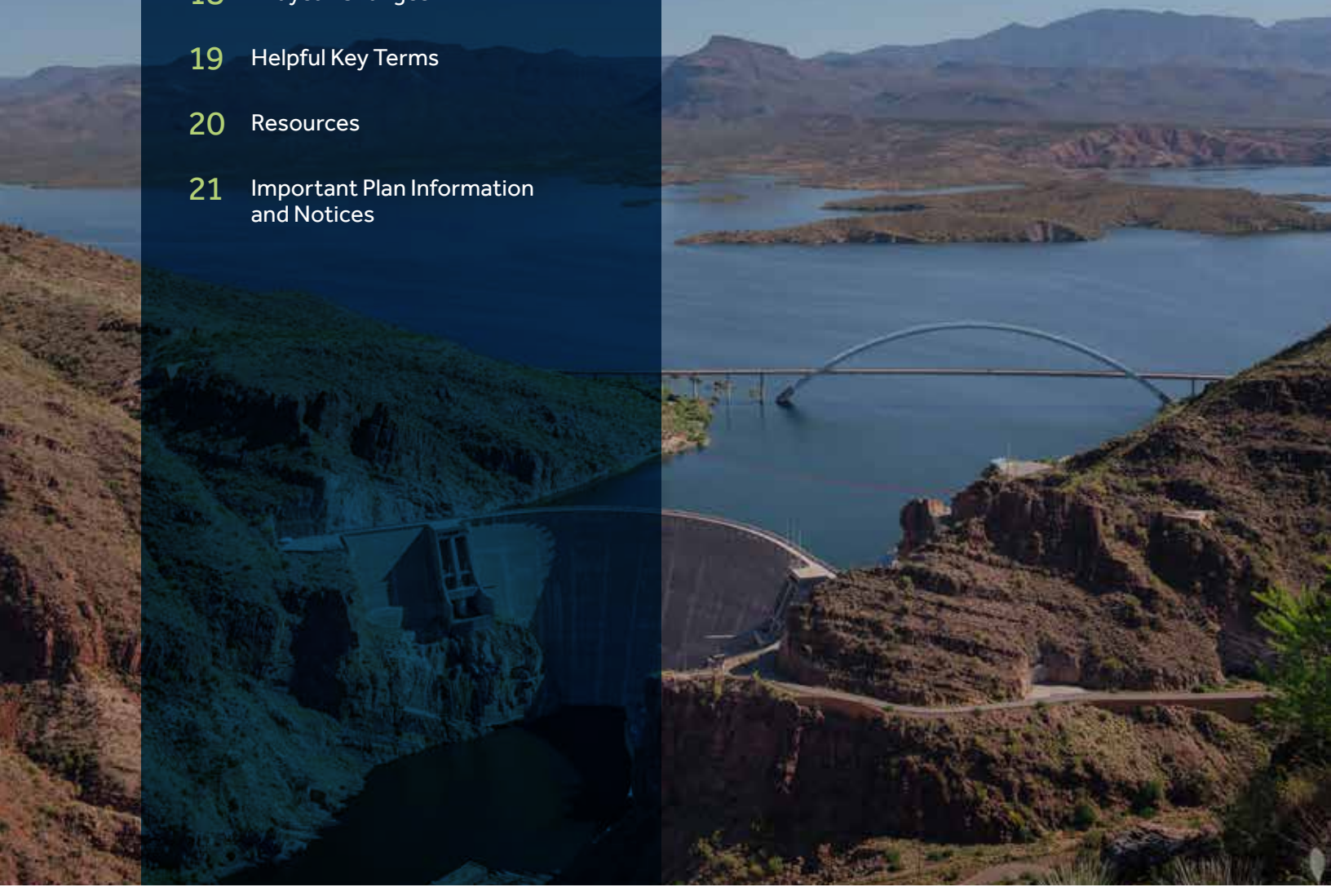
BOARD AND COUNCIL BENEFITS GUIDE

CONTENTS

Welcome!

Benefits Open Enrollment is a great opportunity to evaluate your health and well-being choices for you and your family members.

This guide serves as an overview of the benefits that can be updated during the annual Open Enrollment period, and highlights key updates for the new plan year, as well as the options for newly eligible members.



NEW FOR 2027

1 New Card and New ID Number

All members enrolled in a medical plan will receive a new ID card with a new member ID number. New cards will be mailed to your home address in December. You will begin using the new card starting Jan. 1, 2027.

2 Medical Plan Name Change

The current CCP plan is being renamed to the HDHP (High-Deductible Health Plan).

3 Network & Plan Design Change

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.

4 New Medical Plan Option

The new Arizona HDHP medical plan will have in-network only coverage. The network is a High-Performance Network (HPN) which is a more focused network of selected providers. Review the referenced pages for information about provider access, costs and coverage details.

5 Premium Changes

Premiums are increasing for medical, dental and vision plans. See pages 16–17.

Getting Started

When Can I Enroll or Make Changes?

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

- When your term of office begins,
- Once a year, during fall Open Enrollment, or
- If you have a qualifying life event like marriage or the birth of a child.

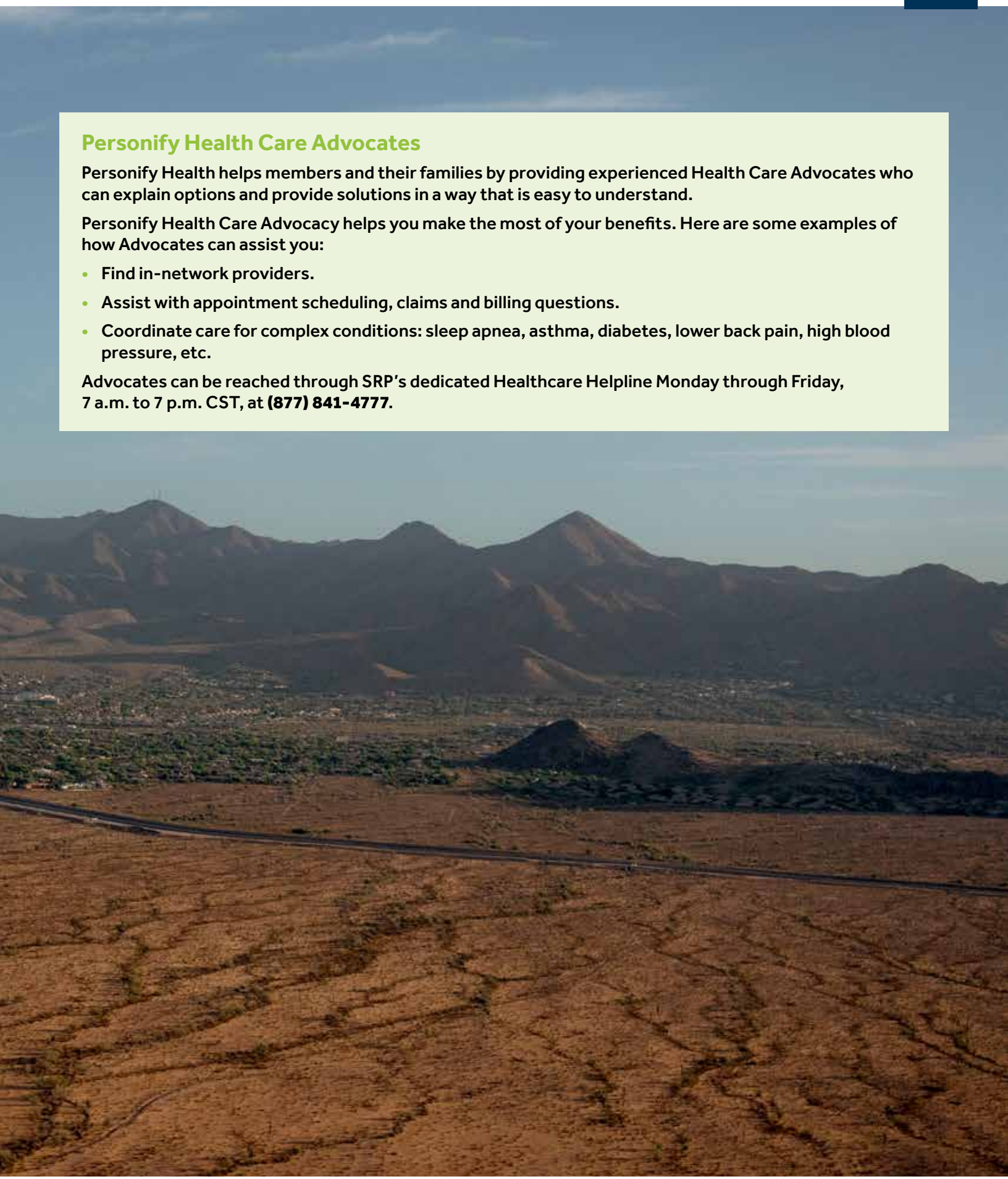
See Midyear Changes on page 18, or visit **srpnet.com/healthplans** for more details.

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 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.



Personify Health Care Advocates

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

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

- Find in-network providers.
- Assist with appointment scheduling, claims and billing questions.
- Coordinate care for complex conditions: sleep apnea, asthma, diabetes, lower back pain, high blood pressure, etc.

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**.

NEW!

Understanding the BCBS Alliance High-Performance Network (HPN)

An HPN is a carefully curated group of high-performing doctors and hospitals. These providers are selected based on their proven ability to provide high-quality patient outcomes and more efficient care.

HPN plans typically offer the lowest monthly premiums, meaning less out of your pocket each month.

Is the BCBS Alliance HPN Right for You?

If you're considering the high-performance network, it is important to confirm that your healthcare providers are included before enrolling.

Check your current providers: Review whether your primary care doctor, specialists and preferred facilities participate in the HPN.

- **If your doctor is in-network:** You can continue receiving care as you do today and take full advantage of in-network coverage.
- **If your doctor is not in-network:** You may need to choose a new provider within the HPN to receive the highest level of coverage.
- **Find an in-network provider:** Use the Find-a-Doctor tool to search for providers in the HPN: azblue.com/srp.
- **Get help if needed:** Personify Health Care Advocates can help you confirm a provider's participation or find a new in-network provider. Call **(877) 841-4777**.

Note: Phoenix Children's Hospital and Mayo are only included in the BCBS National network.

Provider Networks

It Pays to Stay In-Network

Using in-network providers helps you get the most value from your medical plan. Out-of-network deductibles, maximums and other costs are significantly higher than in-network costs. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

Understanding Your Network Options

For 2027, SRP medical plans are offered through two network options:

- **BCBS National Network** – A broader network that offers national in-network providers.
- **Blue Cross Blue Shield Alliance (HPN)** – A focused network of providers selected based on performance measures such as quality and cost efficiency. These providers are in Maricopa and Pinal counties only.

Be sure to confirm your providers are in-network for the plan you choose before receiving care.

Finding In-Network Care

You can check provider participation or search for in-network doctors and facilities using the Find-a-Doctor tool: azblue.com/srp.

You can also contact Personify Health Care Advocates for help locating in-network providers.

Common Questions

1. Which doctors can I visit?

- **If you choose a PPO or HDHP plan:** You can visit any provider in the broad BCBS National network. You may also see out-of-network providers, but your out-of-pocket costs will be significantly higher.
- **If you choose the EPO plan:** You must see a provider in the broad BCBS National network to receive care. These plans do not cover any out-of-network care except for a life-threatening medical emergency.
- **If you choose the new AZ HDHP plan:** You must see a provider within the High-Performance Network (HPN) to receive coverage. These plans do not cover any out-of-network care except for a life-threatening medical emergency.

2. Do I have coverage outside of Arizona?

- **PPO, HDHP or EPO plans:** You have access to the National BlueCard® network across the U.S. The Cigna network is no longer available for out-of-Arizona coverage.
- **AZ HDHP plan:** Coverage is limited to the HPN within Maricopa and Pinal counties. Benefits are not available outside of Arizona, except for a life-threatening medical emergency.

3. Am I covered if I travel outside of the United States?

- **PPO and HDHP members:** You may receive coverage for life-threatening emergency medical services while traveling abroad.
- **EPO and AZ HDHP members:** You are eligible for coverage for life-threatening emergencies only.
- In most cases, an itemized statement with the date of service, who performed the service, and the services performed along with cost are required for reimbursement.

Choose the Plan That Fits Your Needs

All medical plans include valuable benefits so you can get the care you need and focus on what matters most — your health.

AZ HDHP	HDHP	PPO	EPO
✓ High-Performance Network (HPN) ✓ Plan pays after family deductible if you have other than individual coverage ✓ No out-of-network/ out-of-Arizona coverage except for an emergency ✓ Lowest premium/ higher deductible	✓ BCBS National Network ✓ Plan pays after family deductible if you have other than individual coverage ✓ Lower premium/ higher deductible	✓ BCBS National Network ✓ Plan pays after individual deductible is met ✓ Out-of-network coverage available ✓ Highest premium/ high deductible	✓ BCBS National Network ✓ Plan pays after individual deductible is met ✓ No out-of-network coverage except for an emergency ✓ Higher premium/ lowest deductible

Every Plan Includes Preventive Care at 100% • Emergency Services • Lyra EAP Visits • Coverage at 100% After OOP Maximum

Mental and Emotional Health Resources

Lyra provides confidential mental and emotional health support for you and your family, including children (2+), teens, adults and couples. To get started, take a quick assessment at LyraHealth.com/SRP. Lyra will custom match you with a mental health coach or therapist who meets your needs.

For more details, visit srpnet.com/healthplans or call Lyra (877) 251-7602.

Medical Plans – Cost Comparison Example

Emma (SRP Member)
Jack (Spouse)
Abel (Child)

Member, Spouse and Child Coverage

	AZ HDHP	HDHP	PPO	EPO
Annual Premiums	$3,307.98	$4,527.12	$10,435.88	$9,550.84
Emma recently had a ski accident that resulted in a broken leg that required hospitalization for two days and four physical therapy sessions.	$3,050.00	$3,050.00	$3,200.00	$260.00
Jack sees his doctor annually for a preventive visit and takes one monthly generic medication.	$120.00	$120.00	$120.00	$120.00
Abel has asthma for which he sees a specialist four times a year and uses an inhaler that he refills monthly. This year he had to go to the emergency room when he had an asthma attack that ultimately ended with a one-day stay in the hospital.	$2,650.00	$2,650.00	$3,080.00	$500.00
Total out-of-pocket expenses for the year.	**$9,127.98**	**$10,347.12**	**$16,835.88**	**$10,430.84**

Medical Plans

BENEFIT	AZ HDHP	HDHP[1]		PPO		EPO
	BCBS Alliance	BCBS National		BCBS National		BCBS National
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
CALENDAR YEAR DEDUCTIBLE						
Individual	$1,900	$2,050	$4,150	$850	$4,100	$200
Family	$3,800	$4,200	$8,300	$1,700	$8,200	$400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
Individual	$4,600	$4,750	$12,200	$4,000	$12,000	$8,000
Family	$9,200	$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	100% no deductible/ copay	70% allowed charges*	100% no deductible/ copay	70% allowed charges*	100% no deductible/ copay
INPATIENT						
Hospitalization	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay per admission*
Maternity Services	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay per admission*
OUTPATIENT						
Hospital/Surgical Facility	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$70*
Lab/X-ray	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	100% no deductible
Emergency Room**	95%*	90%*	90% allowed charges*	90%*	90% allowed charges*	$200 copay**
PHYSICIAN SERVICES						
Telehealth 24/7 Access to doctor by video, phone or email	95%*	90%*	Not covered	90%*	Not covered	$32 copay*
Office Visit (for illness & injury)	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 PCP*; $45 Specialist*
Surgeon	95%*	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	AZ HDHP	HDHP[1]		PPO		EPO
	BCBS Alliance	BCBS National		BCBS National		BCBS National
	In-Network	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.	95%*	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).	95%*	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%*	90%*	100% no deductible
Urgent Care	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$70 copay*
Doula Services	Reimbursement benefit covered at 100% after BCBS deductible up to a maximum of $1,000 per calendar year.					
Hearing Aid (Limited to every two years.)	Reimbursed up to 80% of Reasonable and Customary charges per ear*			Reimbursed up to 80% of Reasonable and Customary charges per ear		
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	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$135 copay*
Outpatient Therapy (Individual, family, and medication evaluation.)	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay*
Outpatient Group Psychotherapy	95%*	90%*	70% allowed charges*	90%*	70% allowed charges*	$32 copay*
Employee Assistance Program (EAP)	12 free sessions per year of short-term counseling available to you and your household members. Get started now or learn more at LyraHealth.com/SRP or call **(877) 251-7602**.					

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

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

With the AZ HDHP and HDHP medical plans, 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 AZ HDHP and EPO medical plans.

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

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.

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.

Dental and Vision Plans

DELTA DENTAL	Your Coverage
Annual Deductible	$50 individual; $100 family
Annual Maximum	$2,500 per person
Preventive Services (cleaning, exams, etc.)	100% of covered services with no deductible (three cleanings and two exams per year)
Other Treatment (fillings, crowns, bridges, implants, etc.)	80% after deductible
Orthodontia Adults and children	50% of covered charges after deductible up to lifetime maximum benefit of $2,500
Choice of Dentist	Your choice of dentists
Dental Schedule Participating provider	Benefits paid up to plan limits
Dental Schedule Non-participating provider	Benefits paid up to allowed amount on the table of allowances. You may be balance billed for any amount over the allowed amount.
Prescription Drugs	Not covered
Coordination of Benefits (COB)	Carve-out COB (up to 80%)

Did You Know?

Both annual dental and vision exams are important to your overall health and can help identify early signs of diseases (diabetes, leukemia, etc.) before you even notice symptoms.

Be sure to use these benefits annually as a part of your overall care.

VISION SERVICE PLAN (VSP)	Frequency	Your Coverage
WellVision Exam	Once every calendar year	– Focuses on your eye health and overall wellness – $10 copay
Eyeglass Lenses	Once every calendar year	– Single vision, lined bifocal lenses, lined trifocal lenses – Polycarbonate, progressive lenses and tints – $0 copay
Frames	Once every calendar year	– $225 allowance for frame of your choice – $245 allowance for certain featured frame brands – 20% off of the amount over your allowance – $125 Walmart/ Costco frame allowance
	OR	
Contact Lenses	Once every calendar year	– $225 allowance for contacts and the contact lens exam (fitting and evaluation) – 15% savings on a contact lens exam (fitting and evaluation)
	AND	
Laser Vision Correction (SRP health plan members/ dependents over 18)	VSP's Laser VisionCare℠ Preferred Program: Laser vision correction (LASIK, Custom LASIK or PRK) is covered up to a maximum of $250 per eye. For more information, visit vsp.com or call **(800) 877-7195**.	

Premiums

MEMBER STATUS	MEDICAL PLANS								DENTAL		VISION	
	AZ HDHP		HDHP		PPO		EPO		Delta Dental		VSP	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
ACTIVE MEMBER (MONTHLY)												
Member Only	$58.26	$537.47	$79.73	$558.93	$247.94	$844.52	$192.33	$809.96	$4.06	$44.73	$2.44	$10.80
Member + Spouse	$221.04	$1,149.14	$302.51	$1,166.41	$661.29	$1,851.37	$597.77	$1,707.50	$27.86	$69.65	$9.61	$16.87
Member + Child(ren)	$163.77	$1,027.69	$224.13	$1,053.19	$524.63	$1,660.29	$477.94	$1,526.64	$34.82	$91.62	$9.61	$19.07
Member + Family	$275.67	$1,690.24	$377.27	$1,730.31	$869.66	$2,735.46	$795.90	$2,511.66	$47.37	$121.93	$14.34	$27.58

MEMBER STATUS	MEDICAL PLANS							
	AZ HDHP		HDHP		PPO		EPO	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
COBRA – NO MEDICARE/YOUNGER THAN 65 (MONTHLY)								
Member Only	$607.64	$0.00	$651.43	$0.00	$1,114.31	$0.00	$1,022.34	$0.00
Member + Spouse	$1,397.58	$0.00	$1,498.30	$0.00	$2,562.91	$0.00	$2,351.38	$0.00
Member + Child(ren)	$1,215.29	$0.00	$1,302.87	$0.00	$2,228.62	$0.00	$2,044.67	$0.00
Member + Family	$2,005.23	$0.00	$2,149.73	$0.00	$3,677.22	$0.00	$3,373.71	$0.00
COBRA – WITH 1 MEDICARE (MONTHLY)								
Member Only	$237.83	$0.00	$256.86	$0.00	$634.39	$0.00	N/A	
Member + Spouse	$845.47	$0.00	$908.29	$0.00	$1,748.70	$0.00		
Member + Child(ren)	$845.47	$0.00	$908.29	$0.00	$1,748.70	$0.00		
Member + Family	$1,453.11	$0.00	$1,559.72	$0.00	$2,863.01	$0.00		
COBRA – WITH 2 MEDICARE (MONTHLY)								
Member Only	$475.67	$0.00	$513.71	$0.00	$1,268.78	$0.00	N/A	
Member + Family	$1,083.31	$0.00	$1,165.14	$0.00	$2,383.09	$0.00		

MEMBER STATUS	DENTAL PLAN		VISION PLAN	
	Delta Dental		VSP	
	Your Cost	SRP Cost	Your Cost	SRP Cost
COBRA				
Member Only	$49.77	$0.00	$13.50	$0.00
Member + Spouse	$99.46	$0.00	$27.01	$0.00
Member + Child(ren)	$128.97	$0.00	$29.25	$0.00
Member + Family	$172.69	$0.00	$42.76	$0.00

Midyear Changes

Midyear Changes to Your Plan Elections

Changes to your medical, dental and vision plan elections cannot be made outside of the Open Enrollment period unless you experience a qualifying change in status (life event) or special enrollment event. To request special enrollment or obtain more information about life events, visit **srpnet.com/healthplans**, or 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.

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

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 User ID" and follow the prompts.
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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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

GENERIC DRUG

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

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.

HIGH-PERFORMANCE NETWORK (HPN)

A designated network of doctors, hospitals and healthcare facilities recognized for providing high-quality, cost-effective care.

IN-NETWORK PROVIDER

Doctors, hospitals and other providers who contract with the High-Performance Network (HPN) and/or Blue Cross Blue Shield National. The HPN is a curated, narrow network within BCBS.

OUT-OF-NETWORK (OON)

The use of healthcare providers who have not contracted with BCBS National to provide services. If you are enrolled in an HPN plan, out-of-network services are not covered. 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

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

Find a Network Provider

Blue Cross Blue Shield
azblue.com/srp

Telehealth from AZ Blue
(844) 606-1612 | **azblue.com/member**

Mental and Emotional Health/EAP

Lyra Health
(877) 251-7602
LyraHealth.com/SRP

PHARMACY PLANS

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

Accredo (specialty medications)
(800) 803-2523

DENTAL

Delta Dental Plan of Arizona
Group #: 04244
Plan: Delta Dental PPO Plus Premier Network
(602) 588-3993 or **(888) 651-3082**
deltadentalaz.com

VISION

Vision Service Plan
(800) 877-7195 | **vsp.com**

SRP BENEFITS SERVICES

Mailing Address:
Benefits Services, PAB 502
P.O. Box 52025
Phoenix, AZ 85072-2025

Street Address:
1500 N. Mill Ave.
Tempe, AZ 85288

Phone: **(602) 236-3600**
Fax: **(602) 629-7810**
hrbenexp@srpnet.com

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

ALIGHT/COBRA AND DIRECT BILLING

(866) 318-2570
srpnet.com/healthplans

Your Benefits Information

View all of your benefits information through the Benefits Portal (see page 4 for access instructions).

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

For more information on all topics, go to **srpnet.com/healthplans** under the Benefits & Wellness heading.

Care Advocates

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

Telehealth

MDLive ends Dec. 31,2026. Starting Jan.1, 2027 telehealth services will be offered through AZ Blue.

Log in to **azblue.com/member**, click on **Find care**, then select **Telehealth** to log in or sign up. Follow the prompts to set up your access.

MedCom Care Management

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

Lyra Mental Health Benefit

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

For urgent help, call the Suicide and Crisis Lifeline at **988**.

WellSMART

For those enrolled in an SRP medical plan, WellSMART offers free, confidential annual health screening and flu vaccinations at convenient work locations or with your own doctor.

Call Personify Health Care Advocates at **(877) 841-4777** for program details.

Open Enrollment Period:
Nov. 2–13 at 11 p.m. MST
Open Enrollment Is a Week Shorter —
so take action now!

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