



Delivering water and power®

2026

BOARD AND COUNCIL BENEFITS GUIDE

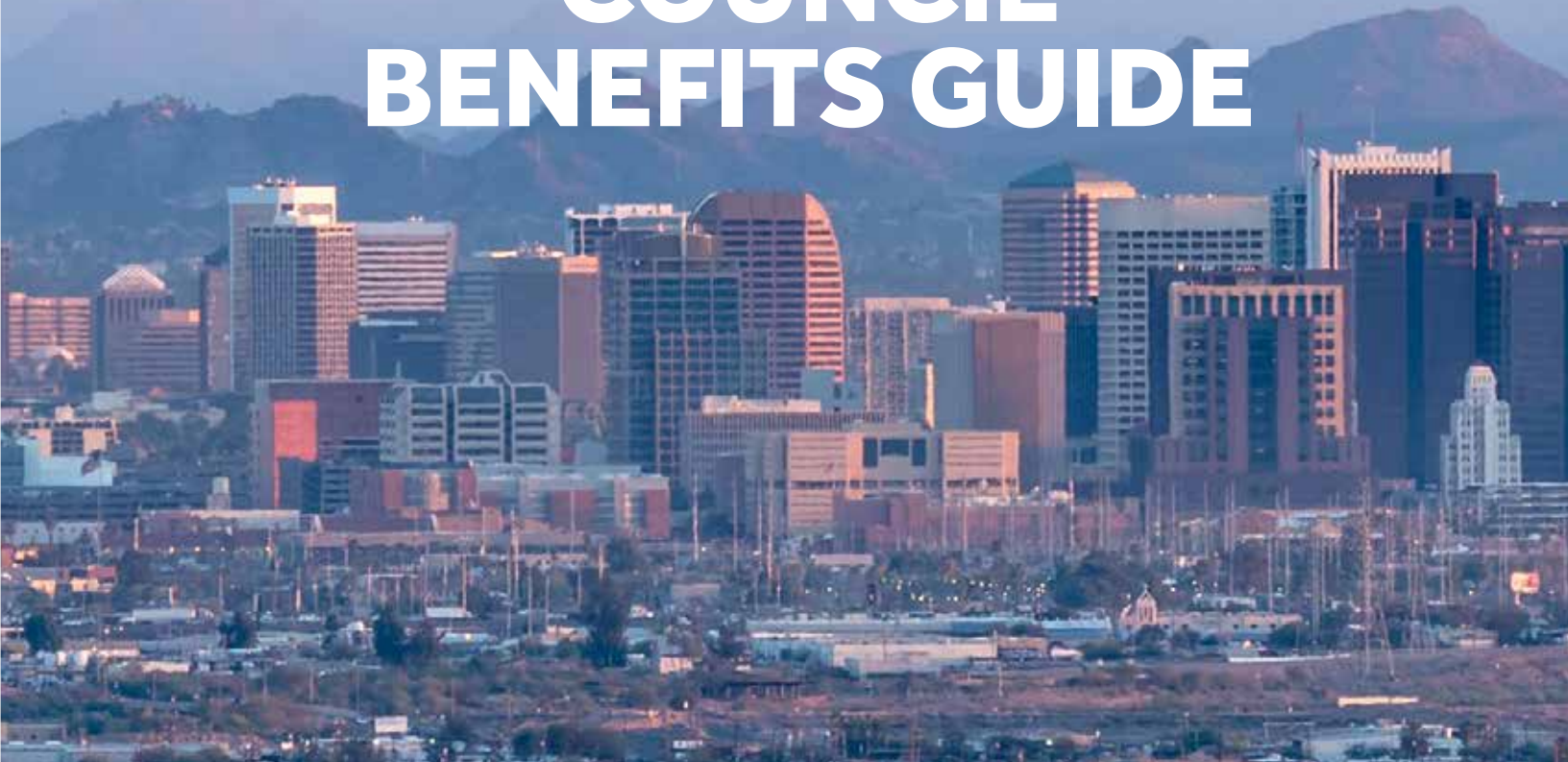


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Visit srpnet.com/healthplans

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.



What's New Starting Jan. 1, 2026

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

1. New ID Cards:

SRP's medical claims administrator, Personify Health, will be sending out new Health Insurance ID card(s) to your home mailing address in December.

2. 2026 Benefit Enhancements:

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

3. Premiums Are Changing:

Due to rising healthcare costs, there will be increases to medical and vision premiums. See page 16 for details.

4. CCP, EPO, PPO Plan Changes:

All plans have changes for 2026. See page 10 for details.



Getting Started

When Can I Enroll or Make Changes?

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

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

See Midyear Changes or visit srpnet.com/healthplans for more details.

Open Enrollment

BEGINS: Nov. 3, 2025

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

Your current elections roll over to 2026 unless you make changes.

Need to alter coverage or change your plan participation?

Go to srpnet.com/healthplans during the Open Enrollment period 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 cellphone number you provided during your initial setup.

If no changes are made, your current elections will roll over during Open Enrollment.

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.

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.





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

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

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.



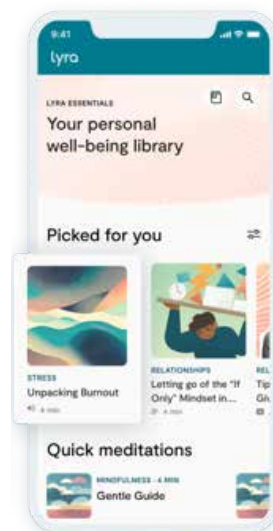
You and your dependents each have access to 12 confidential mental health coaching or therapy sessions per year — all at no cost to you. If you or your dependents use up your free sessions, you can continue seeing your Lyra provider if enrolled in one of SRP's health plans through Personify Health with 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
- Meditations
- Soundscapes
- Breathing exercise

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



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



Stress, Anxiety or Depression



Aging Parents



Substance Abuse



Financial Issues

Medical Plan Options

CCP

Consumer Choice Plan

- Has the lowest premium and highest deductible.
- In-network preventive services are covered at 100%.
- If you elect coverage for spouse, child or family, the plan starts to pay once the family deductible has been met.
- Alliance/BCBSAZ providers are in-network and expenses count toward the deductible and out-of-pocket maximums. However, in-network expenses do not apply to your out-of-network deductible or out-of-pocket maximum.
- Out-of-network expenses have a separate deductible and out-of-pocket maximum from in-network. Out-of-network amounts do not count toward your in-network deductible or out-of-pocket maximum.
- Preventive medications do not have a deductible — only copay or coinsurance. Visit srpnet.com/healthplans for a list of preventive medications. For non-preventive medications, 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.
- Once the annual out-of-pocket maximum is met, covered services are paid at 100%.

PPO

Preferred Provider Organization

- Has the highest premium.
- SRP's Alliance network users experience copays instead of coinsurance for most services.
- In-network preventive services are covered at 100%.
- The plan starts to pay once a member meets their individual deductible.
- Alliance and BCBSAZ providers are in-network and their expenses apply to the deductibles/out-of-pocket maximums. However, these in-network amounts do not apply toward your out-of-network deductible/out-of-pocket maximum.
- Out-of-network providers have a separate deductible and out-of-pocket maximum. Out-of-network charges do not count toward your in-network deductible/out-of-pocket maximum.
- Once the annual out-of-pocket maximum is met, covered services are paid at 100%.

EPO

Exclusive Provider Organization

- Coverage only for Alliance and BCBSAZ network providers in Arizona.
- There is no coverage for out-of-network providers, except for a medical emergency.
- In-network preventive services are covered at 100%.
- SRP's Alliance network users experience lower copays and no deductible.



Provider Network FAQ

1. Which doctors can I visit?

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

For PPO and 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 while outside of Arizona?

With the PPO and 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 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.

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**.



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 ▼							
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 who reside outside of Arizona.

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

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.							
Hearing Aid	Reimbursed up to 80% of reasonable and customary charges after 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		PPO		EPO			
	BCBSAZ	Out-of-Network	BCBSAZ	Out-of-Network	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		

*BCBSAZ is the network for those who reside in Arizona. CIGNA is the network for those who 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 in your overall health and can help identify early signs of diseases (diabetes, leukemia, etc.) before you even notice symptoms.

Oral health and eye health are not separate from overall health — be sure to use these benefits annually, as a part of your overall care.

VISION SERVICE PLAN (VSP)	Frequency	Your Coverage
WellVision Exam	Once every calendar year	- Focuses on your eye health and overall wellness \$10 copay
Eyeglass Lenses	Once every calendar year	- Single vision, lined bifocal lenses, lined trifocal lenses - Polycarbonate, progressive lenses and tints \$0 copay
Frames	Once every calendar year	\$225 allowance for frame of your choice \$245 allowance for certain featured frame brands 20% off of the amount over your allowance \$125 Walmart/ Costco frame allowance
OR		
Contact Lenses	Once every calendar year	\$225 allowance for contacts and the contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)
AND		
Laser Vision Correction (SRP health plan members/ dependents over 18)	VSP's Laser VisionCare 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

Express Scripts is our Pharmacy Benefits Manager (PBM). When filling a prescription, you will use their network. Some preventive medications are covered with no deductible as required by federal guidelines; however, copays or coinsurance may apply. Visit srpnet.com/healthplans or 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/BCBSAZ 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

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

Please note that if Walgreens is not available for a 90-day fill at retail, go to express-scripts.com/saltriverproject to view additional in-network pharmacies.

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



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.
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.

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 not only cost less, but they 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. 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 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.

For more details, go to express-scripts.com/saltriverproject to view your prescription information and check to see if your medication is on the formulary medication list.



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.

Premiums

MEMBER STATUS	MEDICAL PLANS						DENTAL		VISION	
	CCP		PPO		EPO		DELTA DENTAL		VSP	
	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost	Your Cost	SRP Cost
Active Member (Monthly)										
Member Only	\$64.80	\$471.89	\$208.35	\$709.68	\$161.62	\$680.64	\$3.94	\$43.43	\$2.35	\$10.38
Member + Spouse	\$245.85	\$988.54	\$572.89	\$1,538.58	\$517.86	\$1,419.34	\$27.05	\$67.62	\$9.24	\$16.22
Member + Children	\$182.15	\$891.23	\$440.86	\$1,395.20	\$401.63	\$1,282.89	\$33.81	\$88.95	\$9.24	\$18.34
Member + Spouse + Children	\$306.61	\$1,464.47	\$730.80	\$2,298.70	\$668.82	\$2,110.64	\$45.99	\$118.38	\$13.79	\$26.52
COBRA – NO MEDICARE YOUNGER THAN 65 (MONTHLY)										
Member Only	\$547.42	\$0.00	\$936.39	\$0.00	\$859.11	\$0.00	\$48.32	\$0.00	\$12.98	\$0.00
Member + Spouse	\$1,259.08	\$0.00	\$2,153.70	\$0.00	\$1,975.94	\$0.00	\$96.56	\$0.00	\$25.97	\$0.00
Member + Children	\$1,094.85	\$0.00	\$1,872.78	\$0.00	\$1,718.21	\$0.00	\$125.22	\$0.00	\$28.13	\$0.00
Member + Spouse + Children	\$1,806.50	\$0.00	\$3,090.09	\$0.00	\$2,835.05	\$0.00	\$167.66	\$0.00	\$41.12	\$0.00
COBRA – WITH 1 MEDICARE (MONTHLY)										
Member Only	\$216.21	\$0.00	\$534.00	\$0.00	U \$469.01	\$0.00	\$48.32	\$0.00	\$12.98	\$0.00
Member + Spouse	\$927.86	\$0.00	\$1,751.31	\$0.00	U \$1,585.85	\$0.00	\$96.56	\$0.00	\$25.97	\$0.00
Member + Children	\$763.63	\$0.00	\$1,470.39	\$0.00	U \$1,328.11	\$0.00	\$125.22	\$0.00	\$28.13	\$0.00
Member + Spouse + Children	\$1,475.29	\$0.00	\$2,687.70	\$0.00	U \$2,444.95	\$0.00	\$167.66	\$0.00	\$41.12	\$0.00
COBRA – WITH 2 MEDICARE (MONTHLY)										
Member + Spouse	\$432.42	\$0.00	\$1,068.00	\$0.00	U \$938.01	\$0.00	\$96.56	\$0.00	\$25.97	\$0.00
Member + Spouse + Children	\$979.84	\$0.00	\$2,004.39	\$0.00	U \$1,797.12	\$0.00	\$167.66	\$0.00	\$41.12	\$0.00

U = UHC PPO

Midyear Changes

Midyear Changes to Your Plan Elections

Changes to your medical, dental and vision plan elections cannot be made outside of the Open Enrollment period unless you experience a qualifying change in status (life event) or special enrollment event. To request special enrollment or obtain more information about life events, visit srpnet.com/healthplans, or contact Benefits Services at hrbenexp@srpnet.com or **(602) 236-3615**.

What Constitutes a Life Event?

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Qualified Medical Child Support Order (QMCSO)
- Change in spouse/dependent employment status
- Spouse/dependent loses other coverage due to changes in cost of coverage or curtailment of coverage
- Changes consistent with Family and Medical Leave Act (FMLA)
- Death of a spouse/dependent

All requests for changes must be submitted within 31 days of the event (or the next business day if the **31st day** falls on a weekend/holiday). If approved, changes generally become effective on the first day of the next pay period, or the first of the following month, depending on the type of change. Newborn and adopted children are covered from the date of birth, adoption or placement for adoption. For divorce/legal separation, you must remove your ex-spouse from all SRP benefit plans even if you are not making any other changes.

Example: Month 1						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	EVENT 7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



Example: Month 2						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	LAST DAY 6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Resources

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



Let the experts help you — start with your Personify Health Care Advocates who can navigate your benefits and care.

MEDICAL PLANS

Personify Health
Group #: S2612
(877) 841-4SRP (4777)
[HCHHealthBenefits.com](https://www.hchealthbenefits.com)
Member ID# is 2612 followed by
your five-digit member number
(format: 2612xxxxx).

MENTAL AND EMOTIONAL HEALTH / EAP

Lyra Health
(877) 251-7602
[LyraHealth.com/SRP](https://www.LyraHealth.com/SRP)

PHARMACY PLANS

Express Scripts
(866) 229-5806
[express-scripts.com](https://www.express-scripts.com)
Accredo (specialty medications)
(800) 803-2523

FIND A NETWORK PROVIDER

Blue Cross Blue Shield of
Arizona & Alliance
[azblue.com/srp](https://www.azblue.com/srp)
Cigna (out of Arizona network)
[cigna.com](https://www.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](https://www.deltadentalaz.com)

VISION

Vision Service Plan
(800) 877-7195 | [vsp.com](https://www.vsp.com)
Member ID# is 0000 followed
by your five-digit member number
(format: 0000xxxxx).

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](https://www.srpnet.com/healthplans).

OTHER

MDLIVE — Telemedicine
(877) 953-4955 | [mdlive.com/srp](https://www.mdlive.com/srp)

UNUM Long-Term Care
Policy #: 528286
(800) 227-4165 | [unuminfo.com/srp](https://www.unuminfo.com/srp)

Alight/COBRA and Direct Billing
(866) 318-2570
[srpnet.com/healthplans](https://www.srpnet.com/healthplans)

Your Benefits Information

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

Personify Health Care Advocates

Healthcomp is now Personify Health. SRP helps our members and their families by providing experienced 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. Advocates can:

- Help you find doctors, providers, registered dietitians and health coaches.
- Assist with appointment scheduling, claims and billing questions.
- Coordinate care for aging parents.
- 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, and biofeedback / neurofeedback.
- 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**.



Important Plan Information and Notices

COBRA Coverage

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

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

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

How Do You Elect COBRA?

After a qualifying event, you have 60 days to choose to participate in the COBRA plan. You will receive a notice from our COBRA administrator after a qualifying event.

If you miss this window, the ability to enroll expires.

Qualified beneficiaries who elect COBRA must pay for it at their own expense. For questions, please contact our COBRA administrator, Alight, at **(866) 318-2570**.

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.

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, visit srpnet.com/healthplans or contact Benefits Services at hrbenexp@srpnet.com or **(602) 236-3600**.

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.

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 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.

MDLIVE

24/7 access to a doctor by video, phone or email. Visit mdlive.com/srp, call **(877) 953-4955** 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.

Handle With Care

If you are expecting a new baby, let MedCom's free Handle With Care program answer your questions and help you have a healthy pregnancy. Call **(800) 643-4416, option 1, ext. 1590**.

MedCom Care Management

Get help coordinating care for your chronic/complex health conditions. Personify's MedCom nurses are there to help you manage your care. Get free one-on-one support 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**.

Board/Council: 2647201 BC 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