

Stipulation of Agreement

August 23, 2024

In accordance with Paragraph 57 of the Memorandum of Agreement between Florida Power & Light Company and System Council U-4, IBEW, the parties met and negotiated the following changes to the Healthcare Plan Design effective January 1, 2025

This chart reflects what an employee pays for covered healthcare services	Healthcare Plan Design 2025		
	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	\$850	\$2,550	\$850
Deductible - Family	\$2,550	\$7,650	\$2,550
<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 / 25%	55%	\$20 / 25%
Labwork (preventive and non-preventive)	100% covered regardless of the place of service	55%	100% covered regardless of the place of service
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
Rehabilitative Therapy (physical, speech, occupational and cardiac - max 100 combined visits)	25%	55%	25%
Habilitative Therapy	25%	55%	25%
Chiropractic (max 25 visits)	25%	55%	25%
In-patient Hospital Semi private (including maternity)	Provider certifies - 25%	Employee certifies - 55%	Provider certifies - 25%
Outpatient Surgery	25%	55%	25%
Mental Health Inpatient (including substance abuse) - must pre-authorize	25%	55%	25%
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.	Retail - participating pharmacy (30 day supply) / Mail - home delivery or from CVS pharmacy (90 day supply)		
Tier 1 Generic	\$20 / \$40 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>		
Tier 5 Exclusive Specialty (Prudent Rx eligible specialty only)	FREE, no deductible - applies when member is enrolled (automatic) in the Prudent Rx program / After \$250 deductible, 30% (no max) - applies when member is not enrolled (chooses to opt out) of the Prudent Rx program		
<b>OUT-OF-POCKET (OOP) MAXIMUM - 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	\$8,000	\$24,000	\$8,000
Med / Rx Combined OOP Max - Family	\$16,000	\$48,000	\$16,000

<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 cover 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



8-23-24

Jack Wilson  
Business Manager  
System Council U-4, IBEW

Date



8-23-2024

For Kelly Tveter  
Sr. Director, Labor Relations  
Florida Power & Light Company

Date