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2026

RETIREE BENEFITS GUIDE

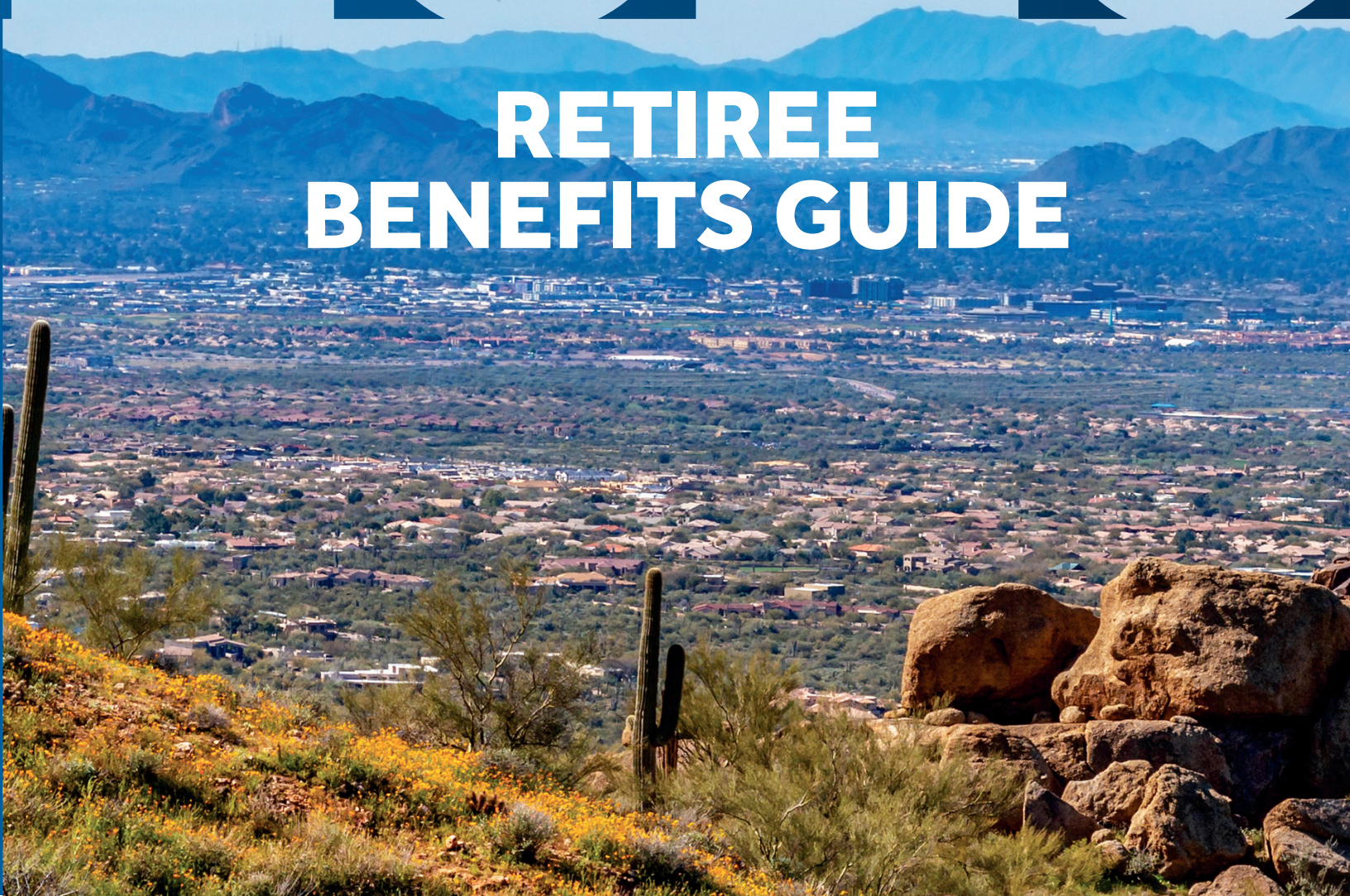


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Visit srpnet.com/healthplans

Key Points for 2026

- **New ID cards:** If you are enrolled in the CCP, PPO or EPO medical plans for 2026, you will receive updated health insurance cards in December mailed to your home address.
- **CCP, EPO, PPO Plan Changes:** All plans have changes for 2026. Please see pages 6–9 for details.

Reminders

- **Care Advocacy Program:** Have questions on your healthcare benefits? Make just one call. Personify Health Care Advocates offer concierge services for all your healthcare questions and concerns. See more details in the Care Advocacy section of this guide. (Not available for UHC participants.)
- **Nutritional Guidance and Training (also called Dietitian Counseling):** Get expert help with your nutrition and health goals; 12 preventive/wellness visits per year paid at 100%, with no deductible on the CCP, PPO and EPO plans. Provider must be an in-network registered dietitian. Contact Personify Health Care Advocates to help find one near you.

Open Enrollment

BEGINS: Nov. 3, 2025

**ENDS: 11 p.m. MST,
Nov. 21, 2025**

Important: Your current elections roll over to 2026 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, click on "new user" 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 cell phone number you provided during your initial setup.



Medical Plan Options

CCP

Consumer Choice 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.
- Alliance and BCBSAZ providers are both in network and expenses count together toward the deductibles and out-of-pocket maximums. 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 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.
- Retirees living or traveling outside of Arizona will access the Cigna network.

PPO

Preferred Provider Organization

- Access to Alliance network with copays instead of coinsurance for most services.
- In-network preventive services are covered at 100% (deductible does not apply).
- Alliance and BCBSAZ providers are both in network and expenses count together toward the deductibles and out-of-pocket maximums. 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 individual out-of-pocket maximum is met.
- Less out-of-pocket costs for using in-network providers.
- Retirees living or traveling outside of Arizona will access the Cigna network.



EPO

Exclusive Provider Organization

- In order to participate in this plan, you cannot be Medicare-eligible. If you become Medicare-eligible, you must move to UHC or you will be moved with your dependents to the PPO plan.
- Access to the BCBSAZ and Alliance networks in Arizona.
- SRP's Alliance network users experience lower copays and no deductible.
- In-network preventive services are covered at 100%.
- Out-of-network coverage available only for emergency services.

UHC

UnitedHealthcare Group Medicare Advantage (PPO)

- To join UnitedHealthcare Group Medicare Advantage (PPO), you must be enrolled in Medicare parts A and B and live in their service areas.
- 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.

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.

Medical Plans

BENEFIT	CCP			PPO			EPO	
	Alliance In-Network	BCBSAZ / CIGNA*	Out-of-Network	Alliance In-Network	BCBSAZ / CIGNA*	Out-of-Network	Alliance In-Network	BCBSAZ
CALENDAR YEAR DEDUCTIBLE								
Individual Deductible	\$1,850	\$2,000	\$4,100	\$200	\$850	\$4,100	\$100	\$200
Family Deductible	\$3,700	\$4,100	\$8,200	\$400	\$1,700	\$8,200	\$200	\$400
CALENDAR YEAR MAXIMUM OUT-OF-POCKET (OOP) (INCLUDES DEDUCTIBLE)								
Individual OOP	\$4,400		\$12,000	\$3,000	\$4,000	\$12,000	\$4,000	\$8,000
Family OOP	\$8,800		\$24,000	\$6,000	\$8,000	\$24,000	\$8,000	\$16,000
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-rays or lab and screening colonoscopy. This list is not intended to be inclusive of all eligible preventive services.								
Preventive	100% no deductible		70% allowed charges after deductible	100% no deductible/ copay		70% allowed charges after deductible	100% no deductible/ copay	
INPATIENT	▼ Outside PPO area is 80% of allowable charges ▼							
Hospitalization	95% after deductible	90% after deductible	70% allowed charges after deductible	95% after deductible	90% after deductible	70% allowed charges after deductible	\$100 copay per admission after deductible	\$135 copay per admission after deductible
Maternity Services								
OUTPATIENT	▼ Outside PPO area is 80% of allowable charges ▼							
Hospital/Surgical Facility	95% after deductible	90% after deductible	70% allowed charges after deductible	95% after deductible	90% after deductible	70% allowed charges after deductible	\$25 copay, no deductible	\$70 copay after deductible
Lab/X-ray	95% after deductible	90% after deductible		100%, no deductible	90% after deductible		100%, no deductible	100%, no deductible
Emergency Room	95% after deductible	90% after deductible	90% after deductible	95% after deductible	90% after deductible	90% after deductible	\$100 copay per visit** after deductible	\$200 copay per visit** after deductible
PHYSICIAN SERVICES	▼ Outside PPO area is 80% of allowable charges ▼							
Office Visit (for illness & injury)	95% after deductible	90% after deductible	70% allowed charges after deductible	\$25 PCP; \$35 Specialist copay, no deductible	90% after deductible	70% allowed charges after deductible	\$25 PCP; \$35 Specialist copay, no deductible	\$32 PCP; \$45 Specialist copay after deductible
Surgeon	95% after deductible	90% after deductible	70% allowed charges after deductible	95% after deductible	90% after deductible	70% allowed charges after deductible	No charge after deductible	No charge after deductible

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

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

BENEFIT	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	\$2,000	\$1,100	\$2,292
Family OOP	N/A	\$2,200	\$4,584
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-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	\$65 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: \$15 copay per visit Specialist: \$25 copay per visit	80% of usual and customary charges after deductible	85% of usual and customary charges after deductible
Surgeon	In Office: \$25 Inpatient/Outpatient: No charge		85% no deductible

BENEFIT	CCP			PPO			EPO	
	Alliance In-Network	BCBSAZ / CIGNA*	Out-of-Network	Alliance In-Network	BCBSAZ / CIGNA*	Out-of-Network	Alliance In-Network	BCBSAZ
OTHER SERVICES	▼ Outside PPO area is 80% of allowable charges ▼							
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% after deductible	90% after deductible	70% allowed charges after deductible	\$25 copay, no deductible	90% after deductible	70% allowed charges after deductible	\$25 copay, no deductible	\$32 copay after deductible
Chiropractic Treatment Limited to 26 visits per year (including initial office visit and X-rays.)	95% after deductible	90% after deductible	70% allowed charges after deductible	\$25 copay, no deductible	90% after deductible	70% allowed charges after deductible	\$25 copay, no deductible	\$32 copay after deductible
Acupuncture	Limited to \$1,250 per calendar year maximum. Provider must be licensed to perform acupuncture. 90% after BCBSAZ deductible.							
Biofeedback/ Neurofeedback	Limited to \$1,250 per calendar year maximum. Provider must be licensed and certified. 95% after BCBSAZ deductible.							
Ambulance Services (When authorized due to emergency.)	90% after deductible			90% after deductible			100%, no deductible	100%, no deductible
Urgent Care	95% after deductible	90% after deductible	70% allowed charges after deductible	\$40 copay, no deductible	90% after deductible	70% allowed charges after deductible	\$40 copay, no deductible	\$70 copay after deductible
Native Traditional Healer (Limited to \$500/family)	Only available to participants of the CCP and PPO plans. 100% after BCBSAZ deductible and must be certified.						Not covered	
Doula Services	Reimbursement benefit covered at 100% after BCBSAZ deductible up to a maximum of \$1,000 per calendar year.							
Nutritional Guidance and Training	Up to 12 visits per calendar year at 100%. Provider must be an in-network registered dietitian.							
BEHAVIORAL/MENTAL HEALTH AND SUBSTANCE USE DISORDERS								
BENEFIT	CCP				PPO		EPO	
	BCBSAZ	Out-of-Network			BCBSAZ	Out-of-Network	BCBSAZ	
Inpatient Hospitalization	95% after deductible	70% of allowed charges after deductible			95% after deductible	70% of allowed charges after deductible	\$100 copay per admission, no deductible	
Outpatient Therapy (individual, family, and medication evaluation)	95% after deductible	70% of allowed charges after deductible			\$25 copay, no deductible	70% of allowed charges after deductible	\$25 copay, no deductible	
Outpatient Group Psychotherapy	95% after deductible	70% of allowed charges after deductible			\$25 copay, no deductible	70% of allowed charges after deductible	\$25 copay, no deductible	

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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			
BENEFIT	UHC UnitedHealthcare Medicare Advantage PPO Plan	1991 SRP PLAN (80/20) (for info only, cannot enroll)	PAT PLAN (for info only, cannot enroll)
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)	\$25 copay Individual visit \$15 copay Group visit	80% of usual and customary charges after deductible.	Mental health benefits are payable at 85%.
Outpatient Group Psychotherapy	\$15 copay	Physician visits are payable at 80%; no deductible.	First 12 months of structured outpatient program paid at 100%.

Prescription Drug Coverage

Express Scripts is our Pharmacy Benefits Manager (PBM) for the CCP, PPO and EPO plans. 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 express-scripts.com/saltriverproject for a list of preventive medications.

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

CCP

- Once the Alliance calendar year deductible is met, copays/coinsurance will apply.
- Some preventive medications are covered with no deductible; however, copays and coinsurance may apply.

PPO

- Follows the copay/coinsurance for each tier.

EPO

- Follows the copay/coinsurance for each tier for in-network prescriptions.
- Out-of-network pharmacies are not covered.



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

↑ ↓
MAINTENANCE MEDICATIONS

Tip

Talk to your doctor about coordinating prescription refills.

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

If Walgreens retail is not available for a 90-day fill, go to express-scripts.com/saltriverproject to find a network Smart90 retail pharmacy.

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.

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:
 - a. **Generics:** least expensive
 - b. **Formulary brand name:** moderate
 - c. **Non-formulary brand name:** most expensive
4. You can save money by requesting generics if available and using the Smart90 program for your maintenance medications.

Smart90 and Maintenance Medications

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

Here's how it works:

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

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

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

What's a Preventive Prescription Drug?

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

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

What Is a Maintenance Medication?

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

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

EncircleRx Plus Omada for Weight Management

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

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

Mandatory Generic Drug Substitution

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

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

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

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

Prescription Q&A

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

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

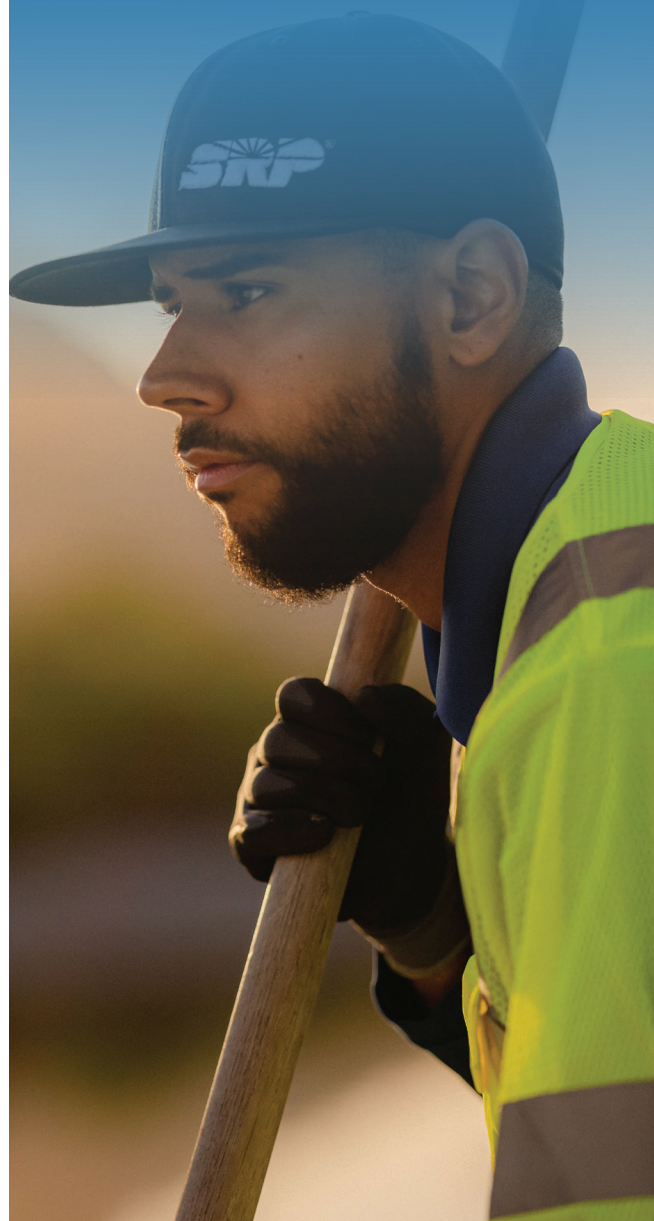
To avoid paying the full cost of the medication under the Member Pays the Difference program, it is strongly encouraged that you use generic whenever possible. If you or your doctor requests a brand-name drug when a generic drug is available, you will be charged the difference in price over the cost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

Learn More

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

Please Note

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



Premium Charts

- 14 Grandfathered Retiree
- 15 Non-Grandfathered Retiree
- 16 Retired Board and Council
- 16 Survivor of a Retiree or Retired Board and Council
- 17 Former Disabled Employee
- 17 COBRA Medical Rates

Premiums

GRANDFATHERED RETIREE	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE						
Retiree Only	\$0.00	\$781.08	\$0.00	\$1,434.05	\$0.00	\$1,249.01
Retiree + Spouse	\$0.00	\$1,562.16	\$0.00	\$2,868.10	\$0.00	\$2,498.02
Retiree + Children	\$0.00	\$1,500.06	\$0.00	\$2,451.76	\$0.00	\$2,263.34
Retiree + Spouse + Children	\$0.00	\$2,281.14	\$0.00	\$3,885.81	\$0.00	\$3,512.35
ONE MEDICARE						
Retiree Only	\$0.00	\$211.97	\$0.00	\$523.53	U	\$0.00
Retiree + Spouse	\$0.00	\$993.05	\$0.00	\$1,957.58	U	\$0.00
Retiree + Children	\$0.00	\$930.95	\$0.00	\$1,541.24	U	\$0.00
Retiree + Spouse + Children	\$0.00	\$1,712.03	\$0.00	\$2,975.29	U	\$0.00
TWO MEDICARE						
Retiree + Spouse	\$0.00	\$423.94	\$0.00	\$1,047.06	U	\$0.00
Retiree + Children	\$0.00	\$423.94	\$0.00	\$1,047.06	U	\$0.00
Retiree + Spouse + Children	\$0.00	\$1,142.92	\$0.00	\$2,064.77	U	\$0.00

U = UHC PPO

NON-GRANDFATHERED RETIREE HIRED AFTER 1/1/2000	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE						
Retiree Only	\$132.78	\$648.30	\$344.17	\$1,089.88	\$299.76	\$949.25
Retiree + Spouse	\$265.57	\$1,296.59	\$688.34	\$2,179.76	\$599.52	\$1,898.50
Retiree + Children	\$255.01	\$1,245.05	\$588.42	\$1,863.34	\$543.20	\$1,720.14
Retiree + Spouse + Children	\$387.79	\$1,893.35	\$932.59	\$2,953.22	\$842.96	\$2,669.39
ONE MEDICARE						
Retiree Only	\$0.00	\$211.97	\$100.52	\$423.01	U \$110.35	\$349.46
Retiree + Spouse	\$132.78	\$860.27	\$444.69	\$1,512.89	U \$410.11	\$1,298.71
Retiree + Children	\$122.23	\$808.72	\$344.77	\$1,196.47	U \$353.79	\$1,120.35
Retiree + Spouse + Children	\$255.01	\$1,457.02	\$688.94	\$2,286.35	U \$653.55	\$2,069.60
TWO MEDICARE						
Retiree + Spouse	\$0.00	\$423.94	\$201.04	\$846.02	U \$220.70	\$698.92
Retiree + Children	\$0.00	\$423.94	\$201.04	\$846.02	U \$220.70	\$698.92
Retiree + Spouse + Children	\$122.23	\$1,020.69	\$445.29	\$1,619.48	U \$464.14	\$1,469.81

U = UHC PPO



RETIRED BOARD AND COUNCIL	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE						
Retiree Only	\$0.00	\$536.69	\$0.00	\$918.03	\$0.00	\$842.26
Retiree + Spouse	\$245.85	\$988.54	\$572.89	\$1,538.58	\$517.86	\$1,419.34
Retiree + Children	\$182.15	\$891.23	\$440.86	\$1,395.20	\$401.63	\$1,282.89
Retiree + Spouse + Children	\$306.61	\$1,464.47	\$730.80	\$2,298.70	\$668.82	\$2,110.64
ONE MEDICARE						
Retiree Only	\$0.00	\$211.97	\$0.00	\$523.53	U \$0.00	\$459.81
Retiree + Spouse	\$154.64	\$755.03	\$412.07	\$1,304.90	U \$373.14	\$1,181.61
Retiree + Children	\$127.27	\$621.39	\$345.97	\$1,095.59	U \$312.50	\$989.57
Retiree + Spouse + Children	\$245.88	\$1,200.48	\$632.40	\$2,002.60	U \$575.28	\$1,821.73
TWO MEDICARE						
Retiree + Spouse	\$72.06	\$351.88	\$251.29	\$795.77	U \$220.70	\$698.92
Retiree + Children	\$72.06	\$351.88	\$251.29	\$795.77	U \$220.70	\$698.92
Retiree + Spouse + Children	\$163.31	\$797.32	\$471.62	\$1,493.47	U \$422.85	\$1,339.03

SURVIVOR OF A RETIREE OR RETIRED BOARD AND COUNCIL	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE						
Single Coverage	\$536.69	\$0.00	\$918.03	\$0.00	\$842.26	\$0.00
With Children	\$1,073.38	\$0.00	\$1,836.06	\$0.00	\$1,684.52	\$0.00
ONE MEDICARE						
Single Coverage	\$211.97	\$0.00	\$523.53	\$0.00	U \$459.81	\$0.00
With Children	\$748.66	\$0.00	\$1,441.56	\$0.00	U \$1,302.07	\$0.00
TWO MEDICARE						
With Children on Medicare (Disabled Child)	\$423.94	\$0.00	\$1,047.06	\$0.00	U \$919.62	\$0.00

U = UHC PPO

FORMER DISABLED EMPLOYEE	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
NO MEDICARE						
Retiree Only	\$536.69	\$0.00	\$918.03	\$0.00	\$842.26	\$0.00
Retiree + Spouse	\$1,234.39	\$0.00	\$2,111.47	\$0.00	\$1,937.20	\$0.00
Retiree + Children	\$1,073.38	\$0.00	\$1,836.06	\$0.00	\$1,684.52	\$0.00
Retiree + Spouse + Children	\$1,771.08	\$0.00	\$3,029.50	\$0.00	\$2,779.46	\$0.00
ONE MEDICARE						
Retiree Only	\$211.97	\$0.00	\$523.53	\$0.00	U \$459.81	\$0.00
Retiree + Spouse	\$909.67	\$0.00	\$1,716.97	\$0.00	U \$1,554.75	\$0.00
Retiree + Children	\$748.66	\$0.00	\$1,441.56	\$0.00	U \$1,302.07	\$0.00
Retiree + Spouse + Children	\$1,446.36	\$0.00	\$2,635.00	\$0.00	U \$2,397.01	\$0.00
TWO MEDICARE						
Retiree + Spouse	\$423.94	\$0.00	\$1,047.06	\$0.00	U \$919.62	\$0.00
Retiree + Children	\$423.94	\$0.00	\$1,047.06	\$0.00	U \$919.62	\$0.00
Retiree + Spouse + Children	\$960.63	\$0.00	\$1,965.09	\$0.00	U \$1,761.88	\$0.00

COBRA MEDICAL RATES	CCP (Monthly Premium)		PPO (Monthly Premium)		EPO (Monthly Premium)	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
COBRA – NO MEDICARE						
Retiree Only	\$796.70	\$0.00	\$1,462.73	\$0.00	\$1,273.99	\$0.00
Retiree + Spouse	\$1,593.40	\$0.00	\$2,925.46	\$0.00	\$2,547.98	\$0.00
Retiree + Child(ren)	\$1,530.06	\$0.00	\$2,500.80	\$0.00	\$2,308.61	\$0.00
Retiree + Spouse + Child(ren)	\$2,326.76	\$0.00	\$3,963.53	\$0.00	\$3,582.60	\$0.00
COBRA – WITH 1 MEDICARE						
Retiree Only	\$216.21	\$0.00	\$534.00	\$0.00	U \$469.01	\$0.00
Retiree + Spouse	\$1,012.91	\$0.00	\$1,996.73	\$0.00	U \$1,743.00	\$0.00
Retiree + Child(ren)	\$949.57	\$0.00	\$1,572.06	\$0.00	U \$1,503.62	\$0.00
Retiree + Spouse + Child(ren)	\$1,746.27	\$0.00	\$3,034.80	\$0.00	U \$2,777.61	\$0.00
COBRA – WITH 2 MEDICARE						
Retiree + Spouse	\$432.42	\$0.00	\$1,068.00	\$0.00	U \$938.01	\$0.00
Retiree + Child(ren)	\$432.42	\$0.00	\$1,068.00	\$0.00	U \$938.01	\$0.00
Retiree + Spouse + Child(ren)	\$1,165.78	\$0.00	\$2,106.07	\$0.00	U \$1,972.63	\$0.00

U = UHC PPO



Midyear Changes

Midyear Changes to Your Plan Elections

Changes to your medical plan elections cannot be made outside of the Open Enrollment period unless you experience a qualifying change in status (life event) or special enrollment event. To request special enrollment or obtain more information about life events, 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
- 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 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 the SRP medical plan 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

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.

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.

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

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

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

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

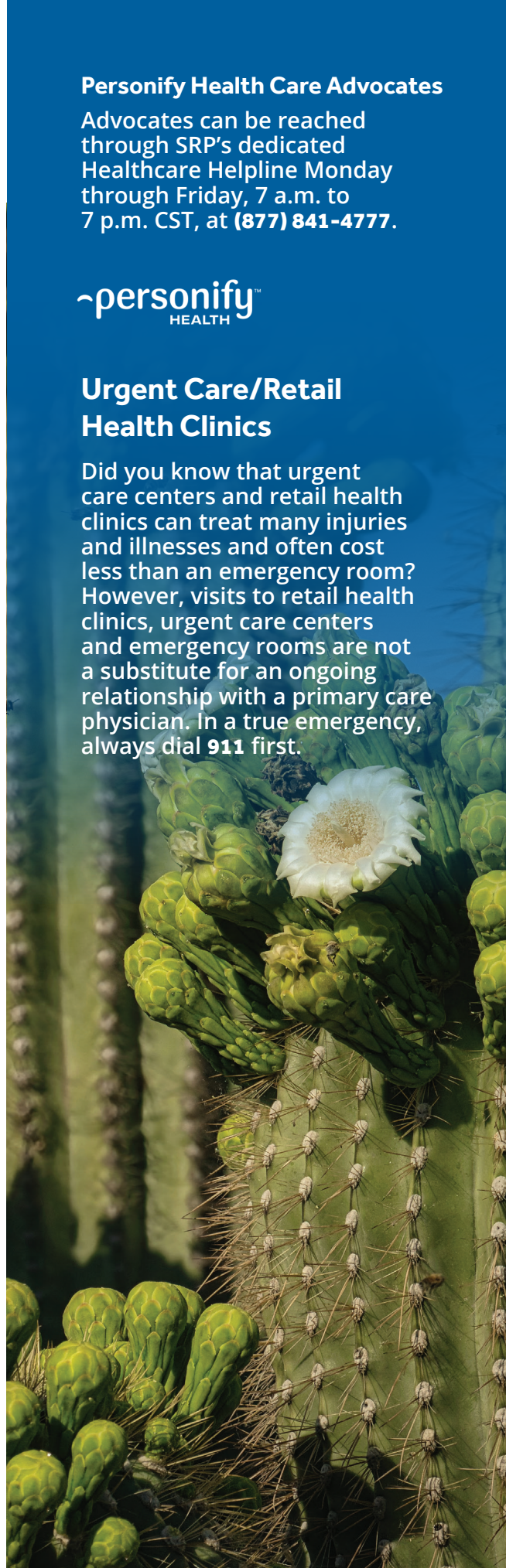
Personify Health Care Advocates

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



Urgent Care/Retail Health Clinics

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



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 & 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. E-mail 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 & to Enroll

Norton LifeLock | (800) 607-9174



Resources

Personify Health Care Advocates Make Just One Call — (877) 841-4777



Let the experts help you. Start with your Care Advocate. Care Advocates help you navigate your benefits and care.

MEDICAL PLANS / MENTAL / BEHAVIORAL HEALTH

Personify Health
Group #: S2612
(877) 841-4SRP (4777)
CustomerServe@personifyhealth.com
HCHealthBenefits.com
Member ID# is 2612 followed by
your five-digit member number
(format: 2612xxxxx).

PHARMACY PLANS

Express Scripts
(866) 229-5806
express-scripts.com
Accredo (specialty medications)
(800) 803-2523

FIND A NETWORK PROVIDER

Blue Cross Blue Shield of Arizona & Alliance
azblue.com/srp
Cigna (out of Arizona network)
cigna.com

SRP BENEFITS SERVICES

Mailing Address:
Benefits Services, PAB 502
P.O. Box 52025
Phoenix, AZ 85072-2025
Street Address:
1500 N. Mill Ave.
Tempe, AZ 85288
Phone: **(602) 236-3600**
Fax: **(602) 629-7810**
Email: hrbenexp@srpnet.com
For more information, please visit
srpnet.com/healthplans.

OTHER

Alight/COBRA and Direct Billing
(866) 318-2570
srpnet.com/healthplans
401(k) Empower Retirement
(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 Life Lock
(800) 607-9174 | my.norton.com
UNUM Long-Term Care
Policy #: 528286
(800) 227-4165 | unuminfo.com/srp

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

Benefits Information

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

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 percent of the allowed amount for the service. You must pay the deductible before you receive the coinsurance benefit. Your coinsurance share is higher for out-of-network claims.

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

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

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

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

In-Network Provider: Doctors, hospitals and other providers who contract with the insurance network.

Out-of-Network (OON): The use of healthcare providers who have not contracted with the insurance network. 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 and prostate exams are examples of preventive services. Note: If you discuss another health issue during a preventive services visit, you may have to pay a fee for your visit.



Important Plan Information and Notices

Women's Health and Cancer Rights Act of 1998

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for the following:

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

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

Privacy Notices

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and/or disclosed. The rules also give you additional rights concerning control of your own healthcare information. This Plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. You are provided with a copy of this notice when you enroll in the plan. You can get another copy of this notice from srpnet.com/healthplans or Benefits Services.

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.

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

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**.

Notice of Special Enrollment Rights for Health Plan Coverage

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

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

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

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

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

Newborns' and Mothers' Health Protection Act of 1996

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

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

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 dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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

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Notes

Handwriting practice lines consisting of 28 horizontal dotted lines.

Money- and Time-Saving Resources

2026

For more information on all topics, go to srpnet.com/healthplans.

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

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.

Retirees: 2647202 R 10/25



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

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