IBEW SCU-8 PPO Not to Exceed Schedule

(Any design changes applicable to pre-65 enterprise retirees under the Duke Energy Retiree Medical Plan Standard PPO Option and Standard Out-of-Area Option also will apply to bargaining unit employees represented by the IBEW SCU-8 who retire during the term of the MOA and participate in the applicable option, but will be subject to the following Not to Exceed Caps)

Plan Highlights	2016-2017 Standard PPO Option Standard Out-of-Area** Option		Not to Exceed Caps * Standard PPO Option Standard Out-of-Area** Option		
	In-Network	Out -of-Network	In-Network	Out -of-Network	
Co-insurance (plan pays)	80%	60%	80%	60%	
Individual/Family Deductible	\$800/\$2,400	\$1,000/\$3,000	\$1,000/\$2,000	\$2500/\$5000	
Individual/Family OOP Max (includes deductible)	\$3,300/\$7,400	\$6,000/\$10,000	\$4,000/\$8,000	\$8000/\$14000	
Preventive Care	\$0	Deductible/ Co-insurance	\$0	Deductible/ Co-insurance	
Office Visit (Primary)	\$40	Deductible/ Co-insurance	\$40 or subject to Deductible/Co- insurance	Deductible/ Co-insurance	
Office Visit (Specialist)	\$50	Deductible/ Co-insurance	\$50 or subject to Deductible/co- insurance	Deductible/ Co-insurance	
Inpatient Admission	Deductible/	Deductible/	Deductible/	Deductible/	
(Precertification required)	Co-insurance	Co-insurance	Co-insurance	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	
30-day supply (you pay):GenericPreferred BrandNon-preferred Brand	 Lower of \$10 or cost of medication 25% up to \$50 50% up to \$100 	Full cost at point of sale	 Lower of \$15 or cost of medication 25% up to \$65 50% up to \$200 	Full cost at point of sale	
90-day supply (you pay):GenericPreferred BrandNon-preferred Brand	 Lower of \$25 or cost of medication 25% up to \$125 	N/A	 Lower of \$30 or cost of medication 25% up to 	N/A	

• 50% up to \$250	\$150 • 50% up \$400	to
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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 Standard PPO Option, regardless of whether or not a provider participates in the network