

SOUTHERN COMPANY POST-65 RETIREE

Effective Dates: January 1, 2025 – December 31, 2025

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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EMPLOYEE ASSISTANCE PROGRAM (EAP): <ul style="list-style-type: none"> 24/7 access to counseling services 	Benefits provided by Credence BlueCross BlueShield . Contact Credence BlueCross BlueShield at 1-877-312-5927 for coverage information.
ANNUAL OUT-OF-POCKET MAXIMUM:	\$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.

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 (including sex characteristics, including interstitial intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). VIVA HEALTH does not exclude people or treat them differently because 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)。