

**CC1 to UC1 to Exhibit 1 to M-57
12/14/16**

IBEW SCU-8 PPO “Not to Exceed” Schedule

Any design changes applicable to non-bargaining unit employees under the Duke Energy Active Medical Plan PPO Option may be made to the coverage of bargaining unit employees represented by the IBEW SCU-8 (“Bargaining Unit Employees”) under the Duke Energy Active Medical Plan PPO2 Option, subject to the Not to Exceed Caps below; and any design changes applicable to non-bargaining unit employees under the Duke Energy Active Medical Plan Out-of-Area Option (for purposes of clarity, this reference does not include the HSP Out-of-Area Option) also will apply to Bargaining Unit Employees who participate in the option, subject to the Not to Exceed Caps below.

Plan Highlights	2016-2017 PPO Option Out-of-Area** Option		Not to Exceed Caps* PPO Option Out-of-Area** Option	
	<i>In-Network</i>	<i>Out -of- Network</i>	<i>In-Network</i>	<i>Out -of-Network</i>
Co-insurance (plan pays)	90%	70%	80%	60%
Individual/Family Deductible	\$600/\$1,200	\$1,200/\$2,400	\$750/\$1500	\$2500/\$5000
Individual/Family OOP Max (includes deductible)	\$2,000/\$4,000	\$4,000/\$8,000	\$2500/\$5000	\$5000/\$10,000
Preventive Care	\$0	Deductible/ Co-insurance	\$0	Deductible/ Co-insurance
Office Visit (Primary)	\$25	Deductible/ Co-insurance	\$35 or subject to Deductible/Co- insurance	Deductible/ Co-insurance
Office Visit (Specialist)	\$35	Deductible/ Co-insurance	\$45 or subject to Deductible/co- insurance	Deductible/ Co-insurance
Inpatient Admission (Precertification required)	Deductible/ Co-insurance	Deductible/ Co-insurance	Deductible/ Co-insurance	Deductible/ Co-insurance
Emergency Room	\$150	\$150	\$250 or subject to Deductible/Co- insurance	\$250 or subject to Deductible/Co- insurance
Urgent Care	\$50	\$50	\$60 or subject to Deductible/Co- insurance	\$60 or subject to Deductible/Co- insurance
PRESCRIPTION DRUG COVERAGE				
Individual/Family Prescription OOP Max	\$2,000/\$4,000		\$2500/\$5000	
Preventive Medications (you pay)	Same as 30-day & 90-day pricing shown below		Same as 30-day & 90-day pricing shown below	

<p>30-day supply (you pay):</p> <ul style="list-style-type: none"> • Generic • Preferred Brand • Non-preferred Brand 	<ul style="list-style-type: none"> • Lower of \$10 or cost of medication • 25% up to \$50 • 50% up to \$100 	<p>Full cost at point of sale</p>	<ul style="list-style-type: none"> • Lower of \$15 or cost of medication • 25% up to \$65 • 50% up to \$200 	<p>Full cost at point of sale</p>
<p>90-day supply (you pay):</p> <ul style="list-style-type: none"> • Generic • Preferred Brand • Non-preferred Brand 	<ul style="list-style-type: none"> • Lower of \$25 or cost of medication • 25% up to \$125 • 50% up to \$250 	<p>N/A</p>	<ul style="list-style-type: none"> • Lower of \$30 or cost of medication • 25% up to \$150 • 50% up to \$400 	<p>N/A</p>

OOP = Out-of-Pocket

*Not to exceed caps for the years 2018-2020

**The Out-of-Area Option plan design is the In-Network benefit of the PPO Option, regardless of whether or not a provider participates in the network.