

SOUTHERN COMPANY POST-65 RETIREE

Effective Dates: January 1, 2024 – December 31, 2024

Attachment A to Summary Plan Description

The Plan's services and benefits, with their Coinsurance and some of the limitations, are listed below. Please remember that this is only a brief listing. For further information, please see the Summary Plan Description.

Please keep this Attachment A for your records.

BENEFITS	COVERAGE
PRIMARY CARE SERVICES: <ul style="list-style-type: none"> • Surgical and Medical Physician Services • Hearing Exams • Illness and Injury • X-Rays and Laboratory Procedures 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
SPECIALTY CARE: <ul style="list-style-type: none"> • Surgical and Medical Physician Services • X-Ray and Laboratory Procedures • OB/GYN Services 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
VISION CARE: (Routine vision exams not covered) <ul style="list-style-type: none"> • Eye care office visits 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
DIAGNOSTIC SERVICES:	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
INPATIENT HOSPITAL SERVICES: (Limited to 365 days of inpatient hospital services in benefits or 730 days if requirements met.)	Pays Part A deductible and applicable coinsurance.
OUTPATIENT SERVICES: <ul style="list-style-type: none"> • Outpatient Laboratory • Outpatient Surgery & Other Services 	Medicare pays 100% of lab services. Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
EMERGENCY ROOM SERVICES:	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
EMERGENCY AMBULANCE SERVICES:	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
DURABLE MEDICAL EQUIPMENT & PROSTHETIC DEVICES:	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
SKILLED NURSING FACILITY SERVICES: (100 days per lifetime)	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
DIABETIC SUPPLIES: Insulin covered under your prescription drug plan.	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
REHABILITATION SERVICES: <ul style="list-style-type: none"> • Physical, Speech, and Occupational Therapy 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
HOME HEALTH CARE SERVICES:	Medicare pays 100% of approved services.
CHIROPRACTIC SERVICES: <ul style="list-style-type: none"> • Treatment for manual manipulation of subluxations only 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
SLEEP DISORDERS: <ul style="list-style-type: none"> • Sleep Study 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
TRANSPLANT SERVICES: <ul style="list-style-type: none"> • Physician Services • Hospitalization 	Pays the remaining 20% of Medicare approved amount after Part B deductible is met. Pays Part A deductible and applicable coinsurance
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES: <ul style="list-style-type: none"> • Inpatient Treatment • Outpatient Treatment 	Pays Part A deductible and applicable coinsurance Pays the remaining 20% of Medicare approved amount after Part B deductible is met.

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<p>COVERED PRESCRIPTION DRUGS:</p>	<p>Benefits provided by Caremark. Contact Caremark at (800) 843-5670 for coverage information. This includes prescriptions for biological drugs, biotechnical drugs and specialty pharmaceuticals.</p>
<p>EMPLOYEE ASSISTANCE PROGRAM (EAP):</p> <ul style="list-style-type: none"> • 24/7 access to counseling services 	<p>Benefits provided by Credence BlueCross BlueShield. Contact Credence BlueCross BlueShield at 1-877-312-5927 for coverage information.</p>
<p>ANNUAL OUT-OF-POCKET MAXIMUM:</p>	<p>\$1,500 per individual up to three per family. Covered expenses will be paid at 100% for these services thereafter for the remainder of the Calendar Year.</p>

VIVA HEALTH Customer Service: (205) 558-7633 or 1-877-320-7504

Visit our Website at www.vivahealth.com/apco

Eligibility: If you live in Alabama, have reached age 65, and are a retiree of one of the following Employing Companies, you may enroll in this VIVA HEALTH Benefit Option:

Alabama Power Company;

Southern Company Services, Inc. – Alabama;

Southern Communications Services, Inc. – Alabama (doing business as Southern LINC); or

Southern Power Company.

Nondiscrimination Notice: VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Services: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-294-7780 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-294-7780 (TTY : 711)。