VIVA HEALTH

SOUTHERN COMPANY ACTIVE EMPLOYEES

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

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
ANNUAL OUT-OF-POCKET MAXIMUM: The most a Member will pay per Calendar Year for qualified medical, mental and substance use disorder services, prescription drugs, and specialty drugs. The maximum includes deductibles, copayments, and coinsurance paid by the Member for qualified services but does not include premiums, ancillary charges, or out-of-network charges over the maximum payment allowance. See the Certificate of Coverage for details.	$1,600 per individual up to $4,800 per family. Covered expenses will be paid at 100% for these services thereafter for the remainder of the Calendar Year.
CALENDAR YEAR DEDUCTIBLE: Applies ONLY to those benefits with coinsurance coverage when the Member pays a set percentage of the cost. Does not apply to benefits with a copayment.	$100 per individual; $300 per family
PREVENTIVE CARE:	
• **Well Baby Care** (Children under age 3)	
• **Routine Physicals** (One per Calendar Year for ages 3+)	
• **Covered Immunizations**	
• **Preventive prenatal care**	100% Coverage
• **OB/GYN preventive visit** (One per Calendar Year)	
• **Nutritionist Preventive Visits** (Up to 3 per Calendar Year with a Registered Dietitian or Nutritionist)	
• **Other preventive items and services** (See Certificate of Coverage for details)	
OTHER PRIMARY CARE SERVICES:	
• **Medical Physician Services**	
• **Hearing Exams**	$10 Copayment per visit
• **Illness and Injury**	
• **X-Rays and Laboratory Procedures**	
SPECIALTY CARE: *(No PCP Referral Required)*	
• **Medical Physician Services**	$30 Copayment per visit
• **Illness and Injury**	$30 Copayment per visit
• **X-Ray and Laboratory Procedures**	100% Coverage
• **OB/GYN Services**	$30 Copayment per visit
URGENT CARE CENTER SERVICES:	
• **Medical Physician Services**	$75 Copayment per visit
• **Illness and Injury**	
TELEMEDICINE: *(Provided through MD Live)*	$15 Copayment per consultation
VISION CARE: *(No PCP Referral Required)*	
• **One routine vision exam per Calendar Year**	$0 Copayment per visit
• **Other eye care office visits**	$30 Copayment per visit
ALLERGY SERVICES: *(No PCP Referral Required)*	
• **Physician Services**	$30 Copayment per visit
• **Testing and Treatment**	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:*	
• **Surgery, Observation, Heart Catheterization, and other invasive procedures.**	$50 Copayment per service
OTHER OUTPATIENT SERVICES: *Including but not limited to:*	
• **Diagnostic lab and x-ray, IV therapy, radiation therapy, chemotherapy and hemodialysis**	$0 Copayment
HOSPITAL INPATIENT SERVICES:	
• **Physician and Facility Services**	$350 Copayment per admission
MATERNITY SERVICES:	
• **Physician Services** *(Prenatal, delivery, and postnatal care)*	$30 Copayment on first visit to OB/GYN per delivery; 100% coverage after copayment
• **Maternity Hospitalization**	$350 Copayment per admission
EMERGENCY ROOM SERVICES: *(Copay waived if admitted through ER)*	$200 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

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BENEFITS	COVERAGE
MEDICAL NUTRITION SERVICES: *(Limited to 6 visits per Calendar Year with a Registered Dietitian or Nutritionist)*	$30 Copayment per visit
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
TRANSPLANT SERVICES:	$350 Copayment per admission
CHIROPRACTIC SERVICES: *(No PCP Referral Required. Limited to 25 visits per member per Calendar Year.)*	80% Coverage
SLEEP DISORDERS[1]:	$50 Copayment

[1]For 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.

BENEFITS	COVERAGE
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES:	Benefits provided by **Credence BlueCross BlueShield.** Contact Credence BlueCross BlueShield at 1-800-232-3973 for coverage information.
PRESCRIPTION DRUGS:	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.
EMPLOYEE ASSISTANCE PROGRAM (EAP): • 24/7 access to counseling services	Benefits provided by **Credence BlueCross BlueShield** Contact Credence BlueCross BlueShield at 1-877-312-5927 for coverage information.
INFERTILITY TREATMENT SERVICES:	Benefits provided by **Progyny**. Contact Progyny at 1-844-930-3391 for coverage information.

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).