## Stipulation of Agreement October 12, 2021

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, 2022

This chart reflects what an employee pays for covered	Healthcare Plan Design 2022		
healthcare services	Health Prime		Out-of-Area (In-network only)
	In	Out <sup>1</sup>	In
	Medical		
DEDUCTIBLE - What you pay before the plan pays. Ap			
Deductible - Individual	\$850	\$2,550	\$850
Deductible - Family	\$2,550	\$7,650	\$2,550
COPAY(\$) - Amount you pay for the service Copays a	re not subject to the plan deductib	le but do apply to the out-of-poci	ket maximum.
COINSURANCE (%) - Portion you pay after you meet t Office Visits (PCP/Specialist)	ne medicai pian deductible. Appile	es to the out-of-pocket maximum 55%	20%
Lab. X-ray	No additional copay if done at	55%	No additional copay if done at
Lau, A-lay	doctor's office	55%	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)	20%	55%	20%
Habilitative Therapy	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%
	Prescription Drug (Rx) - Acros	s all Plans <sup>3</sup>	
Note: 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	\$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>		
OUT-OF-POCKET (OOP) MAXIMUM - The most you pay drugs			
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>&</sup>lt;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.

New Medical Surcharge - If you elect medical coverage for yourself and/or your spouse and are not fully vaccinated for COVID-19, an annual surcharge of \$700 (paid bi-weekly) per unvaccinated individual will apply.

Jack Wilson

Date

Business Manager

System Council U-4, IBEW

Kelly Tveter

Date

The ter 10-12-21

Director, Labor Relations

Florida Power & Light Company

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

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