

Effective Dates: January 1, 2027 – December 31, 2027

Attachment A to Summary Plan Description

The Plan's services and benefits, with their Coinsurance and some of the limitations, are listed below. 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: • 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: • 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) • 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: • 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: • 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: • Treatment for manual manipulation of subluxations only	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
SLEEP DISORDERS: • Sleep Study	Pays the remaining 20% of Medicare approved amount after Part B deductible is met.
TRANSPLANT SERVICES: • Physician Services • Hospitalization	Pays the remaining 20% of Medicare approved amount after Part B deductible is met. Pays Part A deductible and applicable coinsurance



SOUTHERN COMPANY

POST-65 RETIREE



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BENEFITS	COVERAGE
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES: 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.
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.