

SOUTHERN COMPANY ACTIVE EMPLOYEES

Effective Dates: January 1, 2023 – December 31, 2023

Attachment A to Summary Plan Description

The Plan's services and benefits, with their Copayments 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:	
Preventive Care & Other Office Visits	
<ul style="list-style-type: none"> • Routine Physicals • Covered Immunizations • Hearing Exams • X-Ray and Laboratory Procedures • Surgical and Medical Physician Services 	\$0 Copayment per visit; 100% Coverage
SPECIALTY CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> • Surgical and Medical Physician Services • X-Ray and Laboratory Procedures • OB/GYN Services <ul style="list-style-type: none"> ○ One OB/GYN preventive visit per Calendar Year ○ Other OB/GYN office visits 	\$25 Copayment per visit 100% Coverage \$0 Copayment per visit \$25 Copayment per visit
TELEMEDICINE:	
	\$15 Copayment per consultation
VISION CARE: (No PCP Referral Required)	
<ul style="list-style-type: none"> • One routine vision exam per Calendar Year • Other eye care office visits 	\$0 Copayment per visit \$25 Copayment per visit
ALLERGY SERVICES: (No PCP Referral Required)	
<ul style="list-style-type: none"> • Physician Services • Testing and Treatment 	\$25 Copayment per visit 80% Coverage
DIAGNOSTIC SERVICES: (Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)	
	\$0 Copayment per service
OUTPATIENT SERVICES: Including but not limited to:	
<ul style="list-style-type: none"> • Surgery, Observation, Heart Catheterization, and other invasive procedures. 	\$50 Copayment per service
OTHER OUTPATIENT SERVICES: Including but not limited to:	
<ul style="list-style-type: none"> • Diagnostic lab and x-ray, IV therapy, radiation therapy, chemotherapy and hemodialysis 	\$0 Copayment
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> • Physician Services • Semi-Private Room 	100% Coverage \$350 Copayment per admission
MATERNITY SERVICES:	
<ul style="list-style-type: none"> • Physician Services (Prenatal, delivery, and postnatal care) • Maternity Hospitalization 	\$25 Copayment on first visit to OB/GYN per delivery; 100% coverage after copayment \$350 Copayment per admission
EMERGENCY ROOM SERVICES: (Copay waived if admitted through ER)	
	\$50 Copayment per visit
EMERGENCY AMBULANCE SERVICES: (Must be Medically Necessary)	
	80% Coverage
DURABLE MEDICAL EQUIPMENT, PROSTHETIC DEVICES, & OSTOMY SUPPLIES:	
	80% Coverage
SKILLED NURSING FACILITY SERVICES: (Limited to 120 days per member each Calendar Year)	
	80% Coverage
DIABETIC SUPPLIES: (For Diabetic Supplies call VIVA HEALTH. Insulin covered under your prescription benefits; call Caremark)	
	\$0 Copayment for 30 day supply
REHABILITATION SERVICES: (Requires Prior Authorization from VIVA HEALTH)	
Physical, Speech, and Occupational Therapy	80% Coverage
HOME HEALTH CARE SERVICES: (Limited to 100 visits per member per Calendar Year)	
	80% Coverage
CHIROPRACTIC SERVICES: (No PCP Referral Required) (Limited to 25 visits per member per Calendar Year)	
	80% Coverage

BENEFITS	COVERAGE
<p>SLEEP DISORDERS¹:</p> <p>¹For an annual fee of \$250, Southern Company Members have access to sleep studies through Nox Health’s SleepCharge program. This program includes, but is not limited to, Home Sleep Apnea Testing (HSAT) or Mobile Type II sleep testing, teleclinic and physician services, consultation and oversight management, physician interpretation and medical diagnosis, and treatment supplies. For coverage information, please contact Nox Health at 1-877-615-7257.</p>	<p>\$50 Copayment</p>
<p>TRANSPLANT SERVICES:</p>	<p>\$350 Copayment per admission</p>
<p>MENTAL HEALTH & SUBSTANCE ABUSE SERVICES:</p>	<p>Benefits provided by Credence BlueCross BlueShield. Contact Credence BlueCross BlueShield at 1-800-232-3973 for coverage information.</p>
<p>PRESCRIPTION DRUGS:</p>	<p>Prescription benefits provided by Caremark. Contact Caremark at 1-800-843-5670 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>INFERTILITY TREATMENT SERVICES:</p>	<p>Benefits provided by Progyny. Contact Progyny at 1-844-930-3391 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

Pre-Existing Condition Policy: No pre-existing condition exclusions or waiting period.

Eligibility: If you are employed as benefits-eligible employee 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)。