



Delivering water and power®

2026

EMPLOYEE BENEFITS GUIDE



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Welcome!

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

Even if you are happy with your current coverage, it's a good idea to review your options.

Salt River Project (SRP) is proud to offer a full range of benefits and resources to meet your needs.

This guide serves as an overview of the benefits that can be updated during the annual Open Enrollment period, as well as options for newly eligible members.

Additional information on other SRP benefits (such as life insurance and long-term disability coverage) can be found on [insideSRP](#).



What's New Starting Jan. 1, 2026

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

1. Personify Health will mail new ID cards to your mailing address in December. Be sure your current mailing address is up to date in OneWorkforce.
2. **ACTION NEEDED** If you will be participating in a Health Savings Account (HSA) or Flexible Savings Account (FSA) in 2026, you must re-elect your contribution amounts now for the upcoming year. **Please act now and make sure to select your desired contribution during this year's Open Enrollment.** As a reminder, HSA contribution amounts may be adjusted throughout the calendar year, but FSA contributions cannot. See pages 22–23 for details.

With the exception of HSA and FSA, your 2025 elections will roll over into 2026 unless you make changes during Open Enrollment.

3. 2026 Benefit Enhancements:

Improved benefits include doula services, increased visit limits for outpatient therapy, and hearing aid reimbursements now every two years.

4. Premiums are changing:

Due to rising healthcare costs, there will be increases to medical and vision premiums. See page 18 for details.

5. CCP+/CCP, EPO, PPO Plan Changes:

All plans have changes for 2026. See page 12 for details.



Getting Started

1. When Can I Enroll or Make Changes?

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

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

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

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

Go to start.myalex.com/srp.

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

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

3. Access the Benefits Portal

From Work

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

From Home

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

If no changes are made, your current elections will roll over into 2026, except for Health Savings Account (HSA) and Flexible Spending Account (FSA) elections. To participate in an HSA or FSA in 2026, you must actively enroll and elect to make contributions for the new plan year.

LIVEwell and Wellness Benefits

LIVEwell Wellness Program

The LIVEwell Wellness Program is for SRP employees and is administered by Personify Health. It is designed to help SRP employees achieve and maintain a healthy lifestyle. The LIVEwell program cycle runs from Oct. 1 to Sept. 30.

5,000 points = \$50 premium reduction for the following year
10,000 points = \$100 premium reduction for the following year
20,000 points = \$200 premium reduction for the following year
30,000 points = \$400 premium reduction for the following year

How it Works:

As an employee, you may choose from different levels of activities or educational opportunities to accumulate wellness points that will reduce your healthcare premiums. Once registered on HCHSHealthBenefits.com, you may use the mobile app on your smartphone to easily track your activities.

POINT EARNING OPPORTUNITIES	POINTS	MAX
Health Assessment	250	250
Biometric Screening (wellSMART)	7,500	7,500
Healthy/Improved Results	1,500	6,000
Preventive Screening	1,000	10,000
Chronic Care Management	10,000	10,000
Mental Health/Lyra	500	4,000
Telephonic Health Coaching	2,000	8,000
Personal Workout	Earn points by syncing your device OR by manually inputting the activity and number of minutes completed	
Sporting Events	2,500	7,500
Wellness Challenge	4,000	12,000
Journeys	300	12,000
Registered Dietitian	1,500	6,000
Immunizations	100	500
401(k) Contribution	400	400
Volunteer/Blood Donation	125	500
Initial Tracking Device Connection	200	200
Complete Daily Cards	10 Points per Card/Max 20 Points per Day	6,680
Create Personal Challenge	50 Points per Month	550
Set Personal Interests	100 Points per Quarter	400
Initial Registration/Login	100	100
Initial Mobile App Login	100	100
Input/Log Any Healthy Habits for 10 Days a Month	200	2,200
Steps Tracking	Earn points for a range of daily steps (1,000 steps = 10 points ranging up to 14,000 steps = 140 points) *steps must come from synced device to earn these points	



Healthy Worksite Award

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



Wellness Benefits

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

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

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

Mental and Emotional Health Resources

Lyra: Mental and Emotional Healthcare

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

To Get Started



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

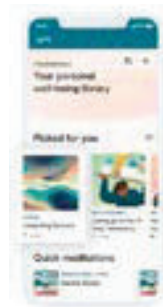


You and your dependents each have access to 12 confidential mental health coaching or therapy sessions per year — all at no cost to you. If you or your dependents use up your free sessions, you can continue seeing your Lyra provider if enrolled in one of SRP's health plans through Personify Health with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

Resources

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

- Videos
- Soundscapes
- Meditations
- Breathing exercises



Visit LyraHealth.com/SRP or call **(877) 251-7602** to learn more.

Lyra

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

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

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

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

Care with Lyra

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

Fast Access

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

High-Quality Providers

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

Flexible Options

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

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

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

Personify Health Care Advocates

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



Urgent Care/Retail Health Clinics

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

Personify Health Care Advocates

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

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

- Find in-network providers.
- Explain LIVEwell and help you reach your health and wellness goals.
- Assist with appointment scheduling, claims and billing questions.
- Coordinate care for aging parents.
- Coordinate care for complex conditions: sleep apnea, asthma, diabetes, lower back pain, high blood pressure, etc.

Confidentiality and Security of Information

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

- Provide support and resources for a healthy pregnancy.
- Help you find alternative pain treatment options like acupuncture, biofeedback, mindfulness-based stress reduction and more.

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

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

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

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

Provider Network FAQ

It Pays to Stay In-Network!

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

Blue Cross/Blue Shield of Arizona and the Alliance Network

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

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

Common Questions

1. Which doctors can I visit?

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

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

2. Do I have coverage outside of Arizona?

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

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

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

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

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

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

Choose the Plan That's Right for You

Medical Plans

CCP+ Consumer Choice Plan Plus (with HSA)

PPO Preferred Provider Organization

CCP Consumer Choice Plan (without HSA)

EPO Exclusive Provider Organization

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

Cost Comparison Example

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

Employee, Spouse and Child Coverage

	CCP+	PPO	EPO
Annual Premiums	\$3,679.26	\$8,769.54	\$8,025.94
Max 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	\$3,200.00	\$260.00
Zara sees her doctor annually for a preventive visit and takes one monthly generic medication.	\$120.00	\$120.00	\$120.00
Enzo 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	\$3,080.00	\$500.00
Totals	\$9,499.26	\$15,169.54	\$8,905.94
HSA contributions by SRP	+\$1,600.00		
Total out-of-pocket expenses for the year	\$7,899.26	\$15,169.54	\$8,905.94

Assuming all situations are using Alliance providers.

The CCP+ Plan's HSA Also Has Triple Tax Savings:

Tax-Free Growth

Invest in mutual funds once your account reaches \$1,000 (optional).

Tax-Free Withdrawals

Use the money for your deductible or other eligible expenses.

Tax-Free Contributions

Via Payroll Deductions
Start, stop or change at any time.



Medical Plans

BENEFIT	CCP+ and 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
SRP HSA Contribution Must be an active regular full-, 3/4- or half-time employee on Jan. 1 to receive your full HSA on the first paycheck of the year.	\$800 Individual \$1,600 Family (Only for CCP+)			N/A			N/A	
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	
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 ▼							
MDLIVE 24/7 Access to doctor by video, phone or email	90% after deductible	90% after deductible	Not covered	\$25 copay, no deductible	\$25 copay, no deductible	Not covered	\$25 copay, no deductible	
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 that reside outside of Arizona.

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

BENEFIT	CCP+ and 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+/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.							
Hearing Aid	Reimbursement up to 80% of reasonable and customary after BCBSAZ deductible per ear; every two years.			Reimbursed up to 80% of reasonable and customary charges per ear; every two years.				
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+ and CCP		Out-of-Network	PPO		Out-of-Network	EPO	
	BCBSAZ			BCBSAZ			BCBSAZ	
LEVEL OF CARE	▼ Outside PPO area is 80% of allowable charges ▼							
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	
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.							

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

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. They are also eligible for annual LIVEwell wellness points.

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 SM 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.	

Prescription Drug Coverage

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

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

CCP+

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

CCP

PPO

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

EPO



RETAIL	MAIL ORDER	WALGREENS	SPECIALTY DRUGS
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
↑



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.

How to Use Your Prescription Benefits

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

Smart90 and Maintenance Medications

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

Here's how it works:

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

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

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



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+/CCP 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.

EncircleRx Plus Omada for Weight Management

Starting Jan. 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 at (866) 229-5806.

Learn More

For more details, call Express Scripts at **(866) 229-5806** or go to 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.

Premiums

IF YOU EARNED 30,000 POINTS BY SEPT. 30, 2025, FOR THE 2025 LIVEWELL WELLNESS PROGRAM, your annual medical premiums will be \$400 lower for 2026. You can find more detailed information on the LIVEwell program in this guidebook.

EMPLOYEE STATUS	MEDICAL PLANS							
	CCP+		CCP		PPO		EPO	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
SRP FULL AND 3/4 TIME (26 PAY PERIODS)								
Employee Only	\$29.91	\$217.80	\$29.91	\$217.80	\$96.16	\$327.54	\$74.59	\$314.14
Employee + Spouse	\$113.47	\$456.25	\$113.47	\$456.25	\$264.41	\$710.11	\$239.01	\$655.08
Employee + Child(ren)	\$84.07	\$411.34	\$84.07	\$411.34	\$203.47	\$643.94	\$185.37	\$592.10
Employee + Spouse + Child(ren)	\$141.51	\$675.91	\$141.51	\$675.91	\$337.29	\$1,060.94	\$308.69	\$974.14
SRP HALF TIME (26 PAY PERIODS)								
Employee Only	\$123.85	\$123.85	\$123.85	\$123.85	\$211.85	\$211.86	\$194.37	\$194.37
Employee + Spouse	\$284.86	\$284.86	\$284.86	\$284.86	\$487.26	\$487.26	\$447.05	\$447.05
Employee + Child(ren)	\$247.70	\$247.70	\$247.70	\$247.70	\$423.71	\$423.71	\$388.74	\$388.74
Employee + Spouse + Child(ren)	\$408.71	\$408.71	\$408.71	\$408.71	\$699.12	\$699.12	\$641.41	\$641.41
EMPLOYEE ON LEAVE (MONTHLY)								
Employee Only	\$64.80	\$471.89	\$64.80	\$471.89	\$208.35	\$709.68	\$161.62	\$680.64
Employee + Spouse	\$245.85	\$988.54	\$245.85	\$988.54	\$572.89	\$1,538.58	\$517.86	\$1,419.34
Employee + Child(ren)	\$182.15	\$891.23	\$182.15	\$891.23	\$440.86	\$1,395.20	\$401.63	\$1,282.89
Employee + Spouse + Child(ren)	\$306.61	\$1,464.47	\$306.61	\$1,464.47	\$730.80	\$2,298.70	\$668.82	\$2,110.64



REMINDER

Your current plan elections roll over during Open Enrollment, except for HSA and FSA elected amounts.

If you participate in either an HSA or an FSA, you must re-elect your desired contribution amounts for the upcoming year.

You can change your HSA amounts throughout the year.

EMPLOYEE STATUS	DENTAL		VISION	
	DELTA DENTAL		VSP	
	Your Cost	SRP Cost	Your Cost	SRP Cost
SRP FULL AND 3/4 TIME (26 PAY PERIODS)				
Employee Only	\$1.82	\$20.04	\$1.08	\$4.79
Employee + Spouse	\$12.48	\$31.21	\$4.26	\$7.49
Employee + Child(ren)	\$15.60	\$41.05	\$4.26	\$8.46
Employee + Spouse + Child(ren)	\$21.23	\$54.64	\$6.36	\$12.24
SRP HALF TIME (26 PAY PERIODS)				
Employee Only	\$10.93	\$10.93	\$2.94	\$2.94
Employee + Spouse	\$21.84	\$21.85	\$5.88	\$5.88
Employee + Child(ren)	\$28.33	\$28.33	\$6.36	\$6.36
Employee + Spouse + Child(ren)	\$37.93	\$37.93	\$9.30	\$9.30
EMPLOYEE ON LEAVE (MONTHLY)				
Employee Only	\$3.94	\$43.43	\$2.35	\$10.38
Employee + Spouse	\$27.05	\$67.62	\$9.24	\$16.22
Employee + Child(ren)	\$33.81	\$88.95	\$9.24	\$18.34
Employee + Spouse + Child(ren)	\$45.99	\$118.38	\$13.79	\$26.52

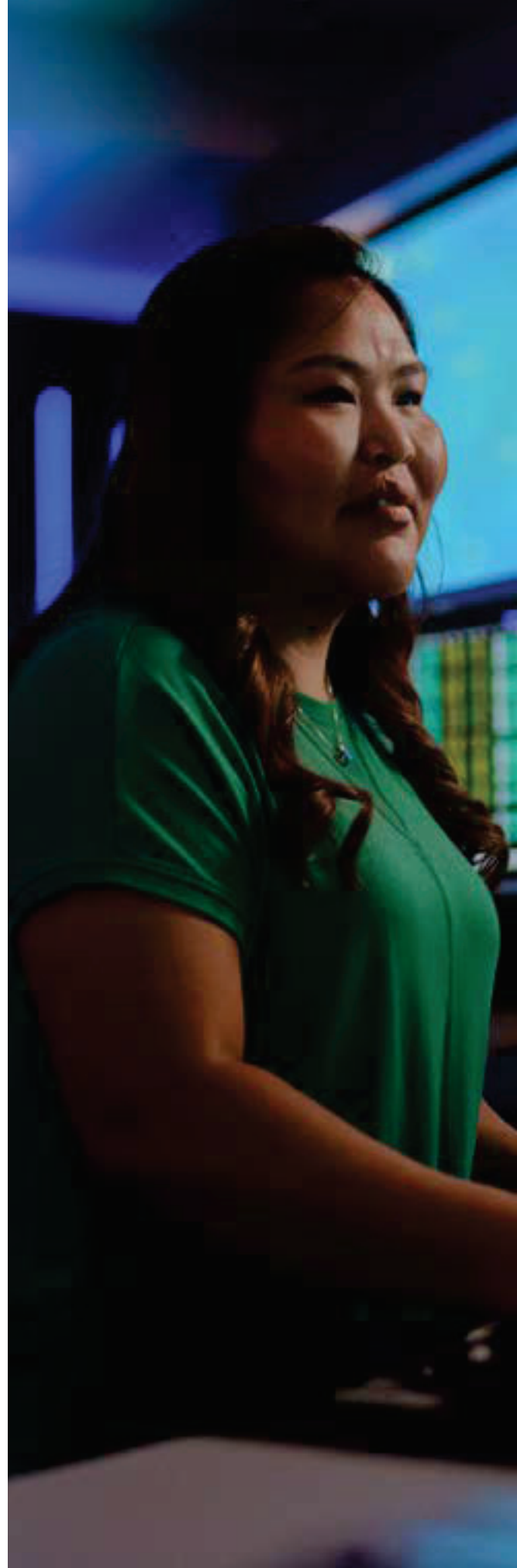
Premiums (continued)

EMPLOYEE STATUS	MEDICAL PLANS							
	CCP+		CCP		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)								
Employee Only	Not Eligible		\$547.42	\$0.00	\$936.39	\$0.00	\$859.11	\$0.00
Employee + Spouse			\$1,259.08	\$0.00	\$2,153.70	\$0.00	\$1,975.94	\$0.00
Employee + Child(ren)			\$1,094.85	\$0.00	\$1,872.78	\$0.00	\$1,718.21	\$0.00
Employee + Spouse + Child(ren)			\$1,806.50	\$0.00	\$3,090.09	\$0.00	\$2,835.05	\$0.00
COBRA – WITH 1 MEDICARE (MONTHLY)								
Employee Only	Not Eligible		\$216.21	\$0.00	\$534.00	\$0.00	U \$469.01	\$0.00
Employee + Spouse			\$763.63	\$0.00	\$1,470.39	\$0.00	U \$1,328.12	\$0.00
Employee + Child(ren)			\$763.63	\$0.00	\$1,470.39	\$0.00	U \$1,328.12	\$0.00
Employee + Spouse + Child(ren)			\$1,311.05	\$0.00	\$2,406.78	\$0.00	U \$2,187.23	\$0.00
COBRA – WITH 2 MEDICARE (MONTHLY)								
Employee + Spouse	Not Eligible		\$432.42	\$0.00	\$1,068.00	\$0.00	U \$938.02	\$0.00
Employee + Spouse + Child(ren)			\$979.84	\$0.00	\$2,004.39	\$0.00	U \$1,797.12	\$0.00
SEVERED EMPLOYEES (MONTHLY)								
Employee Only	Not Eligible		\$64.80	\$471.89	\$208.35	\$709.68	\$161.62	\$680.64
Employee + Spouse			\$245.85	\$988.54	\$572.89	\$1,538.58	\$517.86	\$1,419.34
Employee + Child(ren)			\$182.15	\$891.23	\$440.86	\$1,395.20	\$401.63	\$1,282.89
Employee + Spouse + Child(ren)			\$306.61	\$1,464.47	\$730.80	\$2,298.70	\$668.82	\$2,110.64

U = UHC PPO



EMPLOYEE STATUS	DENTAL		VISION	
	DELTA DENTAL		VSP	
	Your Cost	SRP Cost	Your Cost	SRP Cost
COBRA – NO MEDICARE YOUNGER THAN 65 (MONTHLY)				
Employee Only	\$48.32	\$0.00	\$12.98	\$0.00
Employee + Spouse	\$96.56	\$0.00	\$25.97	\$0.00
Employee + Child(ren)	\$125.22	\$0.00	\$28.13	\$0.00
Employee + Spouse + Child(ren)	\$167.66	\$0.00	\$41.12	\$0.00
COBRA – WITH 1 MEDICARE (MONTHLY)				
Employee Only	\$48.32	\$0.00	\$12.98	\$0.00
Employee + Spouse	\$96.56	\$0.00	\$25.97	\$0.00
Employee + Child(ren)	\$125.22	\$0.00	\$28.13	\$0.00
Employee + Spouse + Child(ren)	\$167.66	\$0.00	\$41.12	\$0.00
COBRA – WITH 2 MEDICARE (MONTHLY)				
Employee + Spouse	\$96.56	\$0.00	\$25.97	\$0.00
Employee + Spouse + Child(ren)	\$167.66	\$0.00	\$41.12	\$0.00
SEVERED EMPLOYEES (MONTHLY)				
Employee Only	\$3.94	\$43.43	\$2.35	\$10.38
Employee + Spouse	\$27.05	\$67.62	\$9.24	\$16.22
Employee + Child(ren)	\$33.81	\$88.95	\$9.24	\$18.34
Employee + Spouse + Child(ren)	\$45.99	\$118.38	\$13.79	\$26.52



HSA and FSA

Health Savings Account

When you enroll in the CCP+ medical option, SRP will open a Health Savings Account (HSA) for you. An HSA allows you to save money on a before-tax basis for eligible healthcare expenses. You can use the money now or save it for the future. You're in control of how you spend or save your HSA money, and you always own 100% of your account balance.

How the Plan Works

- The total amount that can be contributed to your HSA is set by the IRS each year.
- The annual maximum contribution amount includes money you contribute and money that SRP contributes.
- SRP makes an annual contribution on the first payday in January if you are an active regular employee on Jan. 1.
- If you have an HSA, you cannot have a medical Flexible Spending Account.
- You are not eligible for an HSA if you are covered by another non-HSA-qualified plan, including but not limited to TRICARE, Veterans Benefits Administration, Indian Health Services or Medicare. For more information, refer to IRS publication 969 at [irs.gov](https://www.irs.gov).
- You can make changes to your HSA contribution at any time throughout the year by logging in to the Benefits Portal from [insideSRP](#).

Use the Funds

- Once enrolled, you will receive a debit card. Your payroll contribution amounts will be added to this card.
- Use your HSA funds to pay for eligible medical, dental, vision and prescription drug expenses for you or your dependents you claim on your federal tax return.
- Any unused funds at the end of the year stay in your HSA and are available for use in the future.
- In order to contribute the annual maximum, you are required to be enrolled in a High Deductible Health Plan (HDHP) for the entire year. Otherwise, a prorated annual maximum applies.

The HSA is administered by HealthEquity. Call HealthEquity at **(866) 346-5800** or visit healthequity.com for more information.

You can also go to [insideSRP](#) for additional details.

ACTION NEEDED

If you will be participating in a Health Savings Account (HSA), it is important to know that you must **re-elect** your contribution amounts for the upcoming year.

Please take action and make sure to select your desired contribution during this Open Enrollment.

As a reminder, HSA contribution amounts may be adjusted throughout the calendar year through the Benefits Portal on [insideSRP](#).

2026 HSA MAXIMUM ANNUAL CONTRIBUTION	Single	Family
SRP Contribution	\$800	\$1,600
You Can Contribute	\$3,600	\$7,150
Maximum Combined Annual Contribution	\$4,400	\$8,750

55 or over by the end of 2026? You have the opportunity to contribute up to \$1,000 more each year.

* If you enroll as a new hire during the year, your company contribution will be prorated based on your medical plan effective date.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to contribute funds tax-free to be used to pay for qualified expenses. There are two types of FSAs — one for healthcare expenses and another for dependent care expenses. Funds are “use-it-or-lose-it” which means any FSA funds not used by the end of the plan year will be forfeited. The IRS determines the annual amounts as well as which expenses are eligible. For a complete list, see Publication 502 at [irs.gov](https://www.irs.gov). You can also see [insideSRP](#) for details about FSAs.

Health Care FSA

The Health Care FSA lets you set aside money to pay for eligible healthcare expenses for you and your dependents.

Examples of eligible expenses include copays, coinsurance, dental and vision expenses.

How the Plan Works

- You can contribute up to \$3,300 for 2026. Your deductions are taken out of each paycheck before income taxes are determined which saves you money.
- You can only elect to participate or change your election as a new hire, during Open Enrollment or if you have a qualified change in status. You must enroll every year.

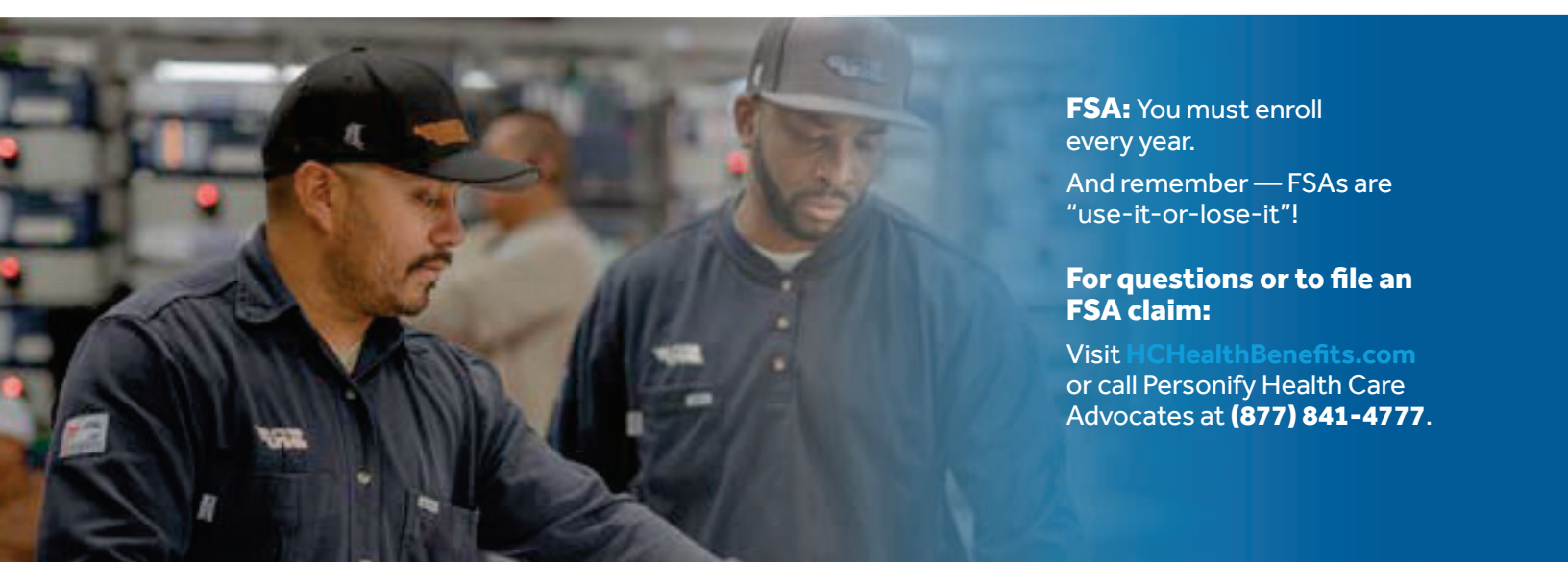
Dependent Care FSA

If you work and you have a dependent child or disabled spouse who needs care during the day, the Dependent Care FSA may be right for you. You can contribute up to \$7,500 in pre-tax dollars each year in your Dependent Care FSA. However, \$7,500 is a household maximum, so if your spouse participates in a Dependent Care FSA at their work, your combined contributions cannot be more than \$7,500.

You can use money in your Dependent Care FSA as it is deposited into your account. You cannot be reimbursed for more than what is in your account at any time.

How the Plan Works

- You can contribute up to \$7,500 for 2026. Your deductions are taken out of your paycheck before income taxes are determined, which saves you money.
- You can use your Dependent Care FSA to pay for expenses of an eligible person. An eligible person meets one of the following criteria:
 - » A dependent child under age 13 for whom you have custody
 - » Your spouse, if physically or mentally incapable of self-care
 - » Your dependent of any age who is physically or mentally incapable of self-care
- Dependent Care FSA funds can only be used for eligible expenses such as daycare facility fees, before- and after-school care or preschool.
- You can only elect to participate or change your election as a new hire, during Open Enrollment or if you have a qualified change in status. You must enroll every year.



FSA: You must enroll every year.

And remember — FSAs are “use-it-or-lose-it”!

For questions or to file an FSA claim:

Visit [HCHealthBenefits.com](https://www.HCHealthBenefits.com) or call Personify Health Care Advocates at **(877) 841-4777**.



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 [insideSRP](#), 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

Disability Benefits

Go to the **SRP Benefits Portal** to see your exact cost for coverage.

You are automatically enrolled in basic long-term disability.

Short-Term Disability

Optional short-term disability (STD) coverage pays a benefit of 60% of your weekly base pay if you are ill or injured and unable to work (up to a maximum of \$2,000/week). You have a choice of two waiting periods: 14 or 28 days. Benefits start after you have exhausted all accumulated sick leave. STD benefits end after 13 weeks (when LTD benefits begin).

Your cost for coverage is based on your base pay. You can only elect to enroll in or decline STD coverage during Open Enrollment.

Long-Term Disability

You are automatically enrolled in basic long-term disability (LTD) coverage that provides a benefit of 60% of your base monthly pay rate if you are ill or injured and are unable to come to work (up to a maximum of \$5,000/month for hourly and \$6,000/month for salaried). Basic LTD is paid by SRP. LTD benefits begin if you are ill or injured and unable to work for 90 days.

In addition, you have the option of enrolling in optional LTD at your own expense at any time during the year.

Optional LTD covers an additional 10% of your base monthly earnings up to a combined maximum (Basic and Optional LTD) of \$5,000/month for hourly and \$7,000/month for salaried.

Pre-existing Exclusion: If you are disabled during your first 12 months of LTD coverage due to a pre-existing condition, you are not eligible to receive LTD benefits. A pre-existing condition is considered any illness or injury for which you were diagnosed or treated within the 90 days before the date you became covered under the Basic/Optional LTD plan.



Life Insurance

Life and Accidental Death & Dismemberment (AD&D) insurance provides financial protection to your survivors if you die. Regular full-time, three-quarter-time and half-time employees are eligible for basic AD&D and optional AD&D term life insurance coverage as well as dependent life insurance through The Hartford.

Company-Paid Employee Coverage

SRP provides group basic life (1 times annual base pay*) and AD&D coverage (1 times annual base pay*) for all eligible employees at no cost.

Optional Employee and Dependent Coverage

In addition to the basic coverage provided automatically by the company, you have the option of purchasing optional coverage for you and your family. You pay the full cost and premiums are taken out of your paycheck on an after-tax basis.

You can elect optional employee life insurance coverage equal to an additional 1x, 2x, 3x, 4x or 5x annual base pay.* AD&D insurance is automatically included and is equal to the life coverage amount. Premium rates are based on 5-year age bands; they increase with your age.

Optional dependent life insurance can be elected in increments of \$10,000, up to \$100,000 for a spouse. For children, optional dependent life is \$10,000 per child. Go to the SRP Benefits Portal to see your individual costs.

*Rounded to the next higher \$1,000 if not already a multiple of \$1,000.

New Hires/Newly Eligible

New hires or newly eligible employees may enroll in optional life coverage equivalent to 36 times monthly base pay (up to a maximum of \$750,000) without a statement of health, if you request coverage within the first 31 days of employment or your initial eligibility date for coverage.

If you are a new hire or newly eligible for dependent life coverage, you may enroll your spouse in coverage up to \$30,000 without a statement of health if you request enrollment within the first 31 days of your eligibility. For eligible children, dependent life coverage does not require a statement of health at any time.

Changes Due to Marriage

If you elect dependent life coverage for your new spouse within 31 days of the event (marriage), you can elect up to \$30,000 without needing a statement of health.

Changes Anytime During the Year

You can apply for additional coverage for yourself or your spouse at any time. If you elect coverage at any time after your new hire or newly eligible window, you and your spouse will need to complete a statement of health and receive approval before your coverage would be in effect. You have 60 days to submit your statement of health. If you are adding eligible children to dependent life coverage, a statement of health is not required.

You can also decrease or cancel employee/dependent life coverage anytime during the year.

You may also change your life insurance beneficiaries at any time during the year on the SRP Benefits Portal.

Critical Illness and Accident Insurance

Coverage That Helps You Fill in the Gaps

No one plans to get sick, but when something unexpected happens, you can really help yourself and your family financially by being prepared. Critical Illness (CI) and Accident Insurance (AI) help fill in the financial gaps left by your regular health insurance. You can enroll in either plan, or both.

Each coverage option could provide you with separate lump-sum cash benefits. The cash benefits are separate from any claims or coverage provided by medical insurance.

Critical Illness

A lump-sum cash reimbursement. If you or a dependent are diagnosed with a covered illness such as cancer, a heart attack or a stroke, this plan offers you reimbursement to use as you see fit.

Coverage options include:

- Coverage for you: \$10,000 or \$20,000
- Spouse coverage: 50% of your coverage amount
- Child(ren) coverage: \$5,000

Rates are based on the employee’s age and increase as you enter each new age category.

\$50 Health Screening Benefit

If you or your dependents are enrolled in CI, you can receive \$50 annually per person for completing a Health Screening.

Accident Insurance

Flat benefit reimbursement payments. This benefit can be applied to expenses and treatments related to covered accidents or for any other expense. You can elect off-the-job accident coverage for yourself, your spouse and your dependent child(ren). Some of the coverage options include:

BENEFIT	Plan	
	Low	High
Emergency room	\$100	\$150
X-ray	\$50	\$50
Ambulance (ground)	\$200	\$300
Initial physician’s office visit	\$50	\$75
Medical appliance benefit	\$50	\$100

You Can Only Enroll in CI Insurance and/or AI During Open Enrollment

To be eligible, you must be:

- A full-time employee working at least 30 hours per week, or
- A part-time employee working at least 20 hours per week

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



Financial Planning and Legal Services

PLANwell Financial Planning

PLANwell is a voluntary program, provided to SRP employees by Southwest Wealth Advisory Group (SWAG), that helps you assess and improve your household's financial planning and health.

This benefit is available to all regular full-time, three quarter-time and half-time employees at no cost. The SRP-paid service includes:

- Three consultations with a Southwest Wealth Advisory Group financial adviser in year one, and two visits per year thereafter
- A personalized action plan
- Access to eMoney, an online secure dashboard that puts your whole financial picture in one place

How to Use It

Contact SWAG to schedule your first meeting with one of their advisers. Together you will develop a financial strategy that works for you and your household. Having a solid financial plan can help you feel more confident about the future, no matter where you are in your career.

To prepare for your appointment, print/download your most recent Total Rewards statement to take to the appointment. Your PLANwell adviser will let you know if there is additional paperwork you need to gather and bring with you.

Group Legal Services

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 Legal
- Cost: \$8.23/paycheck
- 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:

- Wills and estate planning
- Identity theft defense
- Debt collection defense
- Real estate
- Family law
- Traffic defense
- Civil litigation defense
- Disputes over consumer goods and services
- Juvenile court defense
- Document preparation and review
- Habeas corpus
- Probate
- Reproductive assistance services

For more information: **MetLife Legal** | legalplans.com | **(800) 821-6400**

You Will Leave Your PLANwell Meeting With:

- A personalized action plan
- An online dashboard that shows your whole financial picture in one place

To get started, contact Southwest Wealth Advisory Group and schedule your first meeting:

(602) 931-4457
SRP.PLANwell@southwestwealth.com

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 copayments.

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

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

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

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

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

Premium: The amount you pay for insurance.

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



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

Group #: S2612

(877) 841-4SRP (4777)

CustomerServe@personifyhealth.com

HCHealthBenefits.com

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

Mental and Emotional Health / EAP

Lyra Health

(877) 251-7602

LyraHealth.com/SRP

SRP Behavioral Health Specialist / EAP

Brian Hufford, MS, LPC

(602) 236-6261

brian.hufford@srpnet.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 of Arizona & Alliance

azblue.com/srp

Cigna (out of Arizona network)

cigna.com

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

Member ID# is 00 followed by your five-digit employee number (format: 00 xxxxx).



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
[insideSRP](#).

OTHER

MDLIVE — Telemedicine

(877) 953-4955 | mdlive.com/srp

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 #: 681453

(800) 331-7234

Short- and Long-Term Disability
and FMLA

The Hartford Group Policy #: 681453

(866) 226-3250

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

PLANwell Financial Adviser

SRP.PLANwell@southwestwealth.com

(602) 931-4457

UNUM Long-Term Care

Policy #: 528286

(800) 227-4165 | unuminfo.com/srp

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

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.

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.

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**.

Medicare Notice of Creditable Coverage

If you or your eligible dependents are currently Medicare eligible or will become Medicare-eligible during the next 12 months, you need to be sure you understand whether the prescription drug coverage you elect under this plan is or is not creditable (as valuable as Medicare's prescription drug coverage). Review the Plan's Medicare Part D Notice of Creditable Coverage for more information.

Newborns' and Mothers' Health Protection Act of 1996

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

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

Additional Health Plan Notices

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

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

Disclaimer

The descriptions of benefits in this guide are provided for informational purposes only and do not state all plan provisions, restrictions, limitations, conditions or provisions required by law. It is the intent of these plans to fully comply with all federal and state statutes. In all cases, master plan documents and insurance contracts determine all rights, benefits and restrictions of the plans described herein.



Notes

Notes

Money- and Time-Saving Resources

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For more information on all topics, go to **insideSRP** 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.

MDLIVE

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

LIVEwell

SRP employees can achieve and maintain a healthy lifestyle while reducing healthcare premiums through the LIVEwell wellness program. Visit the LIVEwell page in this guide or on [insideSRP](#) for details.

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

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

Active: 2647200 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