

**Stipulation of Agreement  
October 27, 2020**

In accordance with Paragraph 57 of the Memorandum of Agreement between Florida Power & Light Company and The System Council U-4, IBEW, the above parties met and negotiated the following changes to the healthcare plan effective January 1, 2021.

This chart reflects what an employee pays for covered healthcare services	Healthcare Plan Design 2021		
	Health Prime		Out of Area (In-network only)
	In	Out <sup>1</sup>	In
<b>Medical</b>			
<b>DEDUCTIBLE - What you pay before the plan pays. Applies to the out-of-pocket maximum</b>			
Deductible - Individual	\$750	\$2,250	\$750
Deductible - Family	\$2,250	\$6,750	\$2,250
<b>COPAY (\$) - Amount you pay for the service. Copays are not subject to the plan deductible but do apply to the out-of-pocket maximum</b>			
<b>COINSURANCE (%) - Portion you pay after you meet the medical plan deductible. Applies to the out-of-pocket maximum</b>			
Office Visits (PCP/Specialist)	20%	55%	20%
Lab, X-ray	No additional copay if done at doctor's office	55%	No additional copay if done at doctor's office
Preventive Care	100% Covered	55% <sup>2</sup>	100% Covered
Telemedicine	\$5	N/A	\$5
Urgent Care Treatment	\$75	\$75	\$75
ER Treatment	\$500	\$500	\$500
Therapy (physical, speech, occupational and cardiac, max 100 combined visits)	20%	55%	20%
Chiropractic (max 25 visits)	20%	55%	20%
In-patient Hospital Semi private (including maternity)	Provider certifies - 20%	Employee certifies -55%	Provider certifies - 20%
Outpatient Surgery	20%	55%	20%
Mental Health Inpatient (including substance abuse) - must pre-authorize	20%	55%	20%
Mental Health Outpatient (including substance abuse) - must pre-authorize	20%	55%	20%
<b>Prescription Drug (Rx) - Across all Plans<sup>3</sup></b>			
<b>Note:</b> Costs for prescription drugs are not subject to the medical plan deductible, however, Tiers 2, 3 and 4 drugs are subject to an annual deductible per covered individual that must be met before the copay/coinsurance applies	<b>Retail - participating pharmacy (30 day supply) / Mail - home delivery or from CVS pharmacy (90 day supply)</b>		
Tier 1 Generic	\$15 / \$30 copay		
Tier 2 Preferred (brand name with no generic equivalent)	After \$100 Rx deductible, then \$50 / \$100 copay <sup>4</sup>		
Tier 3 Non-preferred (brand name with either a generic equivalent or preferred brand alternative available)	After \$100 Rx deductible, 35% (\$150 / \$300 per script max) <sup>4</sup>		
Tier 4 Specialty	After \$250 deductible, 30% (\$250 / \$500-per script max) <sup>5</sup>		
<b>OUT-OF-POCKET (OOP) MAXIMUMS - The most you pay out-of-pocket in a calendar year. Amount reflects a combined OOP maximum for medical and prescription drugs</b>			
Med / Rx Combined OOP Max - Individual	\$6,900	\$21,450	\$6,900
Med / Rx Combined OOP Max - Family	\$13,800	\$42,900	\$13,800


<sup>1</sup>Benefits paid for out of network care are based on allowable charges. Allowable charges reflect a percentage of a fee schedule developed using a Medicare-based methodology. Health Prime uses 110% of the Medicare-based Maximum Reimbursable Charge. If there is an out-of-network ancillary provider associated with your in-network approved facility, charges will be covered as in-network. However, if an out of network provider is selected by you, the provider's claims will remain out of network regardless of facility contract status.

<sup>2</sup>Preventive services of out-of-network providers covers up to age 17 for well child visits, adults covered at level above with no deductible

<sup>3</sup>Out of Network employee cost share for prescription drug is 35%

<sup>4</sup>Tier 2 and Tier 3 have a combined deductible of \$100 per covered individual

<sup>5</sup>Tier 4 deductible is not combined with Tier 2 and 3 combined Rx deductible

 10-27-2020  
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 10-27-2020  
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