## Stipulation of Agreement August 31, 2023

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, 2024

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This chart reflects what an employee pays for covered healthcare services	Healthcare Plan Design 2024		
	Health Prime		Out-of-Area (In-network only)
	In	Out <sup>1</sup>	In
	Medical		
DEDUCTIBLE - What you pay before the plan pays. Ap	plies to the out-of-pocket maximul	m.	
Deductible - Individual	\$800	\$2,550	\$800
Deductible - Family	\$2,400	\$7,650	\$2,400
COPAY(\$) - Amount you pay for the service. Copays ar	e not subject to the plan deductib	le but do apply to the out-of-po	cket maximum.
COINSURANCE (%) - Portion you pay after you meet the	e medical plan deductible. Applie	es to the out-of-pocket maximu	m.
Office Visits (PCP/Specialist)	\$20 / \$40	55%	\$20 / \$40
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%²	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 / \$20	55%	\$20 / \$20
	Prescription Drug (Rx) - Ac	ross 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	\$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 the 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		
OUT-OF-POCKET (OOP) MAXIMUM - The most you pay or	ut-of-pocket in a calendar year. Ame	ount reflects a combined OOP ma	aximum for medical and prescription drugs.
Med / Rx Combined OOP Max - Individual	\$7,500	\$24,000	\$7,500
Med / Rx Combined OOP Max - Family	\$15,000	\$48,000	\$15,000
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<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.

Jack Wilson

Business Manager

System Council U-4, IBEW

Kelly Tveter

Date

Sr. Director, Labor Relations

Florida Power & Light Company

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>&</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>&</sup>lt;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