

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_1 Provide the following expense account data:

- a. A schedule, in comparative form, showing the operating expense account balance for the base period and each of the three most recent calendar years for each account or subaccount included in Kentucky Power's annual report. Show the percentage of increase or decrease of each year over the prior year.
- b. A listing, with descriptions, of all activities, initiatives or programs undertaken or continued by Kentucky Power since its last general rate case for the purpose of minimizing costs or improving the efficiency of its operations or maintenance activities. Include all quantifiable realized and projected savings.

RESPONSE

- a. See KPCO_R_KPSC_1_1_Attachment1 for the requested information.
- b. See KPCO_R_KPSC_1_1_Attachment2 for the requested information.

Witness: Brian K. West

Witness: Heather M. Whitney

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DATA REQUEST

KPSC 1_2 Provide the capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule A1 and Schedule A2.

RESPONSE

The capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule A1 and Schedule A2 have been provided in KPCO_R_KPSC_1_2_Attachment1.

Witness: Franz D. Messner

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DATA REQUEST

KPSC 1_3 Provide the following:

- a. A list of all outstanding issues of long-term debt as of the end of the latest calendar year together with the related information as shown in Schedule B1.
- b. An analysis of short-term debt as shown in Schedule B2 as of the end of the latest calendar year.

RESPONSE

a.-b.) A list of all outstanding issues of long-term debt as of the end of the latest calendar year and analysis of short-term debt as shown in Schedule B1 and B2, respectively , are attached as KPCO_R_KPSC_1_3_Attachment1 and KPCO_R_KPSC_1_3_Attachment2.

Witness: Franz D. Messner

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DATA REQUEST

KPSC 1_4 Provide Kentucky Power's internal accounting manuals, directives, and policies and procedures.

RESPONSE

See Kentucky Power Application Section II, Volume 1, Exhibit R, Pages 83-94 for a description of the Company's Organization and Summary of Significant Accounting Policies included in Kentucky Power's most recent, externally published, Annual Report.

See KPCO_R_KPSC_1_4_ConfidentialAttachment1 for Kentucky Power's internal accounting policies and procedures. KPCO_R_KPSC_1_4_PublicAttachment1 has been redacted in its entirety.

Witness: Heather M. Whitney

KPCO_R_KPSC_1_4_PublicAttachment1 has been redacted in its entirety

DATA REQUEST

KPSC 1_5 Provide Kentucky Power's long-term construction planning program.

RESPONSE

Transmission Planning:

Planning and operation of the system is integrated through the coordinated efforts of the AEP's Grid Solutions and Energy Delivery sections of AEPSC, and PJM. AEP works closely with neighboring utilities, other interconnected entities, and PJM to plan and operate the transmission grid. RTOs align the transmission planning and operating requirements set out in each RTO's protocols and operating criteria, as further defined through North American Electric Reliability Corporation requirements.

The PJM RTEP process is a 24-month planning process that identifies reliability issues over a 15-year horizon. The 24-month planning process consists of overlapping 18-month planning cycles to identify and develop shorter lead-time transmission upgrades and one 24-month planning cycle to provide sufficient time for the identification and development of longer lead-time transmission upgrades that may be required to satisfy planning criteria.

Distribution Planning:

Kentucky Power Company's approach to long term construction planning is realized through an annual process that identifies where system improvements are necessary in order to maintain reliable electric service to our customers. The process ensures that system capacity and reliability improvements are reviewed regularly through a comprehensive analysis of comparing existing and anticipated customer loading as compared to existing system equipment capabilities and by also reviewing system historical reliability performance. This analysis and review leads to the identification of system improvement opportunities that are vetted out through various stakeholder groups and are proposed for funding consideration.

Generation Planning:

Within Kentucky Power's generation fleet, the Company identifies and prioritizes expenditures that are recognized through resource planning, environmental compliance planning, and capital and maintenance planning processes. Kentucky Power utilizes an Integrated Resource Planning (IRP) process to identify new resources required to meet projected customer needs over the next 15 years. The IRP is updated on a 3-year basis. Environmental planning considers project development and implementation based on existing and expected state and federal environmental requirements. Capital and maintenance planning is performed on an annual basis for each site to sustain a 10 year

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look ahead. Every year the Fossil Hydro Organization utilizes the information from these three planning processes to develop an overall 10-year plan.

Witness: Timothy C. Kerns

Witness: Everett G. Phillips

Witness: Kamran Ali

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DATA REQUEST

- KPSC 1_6** Provide the following concerning Kentucky Power's construction projects.
- a. For each project started during the last five calendar years, provide the information requested in the format contained in Schedule C1. For each project, include the amount of any cost variance and delay encountered, and explain in detail the reasons for such variances and delays.
 - b. Using the data included in Schedule C1, calculate the annual "Slippage Factor" associated with those construction projects. The Slippage Factor should be calculated as shown in Schedule C2.
 - c. In determining the capital additions reflected in the base period and forecasted test period, explain whether Kentucky Power recognized a Slippage Factor.

RESPONSE

- a. Please refer to KPCO_R_KPSC_1_6_Attachment1, Schedule C1 tab, for the requested information.
- b. Please refer to KPCO_R_KPSC_1_6_Attachment1, Schedule C2 tab, for the requested information.
- c. A Slippage Factor was not applied because budgeted CWIP is not used in the determination of rate base. Actual CWIP per books as of the end of the historical test year is reflected in the Company's jurisdictional rate base.

Witness: Timothy C. Kerns

Witness: Everett G. Phillips

Witness: Kamran Ali

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DATA REQUEST

KPSC 1_7 Provide the information shown in Schedule D for each construction project in progress, or planned to be in progress, during the 12 months preceding the historical test year and the historical test year.

RESPONSE

Please refer to KPCO_R_KPSC_1_7_Attachment1 for the requested information.

Witness: Timothy C. Kerns

Witness: Everett G. Phillips

Witness: Kamran Ali

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DATA REQUEST

KPSC 1_8 Provide, in the format provided in Schedule E, an analysis of Kentucky Power's Construction Work in Progress (CWIP) as defined in the Uniform System of Accounts for each project identified in Schedule D.

RESPONSE

Please refer to KPCO_R_KPSC_1_8_Attachment1 for the requested information.

Witness: Timothy C. Kerns

Witness: Everett G. Phillips

Witness: Kamran Ali

Kentucky Power Company
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DATA REQUEST

KPSC 1_9 Provide a calculation of the rate or rates used to capitalize interest during construction for the three most recent calendar years. Explain each component entering into the calculation of the rate(s).

RESPONSE

Please see KPCO_R_KPSC_1_9_Attachment1 for the requested information.

Witness: Heather M. Whitney

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DATA REQUEST

- KPSC 1_10** Provide the following monthly account balances and a calculation of the average (13-month) account balances for the test year for the total company and Kentucky operations:
- a. Plant in service (Account No. 101);
 - b. Plant purchased or sold (Account No. 102);
 - c. Property held for future use (Account No. 105);
 - d. Completed construction not classified (Account No. 106);
 - e. Construction work in progress (Account No. 107);
 - f. Depreciation reserve (Account No. 108);
 - g. Materials and supplies (include all accounts and subaccounts);
 - h. Computation and development of minimum cash requirements;
 - i. Balance in accounts payable applicable to amounts included in utility plant in service (if actual is indeterminable, give a reasonable estimate);
 - j. Balance in accounts payable applicable to amounts included in plant under construction (if actual is indeterminable, give a reasonable estimate); and
 - k. Balance in accounts payable applicable to prepayments by major category or subaccount.

RESPONSE

Please refer to KPCO_R_KPSC_1_10_Attachment1 for the requested information.

Witness: Heather M. Whitney

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DATA REQUEST

KPSC 1_11 Provide a reconciliation and detailed explanation of each difference, if any, in Kentucky Power's capitalization and net investment rate base for historical test year.

RESPONSE

Please see KPCO_R_KPSC_1_11_Attachment1 for a full reconciliation between Kentucky Power's Capitalization and rate base.

Witness: Katharine I. Walsh

Kentucky Power Company
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DATA REQUEST

KPSC 1_12 Provide the journal entries relating to the purchase of utility plant acquired as an operating unit or system by purchase, merger, consolidation, liquidation, or otherwise currently included in rate base. Also, provide a schedule showing the calculation of the acquisition adjustment at the date of purchase or each item of utility plant, the amortization period, and the unamortized balance at the beginning of the test year.

RESPONSE

Please see KPCO_R_KPSC_1_12_Attachment1 for the journal entries related to the transfer to Kentucky Power on December 31, 2013 of a 50% undivided interest in the Mitchell Plant.

Witness: Heather M. Whitney

Kentucky Power Company
Final Accounting Entries
As of February 28, 2017

Entry 1: To record the receipt of AGR's contribution of its 50% undivided interest in the assets and related liabilities of Mitchell Units 1&2 to Nawco Kentucky Inc. (subsequently merged with and into KPCo), in accordance with CFR 18 Part 101, Electric Plant Instructions 5.A.

		(in whole dollars)	
<u>Account</u>	<u>Account Description</u>	<u>Debit</u>	<u>Credit</u>
102	Electric Plant Purchased or Sold	682,307,653	
124	Other Investments	2,633,823	
129	Special Funds	12,742,889	
151	Fuel Stock	32,979,440	
152	Fuel Stock Expenses Undistributed	1,040,933	
154	Plant Materials and Operating Supplies	10,532,759	
158.1	Allowances	3,158,670	
182.3	Regulatory Assets	33,362,092	
183	Preliminary Survey & Investigation Charges	1,587,320	
186	Miscellaneous Deferred Debits	4,474,549	
190	Accumulated Deferred Income Tax	21,825,285	
208	Donations Received from Stockholders		375,898,268
219	Accumulated Other Comprehensive Income	5,220,772	
224	Other Long-term Debt		200,000,000
228.2	Accumulated Provision for Injuries and Damages		10,240
228.3	Accum. Provision for Pension and Benefits		882,414
230	Asset Retirement Obligations		16,421,465
236	Taxes Accrued		4,175,000
237	Interest Accrued		59,375
242	Miscellaneous Current and Accrued Liabilities		1,104,515
253	Other Deferred Credits		355,702
281	Accum. Deferred Income Taxes-Accelerated Amort Property		61,534,011
282	Accum. Deferred Income Taxes-Other Property		93,123,611
283	Accum. Deferred Income Taxes-Other		58,301,584
	Total	811,866,185	811,866,185

Entry 2: To clear the balance in Account 102 to the appropriate electric plant accounts, in accordance with CFR 18 Part 101, Electric Plant instructions 5.B.

		(in whole dollars)	
<u>Account</u>	<u>Account Description</u>	<u>Debit</u>	<u>Credit</u>
101	Electric Plant in Service	917,141,782	
107	Construction Work in Progress	75,252,819	
102	Electric Plant Purchased or Sold		682,307,653
108	Accum Provision for Depreciation of Plant		310,086,948
	Total	992,394,601	992,394,601

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DATA REQUEST

KPSC 1_13 Provide a copy of Kentucky Power's most recent depreciation study. If no such study exists, provide a copy of Kentucky Power's most recent depreciation schedule. The schedule should include a list of all facilities by account number, service life, and accrual rate for each plant item, the methodology that supports the schedule and the date the schedule was last updated.

RESPONSE

Please see KPCO_R_KPSC_1_13_Attachment1 and KPCO_R_KPSC_1_13_Attachment2 for copies of the Company's most recent depreciation studies.

Witness: Brian K. West

KENTUCKY POWER COMPANY

DEPRECIATION STUDY REPORT

FOR

BIG SANDY UNIT 1

ELECTRIC PLANT IN SERVICE

AT

DECEMBER 31, 2016

DEPRECIATION STUDY REPORT

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I. INTRODUCTION

This report presents the results of a depreciation study of Kentucky Power Company's ("Kentucky Power" or "Company") depreciable Big Sandy Unit 1 electric utility plant in service at December 31, 2016 (the "Study"). The study was prepared by Jason A. Cash, Staff Accountant – Accounting Policy and Research at American Electric Power Service Corporation ("AEPSC"). The purpose of the Study was to develop updated annual depreciation accrual rates for Unit 1 of Kentucky Power's Big Sandy Plant.

The proposed depreciation rates are based on the Average Remaining Life Method of computing depreciation. Further explanation of this method is contained in Section II of this report.

The definition of depreciation used in the Study is the same used by the Federal Energy Regulatory Commission ("FERC") and the National Association of Regulatory Utility Commissioners and in preparing the Company's most recent depreciation study in Case No. 2014-00396:

Depreciation, as applied to depreciable electric plant, means the loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of electric plant in the course of service from causes which are known to be in current operation and against which the utility is not protected by insurance. Among the causes to be given consideration are wear and tear, decay, action of the elements, inadequacy, obsolescence, changes in the art, changes in demand and requirements of public authorities.

Service value means the difference between original cost and the net salvage value (net salvage value means the salvage value of the property retired less the cost of removal) of the electric plant. (FERC Accounting and Reporting Requirements for Public Utilities and Licensees, ¶15.001.)

Schedule I of this report shows the proposed depreciation accrual rates for Big Sandy Unit 1. Schedule II compares depreciation expense of Big Sandy Unit 1 using rates approved by the Commission and rates recommended by the depreciation study. A comparison of Kentucky

Power's current rates and accruals for Big Sandy Unit 1 and the Study rates and accruals is shown below based on total Company depreciable plant balances at December 31, 2016:

Table 1 - Depreciation Rates and Accruals
 Based on Depreciable Plant In Service at December 31, 2016

<u>Functional Plant Group</u>	<u>Existing</u>		<u>Study</u>		<u>Difference</u>
	<u>Rates</u>	<u>Accruals</u>	<u>Rates</u>	<u>Accruals</u>	
Big Sandy Unit 1	3.78%	5,886,810	5.78%	9,003,728	3,116,918

Based on Big Sandy Unit 1 Depreciable Plant In-Service as of December 31, 2016, the Company proposes an increase in depreciation rates that result in an increase in annual depreciation expense of \$3,116,918. The depreciation rate changes are necessary because of changes in investment and the service life of Big Sandy Unit 1 after it was converted to use natural gas in 2016. Big Sandy Unit 1's current depreciation rates are based on a 1991 settlement agreement in Case No. 91-066 and were made effective on April 1, 1991.

II. DISCUSSION OF METHODS AND PROCEDURES USED IN THE STUDY

1. Group Method

All of the depreciable property included in the Study was considered using the group plan method. Under the group plan method, depreciation expense is accrued upon the basis of the original cost of all property included in each depreciable plant account. Upon retirement of any depreciable property, its full cost, less any net salvage realized, is charged to the accrued depreciation reserve regardless of the age of the particular item retired. Also, under the group plan method, the amount in each primary plant account are considered as a separate group for depreciation accounting purposes and an annual depreciation rate for each account is determined. The annual accruals by primary account were then summed, to arrive at the total accrual for each functional group. The total accrual divided by the original cost yields the functional group accrual rate.

2. Annual Depreciation Rates Using the Average Remaining Life Method

Kentucky Power's current depreciation rates are based on the Average Remaining Life Method. The Average Remaining Life Method recovers the original cost of the plant, adjusted for net salvage, less accumulated depreciation, over the average remaining life of the plant. By this method, the annual depreciation rate for each account is determined on the following basis:

$$\text{Annual Depreciation Expense} = \frac{(\text{Orig. Cost}) (\text{Net Salvage Ratio}) - \text{Accumulated Depreciation}}{\text{Average Remaining Life}}$$

$$\text{Annual Depreciation Rate} = \frac{\text{Annual Depreciation Expense}}{\text{Original Cost}}$$

3. Life Span Analysis

For Kentucky Power's Big Sandy Unit 1, a life span analysis was used to arrive at the historically realized mortality characteristics and service life of the depreciable plant investment. The life-span method of analysis is particularly suited to specific location property, such as generating plants, where all of the surviving investments are likely to be retired in total at a future date. The key elements in the life span analysis are the age of the surviving investments, the projected retirement date of the facility and the expected interim retirements. Interim retirements are those retirements that are expected to occur between the date of the depreciation study and the expected final retirement date of the generating plant. Examples of interim retirements include fans, pumps, motors, a set of boiler tubes, a turbine rotor, etc. The interim retirement history for each primary production plant account was analyzed and the results of those analyses were used to project future interim retirements. The age of Big Sandy's surviving investments at December 31, 2016 was obtained from the accounting records of Kentucky

Power. AEPSC engineering and Kentucky Power operational personnel provided the estimated retirement date used in the life-span analysis for Big Sandy Unit 1.

Big Sandy Unit 1

At December 31, 2016, Kentucky Power's depreciable investment in Steam Production Plant includes Big Sandy Unit 1. Big Sandy Unit 1 is located on Highway 23 near Louisa, Kentucky and was originally placed in service in 1963. Kentucky Power converted Big Sandy Unit 1 from a coal fired unit to a natural gas fired unit in 2016. Following the conversion to natural gas, Big Sandy Unit 1's capacity is 285 MW. The anticipated retirement date for Big Sandy Unit 1 as a natural gas unit is 2031. Additionally, since the last depreciation study performed for Kentucky Power (property investment dated December 31, 2013), Kentucky Power retired Big Sandy Unit 2 and the coal related assets of Big Sandy Unit 1 in 2015.

III. NET SALVAGE

1. Net Salvage - Steam Production Plant

The net salvage analysis for steam production plant included a review of the experienced functional interim retirement, salvage and removal history for Steam Production Plant for the period 2001-2016.

While the net salvage characteristics include interim retirements for the plants, the most significant net salvage amounts for generating plants occurs at the end of their life. Therefore, to assist in establishing total net salvage applicable to Kentucky Power's Big Sandy Unit 1, Kentucky Power relied on a conceptual demolition costs estimate prepared by Sargent & Lundy for the Big Sandy Plant. The Sargent & Lundy demolition cost estimates are based on 2013 price levels which were inflated to retirement date in the depreciation study. The terminal net salvage amount provided by Sargent & Lundy in the dismantling study was for the entire Big Sandy Plant, which included both Units 1 and 2. A portion of the terminal net salvage amount

was allocated to Unit 1 based on the generating capacity of each unit. These estimates were incorporated into the calculation of net salvage ratios for Big Sandy's Production Plant.

2. Net Salvage – Ratios

The net salvage ratios shown on Schedule I of this report may be explained as follows:

- a. Where the ratio is shown as unity (1.00), it was assumed that the net salvage in that particular account would be zero.
- b. Where the ratio is less than unity, it was assumed that the salvage exceeded the removal costs. For example, if the net salvage were 20%, the net salvage ratio would be expressed as .80.
- c. Where the ratio is greater than unity, it was assumed that the salvage was less than the cost of removal. For example, if the net salvage were minus 5%, the net salvage ratio would be expressed as 1.05.

IV. STUDY RESULTS

Steam Production Plant

Depreciation rates for Big Sandy Unit 1 were calculated by plant account with the expectation that the total cost including interim net salvage would be recovered by 2031, which is the estimated retirement date for the unit. A comparison of the Big Sandy Unit 1 steam production depreciation accruals is provided on Schedule II using the currently approved depreciation rates and the study depreciation rates. The original cost and accumulated depreciation amounts used for Big Sandy Plant are the plant's original cost and accumulated depreciation on Kentucky Power's books at December 31, 2016.

Depreciation rates for the Big Sandy Plant increased from 3.78% to 5.78%. As a result, depreciation expense increased by \$3,116,918. The increase in steam production depreciation expense due to the change in depreciation rates was primarily because of the changes in investment and the service life of Big Sandy Unit 1 after it was converted to use natural gas in 2016.

SCHEDULE I – EXPLANATION OF COLUMN HEADINGS

Schedule I shows the determination of the recommended annual depreciation accrual rate by primary plant accounts by the straight line remaining life method. An explanation of the schedule follows:

Column I	-	Account number.
Column II	-	Account title.
Column III	-	Original Cost at December 31, 2016
Column IV	-	Net Salvage Ratio.
Column V	-	Total to be Recovered (Column III) * (Column IV).
Column VI	-	Calculated Depreciation Requirement.
Column VII	-	Accumulated Depreciation.
Column VIII	-	Remaining to be Recovered (Column V - Column VII).
Column IX	-	Average Remaining Life.
Column X	-	Recommended Annual Accrual Amount.
Column XI	-	Recommended Annual Accrual Percent or Depreciation Rate (Column X/Column III).

KENTUCKY POWER COMPANY

DEPRECIATION STUDY REPORT

OF

ELECTRIC PLANT IN SERVICE

AT

DECEMBER 31, 2013

DEPRECIATION STUDY REPORT

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I. INTRODUCTION

This report presents the results of a depreciation study of Kentucky Power Company's (KPCo) depreciable electric utility plant in service at December 31, 2013. The study was prepared by David A. Davis, Manager – Property Accounting Policy and Research at American Electric Power Service Corporation (AEPSC). The purpose of the depreciation study was to develop appropriate annual depreciation accrual rates for each of the primary plant accounts that comprise the functional groups for which KPCo computes its annual depreciation expense.

The recommended depreciation rates are based on the Average Remaining Life Method of computing depreciation. Further explanation of this method is contained in Section II of this report.

The definition of depreciation used in my Study is the same as that used by the Federal Energy Regulatory Commission (FERC) and the National Association of Regulatory Utility Commissioners:

"Depreciation, as applied to depreciable electric plant, means the loss in service value not restored by current maintenance, incurred in connection with the consumption or prospective retirement of electric plant in the course of service from causes which are known to be in current operation and against which the utility is not protected by insurance. Among the causes to be given consideration are wear and tear, decay, action of the elements, inadequacy, obsolescence, changes in the art, changes in demand and requirements of public authorities."

"Service value means the difference between original cost and the

net salvage value (net salvage value means the salvage value of the property retired less the cost of removal) of the electric plant." (FERC Accounting and Reporting Requirements for Public Utilities and Licensees, ¶15.001.)

Schedule I of this report shows the recommended depreciation accrual rates by primary plant accounts and composited to functional plant classifications. Schedule II compares depreciation expense using rates approved by the Commission and rates recommended by the depreciation study. Schedule III shows a comparison of the current mortality characteristics that were used to compute the recommended depreciation rates and the mortality characteristics used to determine the existing depreciation rates and accruals for Transmission, Distribution and General Plant Functions. A comparison of KPCo's current functional group composite depreciation rates and accruals to recommended functional group rates and accruals based on December 31, 2013 depreciable plant balances follows:

Table 1 - Depreciation Rates and Accruals
 Based on Depreciable Plant In Service at December 31, 2013

<u>Functional Plant Group</u>	<u>Existing</u>		<u>Study</u>		<u>Difference</u>
	<u>Rates</u>	<u>Accruals</u>	<u>Rates</u>	<u>Accruals</u>	
Steam Production (1)	3.80%	54,851,796	3.36%	48,418,617	(6,433,179)
Transmission	1.71%	8,478,288	2.66%	13,169,805	4,691,517
Distribution	3.52%	24,312,736	4.48%	30,971,933	6,659,197
General	2.54%	858,462	4.42%	1,492,241	633,779
Total Depreciable Plant	3.32%	88,501,282	3.50%	94,052,596	5,551,314

Note: (1) Includes Big Sandy and Mitchell plants. The Company is not recommending a change in depreciation rates for Big Sandy Plant due to the planned retirement of Unit 2 in 2015 and the coal related portions of Unit 1 in 2016.

Based on Total Company Depreciable Plant In-Service as of December 31, 2013, I am recommending an increase in depreciation rates that result in an increase in annual depreciation expense of \$5,551,314. The depreciation rate changes are necessary because of changes in average service lives and net salvage estimates used to calculate KPCo's recommended depreciation rates that takes into account the December 31, 2013 transfer of a 50% undivided interest in the Mitchell generating station from AEP affiliate Ohio Power Company as approved by the Kentucky Public Service Commission (or Commission) in Case No. 2012-00578. KPCo's current approved depreciation rates with the exception of Mitchell Plant rates are based on a 1991 settlement agreement in Case No. 91-066 and were made effective on April 1, 1991. The Stipulation and Settlement Agreement in Case No. 2012-00578 ordered Kentucky Power to use the current Ohio Power Company depreciation rates for Mitchell Plant until such rates are changed in a base rate case.

II. DISCUSSION OF METHODS AND PROCEDURES USED IN THE STUDY

1. Group Method

All of the depreciable property included in this report was considered on a group plan. Under the group plan, depreciation expense is accrued upon the basis of the original cost of all property included in each depreciable plant account. Upon retirement of any depreciable property, its full cost, less any net salvage realized, is charged to the accrued depreciation reserve regardless of the age of the particular item retired. Also, under this plan, the dollars in each primary plant account are considered as a separate group for depreciation accounting purposes and an annual depreciation rate for each account is determined. The annual accruals by primary account were then summed, to arrive at the total accrual for each functional group. The total accrual divided by the original cost yields the functional group accrual rate.

2. Annual Depreciation Rates Using the Average Remaining Life Method

KPCo's current depreciation rates are based on the Average Remaining Life Method. The Average Remaining Life Method recovers the original cost of the plant, adjusted for net salvage, less accumulated depreciation, over the average remaining life of the plant. By this method, the annual depreciation rate for each account is determined on the following basis:

$$\text{Annual Depreciation Expense} = \frac{(\text{Orig. Cost}) (\text{Net Salvage Ratio}) - \text{Accumulated Depreciation}}{\text{Average Remaining Life}}$$

$$\text{Annual Depreciation Rate} = \frac{\text{Annual Depreciation Expense}}{\text{Original Cost}}$$

3. Methods of Life Analysis

Depending upon the type of property and the nature of the data available from the property accounting records, one of three life analyses was used to arrive at the historically realized mortality characteristics and service lives of the depreciable plant investments. These methods are identified and described as follows:

Life Span Analysis

The life span analysis was employed for Mitchell Plant. The life-span method of analysis is particularly suited to specific location property, such as generating plants, where all of the surviving investments are likely to be retired in total at a future date. The key elements in the life span

analysis are the age of the surviving investments, the projected retirement date of the facility and the expected interim retirements. Interim retirements are those retirements that are expected to occur between the date of the depreciation study and the expected final retirement date of the generating plant. Examples of interim retirements include fans, pumps, motors, a set of boiler tubes, a turbine rotor, etc. The interim retirement history for each primary production plant account was analyzed and the results of those analyses were used to project future interim retirements. The age of Mitchell Plant's surviving investments at December 31, 2013 was obtained from the accounting records of affiliate Ohio Power Company (OPCo). American Electric Power Service Corporation (AEPSC) provided the retirement date used in the life-span analysis for Mitchell Plant.

The Company is not recommending any revision to Big Sandy Plant's depreciation rates in this filing since Unit 2 is planned for retirement at the end of May 2015 and the coal related portions of Unit 1 are planned for retirement in April 2016. KPCo expects to repower Big Sandy Unit 1 to use natural gas in 2016.

The order in the Mitchell transfer Case No. 2012-00578 allows Kentucky Power to recover the coal-related retirement costs of Big Sandy Unit 1, the retirement costs of Big Sandy Unit 2 and other site related retirement costs that will not continue in use. New depreciation rates will be required for Big Sandy Unit 1 after it is repowered to use natural gas in 2016.

Steam Production Plant

At December 31st, 2013, KPCo's depreciable investment in Steam

Production Plant includes the Big Sandy Generating plant and a 50% undivided interest in Mitchell Generation Plant. The Big Sandy plant is located highway 23 near Louisa, Kentucky and includes two generating units. The Mitchell Plant is located on the Ohio River near Moundsville, West Virginia and also consists of two generating units. All generating units at the Big Sandy and Mitchell plants are currently coal fired.

The generating units and their capacities are as follows (also shown on Schedule IV – Estimated Generation Plant Retirement Dates):

<u>Plant</u>	<u>Unit</u>	<u>Rating</u>	<u>Commercial Operating Date</u>
Big Sandy	1	260 MW	1963
Big Sandy	2	800 MW	1969
Mitchell	1	770 MW	1971
Mitchell	2	790 MW	1971

AEPSC evaluated each of the generating units and determined the following retirement dates for the units:

<u>Plant</u>	<u>Unit</u>	<u>Retirement Date</u>
Big Sandy	2	2015
Big Sandy	1	2016 coal related portion
Big Sandy	1	2031 repowered to use natural gas
Mitchell Plant	1,2	2040

Since KPCo's last depreciation study (property investment dated December 31, 2008), AEP has reevaluated the expected retirement dates for its generation plant including Big Sandy Units 1-2. The reevaluation for these two Big Sandy units indicated that their current estimated retirement

dates should be 2015 for Big Sandy Unit 2, 2016 for the coal related portion of Big Sandy Unit 1 and 2031 for Big Sandy Unit 1 after it is repowered to use natural gas. AEP previously estimated individual unit retirement dates of 2023 for Unit 1 and 2029 for Unit 2. According to AEP, the earlier Big Sandy Unit 2 and the coal related portion of Unit 1 retirement dates are because it is not economically feasible to equip the units with necessary environmental controls, not because they have reached the end of their service lives.

Current plans are for the Mitchell Plant to operate for a total life of 69 years or until 2040.

Actuarial Analysis – Transmission, Distribution and General Plant

This method of analyzing past experience represents the application to industrial property of statistical procedures developed in the life insurance field for investigating human mortality. It is distinguished from other methods of life estimation by the requirement that it is necessary to know the age of the property at the time of its retirement and the age of survivors, or plant remaining in service; that is, the installation date must be known for each particular retirement and for each particular survivor.

The application of this method involves the statistical procedure known as the "annual rate method" of analysis. This procedure relates the retirements during each age interval to the exposures at the beginning of that interval, the ratio of these being the annual retirement ratio. Subtracting each retirement ratio from unity yields a sequence of annual survival ratios from which a survivor curve can be determined. This is

accomplished by the consecutive multiplication of the survivor ratios. The length of this curve depends primarily upon the age of the oldest property. Normally, if the period of years from the inception of the account to the time of the study is short in relation to the expected maximum life of the property, an incomplete or stub survivor curve results.

While there are a number of acceptable methods of smoothing and extending this stub survivor curve in order to compute the area under it from which the average life is determined, the well-known Iowa Type Curve Method was used in this study.

By this procedure, instead of mathematically smoothing and projecting the stub survivor curve to determine the average life of the group, it was assumed that the stub curve would have the same mortality characteristics as the type curve selected. The selection of the appropriate type curve and average life is accomplished by plotting the stub curve, superimposing on it Iowa curves of the various types and average lives drawn to the same scale, and then determining which Iowa type curve and average life best matches the stub.

The Actuarial Method of Life Analysis was used for the following accounts:

- 352.0 Transmission Structures & Improvements
- 353.0 Transmission Station Equipment
- 361.0 Distribution Structures & Improvements
- 362.0 Distribution Station Equipment
- 390.0 General Structures & Improvements

The result of the actuarial analysis for the above accounts is detailed in the depreciation study work papers.

Simulated Plant Record Analysis – Transmission and Distribution Plant

The “Simulated Plant Record” (SPR) method designates a class of statistical techniques that provide an estimate of the age distribution, mortality dispersion and average service life of property accounts whose recorded history provides no indication of the age of the property units when retired from service. For each such account, the available property records usually reveal only the annual gross additions, annual retirements and balances with no indication of the age of either plant retirements or annual plant balances. For this study, the “Balances method” of analysis was used.

The SPR Balances Method is a trial and error procedure that attempts to duplicate the annual balance of a plant account by distributing the actual annual gross additions over time according to an assumed mortality distribution. Specifically, the dollars remaining in service at any date are estimated by multiplying each year's additions by the successive proportion surviving at each age as given by the assumed survivor characteristics. For a given year, the balance indicated is the accumulation of survivors from all vintages and this is compared with the actual book balance. This process is repeated for a different survivor curves and average life combinations until a pattern is discovered which produces a series of “simulated balances” most nearly equaling the actual balances shown in a company's books.

This determination is based on the distribution producing the minimum sum of squared differences between the simulated balance and the actual balances over a test period of years.

The iterative nature of the simulated methods makes them ideally suited for computerized analysis. For each analysis of a given property account, the computer program provides a single page summary containing the results of each analysis indicating the "best fit" based on criteria selected by the user.

The results of my analysis using the Balance Method is shown in the depreciation study work papers. The analysis also shows the value of the Index of Variation of the difference that is calculated according to the the Balances Method where a lower value for the Index of Variation indicates better agreement with the actual data.

The SPR Method of Life Analysis was utilized for the following accounts:

- 354.0 Transmission Towers & Fixtures
- 355.0 Transmission Poles & Fixtures
- 356.0 Transmission Overhead Conductor & Devices
- 364.0 Distribution Poles, Towers & Fixtures
- 365.0 Distribution OH Conductor & Devices
- 366.0 Distribution Underground Conduit
- 367.0 Distribution Underground Conductor & Devices
- 368.0 Distribution Line Transformers
- 369.0 Distribution Services
- 370.0 Distribution Meters

371.0 Installation on Customers Premises

373.0 Street Lighting & Signal Systems

Vintage Year Accounting – General Equipment

In 1998, the Company began using a vintage year accounting method for general plant accounts 391 to 398 in accordance with Federal Energy Regulatory Commission Accounting Release Number 15 (AR-15). This accounting method requires the amortization of vintage groups of property over their useful lives. AR-15 also requires that property be retired when it meets its average service life.

As a result, my recommendation for these accounts is that the current useful life approved by the Commission be retained and used to continue amortization of the account balances.

4. Final Selection of Average Life and Curve Type

The final selection of average life and curve type for each depreciable plant account analyzed by the Actuarial and SPR Methods was primarily based on the results of the mortality analyses of past retirement history.

III. NET SALVAGE

1. Net Salvage - Steam Production Plant

The net salvage analysis for steam production plant included a review of the plant's experienced functional interim retirement, salvage and removal history for the period 2001-2013. No interim retirements were estimated for Big Sandy Plant in this depreciation study since Unit 2 is estimated to retire in 2015, the coal

related portions of Unit 1 are estimated to retire in 2016 and the repowered Unit 1 (to use natural gas) is expected to retire in 2031.

While a standard type of analysis was used by the depreciation study to determine the net salvage characteristics applicable to interim retirements for the plants, the most significant net salvage amounts for generating plants occurs at the end of their life. Therefore, to assist in establishing total net salvage applicable to Big Sandy and Mitchell plants, the Company contracted with Sargent & Lundy (S&L) to prepare conceptual demolition cost estimates. The S&L cost estimates to demolish the plants are based on current (2013) price levels which were inflated to retirement dates in the depreciation study. These estimates were incorporated into the calculation of a net salvage ratio for Steam Production Plant. S&L's demolition costs do not include Asset Retirement Obligation (ARO) amounts associated with the removal of asbestos or any cost associated with the final disposition of Big Sandy or Mitchell Plant landfills and ash ponds. The costs to remove asbestos and cover ash ponds are included separately in the cost of service through the accounting for asset retirement obligations.

2. Net Salvage – Transmission, Distribution and General Plant

The net salvage percentages used in this report for Transmission, Distribution and General Plant are expressed as percent of original cost and are based on the Company's experience combined with the judgment of the analyst. KPCo maintains salvage and removal costs in its depreciation ledger at the functional plant level, rather than by primary plant accounts. To determine gross salvage, gross removal and net salvage percentages for individual plant accounts, original cost retirements, salvage and removal were taken from the Company's account history in its PowerPlant software which detailed these

amounts by account for the period 2000 to 2013. Gross salvage and cost of removal percentages were calculated using the data from this fourteen year time period for each account. The salvage and removal percentages for each account were then netted to determine a net salvage percentage for each account.

The net salvage percents were converted to net salvage ratios (1 minus the net salvage percentage) and appear in Column IV on Schedule I and were used to determine the total amount to be recovered through depreciation. The same net salvage was also reflected in the determination of the calculated depreciation requirement, which was used to allocate accumulated depreciation at the functional group to the accounts comprising each group.

5. Net Salvage – Ratios

The net salvage ratios shown on Schedule I of this report may be explained as follows:

- a. Where the ratio is shown as unity (1.00), it was assumed that the net salvage in that particular account would be zero.
- b. Where the ratio is less than unity, it was assumed that the salvage exceeded the removal costs. For example, if the net salvage were 20%, the net salvage ratio would be expressed as .80.
- c. Where the ratio is greater than unity, it was assumed that the salvage was less than the cost of removal. For example, if the net salvage were minus 5%, the net salvage ratio would be expressed as 1.05.

**IV. CALCULATION OF DEPRECIATION REQUIREMENT AT
DECEMBER 31, 2013**

The accumulated depreciation by functional group was allocated to individual plant accounts based on the calculation of a depreciation requirement (theoretical reserve) for each plant account using the average service life, curve type and net salvage amount recommended in this study.

V. STUDY RESULTS

Production, Transmission, Distribution and General plant results are discussed below. In addition, Transmission, Distribution and General Plant average service life, retirement dispersion pattern and net salvage percentages used to calculate each primary plant account depreciation rate are shown on Schedule III where the mortality characteristics and net salvage values for the current rates are also shown. The changes to the mortality characteristics follow trends shown by historical retirement experience. Gross salvage and gross cost of removal percentages were largely based on the history of each account for the period 2000-2013.

Steam Production Plant

Depreciation rates for Mitchell Plant were calculated by plant account with the expectation that the total cost including net salvage would be recovered by 2040 which is the estimated retirement date for Mitchell Plant. New depreciation rates for Big Sandy Plant were not recommended by the depreciation study. The comparison of steam production depreciation accruals on Schedule II using the currently approved depreciation rates and the study depreciation rates includes

Mitchell Plant. The original cost and accumulated depreciation amounts used for Mitchell Plant are 50% of the plant's original cost and accumulated depreciation on KPCo's books at December 31, 2013.

The decrease in steam production depreciation expense due to a change in depreciation rates was primarily due to the longer life estimate for Mitchell Plant in this proceeding (2040 retirement date) versus a previously estimated 2031 retirement date. The depreciation study doesn't recommend any changes to the Big Sandy Plant's depreciation rates.

Terminal demolition costs are included in the steam production depreciation rates. The estimates of demolition costs were developed by Sargent & Lundy. S&L estimated demolition cost in 2013 dollars for Big Sandy Plant and Mitchell Plant (KPCo's 50% share) was \$28,831,786 and \$21,185,697, respectively.

Transmission Plant

The depreciation rates for Transmission plant increased from 1.71% to 2.66% due to increases in the net salvage ratio for five accounts (accounts 352, 353, 354, 355 and 356) and decreases in the average service life for two accounts (accounts 354, and 355). The increase was partially offset by an increase in the average service life for account 352.

Distribution Plant

The depreciation rates for Distribution plant increased from 3.52% to 4.48% due to increases in the net salvage ratio for nine accounts (accounts 361, 362, 364, 365, 367, 368, 369, 371 and 373) and a decrease in the average service life for one account (account 370). The increase was partially offset by a decrease in the net salvage ratio for account 370 and by increases in the

average service life for five accounts (accounts 361, 362, 366, 369 and 373).

General Plant

The depreciation rates for General plant increased from 2.54% to 4.42% due to increases in the net salvage ratio for three accounts (accounts 391, 394 and 398) and a reduction in the average service life for account 390. The increase was partially offset by a decrease in the net salvage ratio for account 397.

SCHEDULE I – EXPLANATION OF COLUMN HEADINGS

Schedule I shows the determination of the recommended annual depreciation accrual rate by primary plant accounts by the straight line remaining life method. An explanation of the schedule follows:

Column I	-	Account number.
Column II	-	Account title.
Column III	-	Original Cost at December 31, 2013
Column IV	-	Net Salvage Ratio.
Column V	-	Total to be Recovered (Column III) * (Column IV).
Column VI	-	Calculated Depreciation Requirement.
Column VII	-	Allocated Accumulated Depreciation – accumulated depreciation (book reserve) spread to each account on the basis of the Calculated Depreciation Requirement shown in Column VI.
Column VIII	-	Remaining to be Recovered (Column V - Column VII).
Column IX	-	Average Remaining Life.
Column X	-	Recommended Annual Accrual Amount.
Column XI	-	Recommended Annual Accrual Percent or Depreciation Rate (Column X/Column III).

KENTUCKY POWER COMPANY
SCHEDULE I - CALCULATION OF DEPRECIATION RATES BY THE REMAINING LIFE METHOD
BASED ON PLANT IN SERVICE AT DECEMBER 31, 2013
AVERAGE LIFE GROUP (ALG) METHOD ACCRUAL RATES

Acct. No.	Account Title	Original Cost	Net Salvg. Ratio	Total to be Recovered	Calculated Depreciation Requirement	Accumulated Depreciation	Remaining to Be Recovered	Avg. Remain Life	Annual Accrual	
									Amount	Percent
(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
STEAM PRODUCTION PLANT										
Big Sandy Plant (1)										
311	Structures & Improvements	43,291,665	(1)	(1)	(1)	30,726,379	(1)	(1)	1,636,425	3.78%
312	Boiler Plant Equipment	362,456,070	(1)	(1)	(1)	177,325,748	(1)	(1)	13,700,839	3.78%
312	Boiler Plant Equip SCR Catalyst (2)	8,147,622	(1)	(1)	(1)	5,742,300	(1)	(1)	389,456	4.78%
314	Turbogenerator Units	109,522,949	(1)	(1)	(1)	61,149,688	(1)	(1)	4,139,967	3.78%
315	Accessory Electrical Equip.	16,513,202	(1)	(1)	(1)	12,896,303	(1)	(1)	624,199	3.78%
316	Misc. Power Plant Equip.	<u>8,709,178</u>	(1)	(1)	(1)	<u>5,351,493</u>	(1)	(1)	<u>329,207</u>	3.78%
	Total	<u>548,640,686</u>				<u>293,191,911</u>			<u>20,820,093</u>	3.79%
Mitchell Plant (3)										
311	Structures & Improvements	42,000,197	1.07	44,940,211	18,282,178	16,183,402	28,756,809	25.01	1,149,812	2.74%
312	Boiler Plant Equipment	765,644,984	1.07	819,240,133	245,324,500	238,518,432	580,721,701	24.25	23,947,287	3.13%
312	Boiler Plant Equip SCR Catalyst (2)	8,190,115	1.00	8,190,115	4,023,394	2,378,493	5,811,622	4.07	1,023,764	12.50%
314	Turbogenerator Units	53,295,697	1.07	57,026,396	29,106,660	33,613,523	23,412,873	23.84	982,084	1.84%
315	Accessory Electrical Equip.	17,080,672	1.07	18,276,319	9,466,086	11,043,285	7,233,034	25.81	280,242	1.64%
316	Misc. Power Plant Equip.	<u>7,693,412</u>	1.07	<u>8,231,951</u>	<u>3,289,590</u>	<u>3,072,520</u>	<u>5,159,431</u>	23.96	<u>215,335</u>	2.80%
	Total	<u>893,905,077</u>	1.07	<u>955,905,125</u>	<u>309,492,408</u>	<u>304,809,655</u>	<u>651,095,470</u>	23.59	<u>27,598,524</u>	3.09%
	Total Steam Prod. Plant	<u>1,442,545,763</u>	0.66	<u>955,905,125</u>	<u>309,492,408</u>	<u>598,001,566</u>	<u>651,095,470</u>	13.45	<u>48,418,617</u>	3.36%
TRANSMISSION PLANT										
350.1	Land Rights	26,456,147	1.00	26,456,147	8,498,622	7,016,166	19,439,981	50.91	381,850	1.44%
352	Structures & Improvements	6,636,668	1.10	7,300,335	3,172,075	2,618,754	4,681,581	33.93	137,978	2.08%
353	Station Equipment	170,843,671	1.03	175,968,981	34,476,675	28,462,741	147,506,240	40.20	3,669,309	2.15%
354	Towers & Fixtures	94,517,543	1.10	103,969,297	56,679,229	46,792,396	57,176,901	23.20	2,464,522	2.61%
355	Poles & Fixtures	74,696,720	1.61	120,261,719	28,658,583	23,659,527	96,602,192	32.75	2,949,685	3.95%
356	OH Conductor & Devices	122,537,908	1.27	155,623,143	70,585,347	58,272,803	97,350,340	27.32	3,563,336	2.91%
357	Undergrnd Conduit	11,590	1.00	11,590	4,345	3,587	8,003	23.13	346	2.99%
358	Undergrnd Conductor	<u>106,066</u>	1.00	<u>106,066</u>	<u>49,568</u>	<u>40,922</u>	<u>65,144</u>	23.44	<u>2,779</u>	2.62%
	Total Transmission Plant	<u>495,806,313</u>	1.19	<u>589,697,279</u>	<u>202,124,444</u>	<u>166,866,896</u>	<u>422,830,383</u>	32.11	<u>13,169,805</u>	2.66%
DISTRIBUTION PLANT										
360.1	Land Rights	5,343,520	1.00	5,343,520	1,411,791	1,371,633	3,971,887	55.18	71,981	1.35%
361	Structures & Improvements	4,372,006	1.12	4,896,647	1,354,850	1,316,312	3,580,335	50.63	70,716	1.62%
362	Station Equipment	83,664,562	1.07	89,521,081	18,549,279	18,021,648	71,499,433	26.16	2,733,159	3.27%
364	Poles, Towers, & Fixtures	180,551,331	1.30	234,716,730	68,606,654	66,655,150	168,061,580	19.82	8,479,394	4.70%
365	OH Conductor & Devices	179,538,721	0.94	168,766,398	33,083,601	32,142,543	136,623,855	20.90	6,537,027	3.64%
366	Underground Conduit	6,377,091	1.00	6,377,091	1,464,955	1,423,285	4,953,806	34.66	142,926	2.24%
367	Underground Conductor	9,812,956	1.13	11,088,640	1,655,544	1,608,452	9,480,188	37.43	253,278	2.58%
368	Line Transformers	119,012,919	1.01	120,203,048	28,150,578	27,349,840	92,853,208	19.15	4,848,731	4.07%
369	Services	53,900,363	1.38	74,382,501	17,054,558	16,569,444	57,813,057	15.41	3,751,658	6.96%
370	Meters	24,723,287	0.97	23,981,588	10,273,269	9,981,048	14,000,540	9.72	1,440,385	5.83%
371	Installations on Custs. Prem.	20,056,550	1.32	26,474,646	7,344,863	7,135,939	19,338,707	7.95	2,432,542	12.13%
373	Street Lighting & Signal Sys.	<u>3,349,341</u>	1.24	<u>4,153,183</u>	<u>1,231,600</u>	<u>1,196,567</u>	<u>2,956,616</u>	14.07	<u>210,136</u>	6.27%
	Total Distribution Plant	<u>690,702,647</u>	1.11	<u>769,905,074</u>	<u>190,181,542</u>	<u>184,771,861</u>	<u>585,133,213</u>	18.89	<u>30,971,931</u>	4.48%

KENTUCKY POWER COMPANY
SCHEDULE I - CALCULATION OF DEPRECIATION RATES BY THE REMAINING LIFE METHOD
BASED ON PLANT IN SERVICE AT DECEMBER 31, 2013
AVERAGE LIFE GROUP (ALG) METHOD ACCRUAL RATES

Acct. No.	Account Title	Original Cost	Net Salvg. Ratio	Total to be Recovered	Calculated Depreciation Requirement	Accumulated Depreciation	Remaining to Be Recovered	Avg. Remain Life	Annual Accrual	
									Amount	Percent
(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)
GENERAL PLANT										
389.1	Land Rights	37,384	1.00	37,384	11,898	6,909	30,475	51.13	596	1.59%
390	Structures & Improvements	19,811,669	1.00	19,811,669	9,535,669	5,537,254	14,274,415	18.15	786,469	3.97%
391	Office Furniture & Equipment	1,683,333	1.00	1,683,333	377,310	219,100	1,464,233	27.15	53,931	3.20%
392	Transportation Equipment	14,768	1.00	14,768	1,742	1,012	13,756	26.46	520	3.52%
393	Stores Equipment	164,548	1.00	164,548	60,496	35,129	129,419	18.97	6,822	4.15%
394	Tools Shop & Garage Equip.	3,553,696	1.09	3,873,529	1,042,908	605,604	3,267,925	21.92	149,084	4.20%
395	Laboratory Equipment	141,765	1.00	141,765	89,929	52,221	89,544	10.97	8,163	5.76%
396	Power Operated Equipment	5,931	1.00	5,931	2,728	1,584	4,347	13.50	322	5.43%
397	Communication Equipment	7,318,955	0.97	7,099,386	2,872,871	1,668,243	5,431,143	13.10	414,591	5.66%
398	Miscellaneous Equipment	<u>1,065,616</u>	1.03	<u>1,097,584</u>	<u>464,407</u>	<u>269,676</u>	<u>827,908</u>	11.54	<u>71,743</u>	6.73%
Total General Plant		<u>33,797,665</u>	1.00	<u>33,929,897</u>	<u>14,459,958</u>	<u>8,396,732</u>	<u>25,533,165</u>	17.11	<u>1,492,241</u>	4.42%
Total Depreciable Plant		<u>2,662,852,388</u>		<u>2,349,437,375</u>	<u>716,258,352</u>	<u>958,037,055</u>	<u>1,684,592,231</u>		<u>94,052,594</u>	<u>3.53%</u>

N/A = Not Applicable

Notes:

(1) The Company plans to retire Big Sandy Unit 2 at the end of May 2015 and the coal related portions of Unit 1 in 2016. Since the Commission authorized (Case No. 2012-00578) the Company to recover the coal-related portion of Big Sandy Unit 1, the retirement costs of Big Sandy Unit 2 and any other site related retirement costs, this depreciation recommends that the existing approved depreciation rates for Big Sandy Plant be retained until a future proceeding that includes the remaining portion of Big Sandy Unit 1 and the cost to re-power this unit to use natural gas.

(2) An annualized depreciation rate for Big Sandy Plant's SCR Catalyst was calculated using currently approved rates and included in the above analysis. A separate depreciation rate was calculated for Mitchell Plant's SCR Catalyst using AEP Air Emissions Control estimated average life for the catalyst.

(3) Mitchell Plant cost at December 31, 2013. At December 31, 2013 the Mitchell Plant was jointly owned 50% by Kentucky Power Company and 50% by AEP Generating Resources and therefore the cost shown above is 50% of the total Mitchell Plant depreciable plant in service. The Mitchell Plant cost includes 50% of the investment in the gypsum plant underloader located at the Mountaineer Generating Station.

KENTUCKY POWER COMPANY
SCHEDULE II - COMPARE DEPRECIATION EXPENSE USING CURRENT AND STUDY RATES
ANNUAL DEPRECIATION RATES AND ACCRUALS BY THE REMAINING LIFE METHOD
BASED ON PLANT IN SERVICE AT DECEMBER 31, 2013

ACCT. NO. (1)	ACCOUNT TITLE (2)	ORIGINAL COST (3)	CURRENT APPROVED RATE (4)	ANNUAL ACCRUAL (5)	STUDY RATE (6)	STUDY ACCRUAL (7)	DIFFERENCE (DECREASE) (8)
STEAM PRODUCTION PLANT							
BIG SANDY PLANT (a)							
311	Structures & Improvements	43,291,665	3.78%	1,636,425	3.78%	1,636,425	0
312	Boiler Plant Equipment	362,456,070	3.78%	13,700,839	3.78%	13,700,839	0
312	Boiler Plant Equip SCR Catalyst	8,147,622	4.78%	389,456	4.78%	389,456	0
314	Turbogenerator Units	109,522,949	3.78%	4,139,967	3.78%	4,139,967	0
315	Accessory Electrical Equipment	16,513,202	3.78%	624,199	3.78%	624,199	0
316	Misc. Power Plant Equip.	<u>8,709,178</u>	3.78%	<u>329,207</u>	3.78%	<u>329,207</u>	<u>0</u>
	Total	<u>548,640,686</u>	3.79%	<u>20,820,093</u>	3.79%	<u>20,820,093</u>	<u>0</u>
MITCHELL PLANT - (b)							
311	Structures & Improvements	42,000,197	2.87%	1,205,406	2.74%	1,149,812	(55,594)
312	Boiler Plant Equipment	765,644,984	3.90%	29,860,154	3.13%	23,947,287	(5,912,867)
312	Boiler Plant Equip SCR Catalyst (c)	8,190,115	10.00%	819,012	12.50%	1,023,764	204,752
314	Turbogenerator Units	53,295,697	2.86%	1,524,257	1.84%	982,084	(542,173)
315	Accessory Electrical Equipment	17,080,672	2.39%	408,228	1.64%	280,242	(127,986)
316	Misc. Power Plant Equip.	<u>7,693,412</u>	2.79%	<u>214,646</u>	2.80%	<u>215,335</u>	<u>689</u>
	Total	<u>893,905,077</u>	3.81%	<u>34,031,703</u>	3.09%	<u>27,598,524</u>	<u>(6,433,179)</u>
	Total Steam Production Plant	<u>1,442,545,763</u>	3.80%	<u>54,851,796</u>	3.36%	<u>48,418,617</u>	<u>(6,433,179)</u>
TRANSMISSION PLANT							
350.1	Land Rights	26,456,147	1.71%	452,400	1.44%	381,850	(70,550)
352	Structures & Improvements	6,636,668	1.71%	113,487	2.08%	137,978	24,491
353	Station Equipment	170,843,671	1.71%	2,921,427	2.15%	3,669,309	747,882
354	Towers & Fixtures	94,517,543	1.71%	1,616,250	2.61%	2,464,522	848,272
355	Poles & Fixtures	74,696,720	1.71%	1,277,314	3.95%	2,949,685	1,672,371
356	OH Conductor & Devices	122,537,908	1.71%	2,095,398	2.91%	3,563,336	1,467,938
357	Underground Conduit	11,590	1.71%	198	2.99%	346	148
358	Underground Conductor & Devices	<u>106,066</u>	1.71%	<u>1,814</u>	2.62%	<u>2,779</u>	<u>965</u>
	Total Transmission Plant	<u>495,806,313</u>	1.71%	<u>8,478,288</u>	2.66%	<u>13,169,805</u>	<u>4,691,517</u>
DISTRIBUTION PLANT							
360.1	Land Rights	5,343,520	3.52%	188,092	1.35%	71,981	(116,111)
361	Structures & Improvements	4,372,006	3.52%	153,895	1.62%	70,716	(83,179)
362	Station Equipment	83,664,562	3.52%	2,944,993	3.27%	2,733,159	(211,834)
364	Poles, Towers, & Fixtures	180,551,331	3.52%	6,355,407	4.70%	8,479,394	2,123,987
365	Overhead Conductor & Devices	179,538,721	3.52%	6,319,763	3.64%	6,537,027	217,264
366	Underground Conduit	6,377,091	3.52%	224,474	2.24%	142,926	(81,548)
367	Underground Conductor	9,812,956	3.52%	345,416	2.58%	253,278	(92,138)
368	Line Transformers	119,012,919	3.52%	4,189,255	4.07%	4,848,731	659,476
369	Services	53,900,363	3.52%	1,897,293	6.96%	3,751,658	1,854,365
370	Meters	24,723,287	3.52%	870,260	5.83%	1,440,385	570,125
371	Installations on Custs. Prem.	20,056,550	3.52%	705,991	12.13%	2,432,542	1,726,551
373	Street Lighting & Signal Sys.	<u>3,349,341</u>	3.52%	<u>117,897</u>	6.27%	<u>210,136</u>	<u>92,239</u>
	Total Distribution Plant	<u>690,702,647</u>	3.52%	<u>24,312,736</u>	4.48%	<u>30,971,933</u>	<u>6,659,197</u>

KENTUCKY POWER COMPANY
SCHEDULE II - COMPARE DEPRECIATION EXPENSE USING CURRENT AND STUDY RATES
ANNUAL DEPRECIATION RATES AND ACCRUALS BY THE REMAINING LIFE METHOD
BASED ON PLANT IN SERVICE AT DECEMBER 31, 2013

ACCT. NO. (1)	ACCOUNT TITLE (2)	ORIGINAL COST (3)	CURRENT APPROVED RATE (4)	ANNUAL ACCRUAL (5)	STUDY RATE (6)	STUDY ACCRUAL (7)	DIFFERENCE (DECREASE) (8)
GENERAL PLANT							
389.1	Land Rights	37,384	2.54%	950	1.59%	596	(354)
390	Structures & Improvements	19,811,669	2.54%	503,216	3.97%	786,469	283,253
391	Office Furniture & Equipment	1,683,333	2.54%	42,757	3.20%	53,931	11,174
392	Transportation Equipment	14,768	2.54%	375	3.52%	520	145
393	Stores Equipment	164,548	2.54%	4,180	4.15%	6,822	2,642
394	Tools Shop & Garage Equipment	3,553,696	2.54%	90,264	4.20%	149,084	58,820
395	Laboratory Equipment	141,765	2.54%	3,601	5.76%	8,163	4,562
396	Power Operated Equipment	5,931	2.54%	151	5.43%	322	171
397	Communication Equipment	7,318,955	2.54%	185,901	5.66%	414,591	228,690
398	Miscellaneous Equipment	<u>1,065,616</u>	2.54%	<u>27,067</u>	6.73%	<u>71,743</u>	<u>44,676</u>
	Total General Plant	<u>33,797,665</u>	2.54%	<u>858,462</u>	4.42%	<u>1,492,241</u>	<u>633,779</u>
	Total Depreciable Plant	<u>2,662,852,388</u>	3.32%	<u>88,501,282</u>	3.53%	<u>94,052,596</u>	<u>5,551,314</u>

Notes:

- (a) The depreciation study recommends that the current approved depreciation rates for Big Sandy Plant remain in effect until the next base case which will reflect the retirement of Big Sandy Unit 2 in 2015, the coal related portions of Unit 1 in 2016 and the cost to re-power Unit 1 to burn natural gas. Therefore there is no change in depreciation expense due to a change in depreciation rates for Big Sandy Plant.
- (b) The current approved rates for Mitchell Generating Plant are from AEP affiliated company, Ohio Power Company as per the Order in Case No. 2012-00578.
- (c) The depreciation rate was revised for the SCR catalyst at Mitchell Generating Station using AEP Generation's estimated average life for the catalyst of 8 years.

**KENTUCKY POWER COMPANY
 SCHEDULE III - COMPARISON OF MORTALITY CHARACTERISTICS
 DEPRECIATION STUDY AS OF DECEMBER 31, 2013**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	<u>Existing Rates (See note, below)</u>					<u>Current Study Rates</u>					
	Average Service Life (Years)	Iowa Curve	Salvage Factor	Cost of Removal Factor	Net Salvage Factor	Average Service Life (Years)	Iowa Curve	Salvage Factor	Cost of Removal Factor	Net Salvage Factor	
<u>TRANSMISSION PLANT</u>											
350.1	Rights of Way	75	R4.0	N/A	N/A	0%	75	R4.0	0%	0%	0%
352.0	Structures & Improvements	55	S1.5	N/A	N/A	0%	60	S3.0	0%	10%	-10%
353.0	Station Equipment	50	R0.5	N/A	N/A	25%	50	L0.5	8%	11%	-3%
354.0	Towers & Fixtures	55	R4.0	N/A	N/A	0%	51	S6.0	3%	13%	-10%
355.0	Poles & Fixtures	45	R3.0	N/A	N/A	0%	43	L3.0	2%	63%	-61%
356.0	Overhead Conductor & Devices	50	R3.0	N/A	N/A	10%	50	S6.0	6%	33%	-27%
357.0	Underground Conduit	37	R2.0	N/A	N/A	0%	37	R2.0	0%	0%	0%
358.0	Underground Conductor and Devices	44	R1.0	N/A	N/A	0%	44	R1.0	0%	0%	0%
<u>DISTRIBUTION PLANT</u>											
360.1	Rights of Way	75	R4.0	N/A	N/A	0%	75	R4.0	0%	0%	0%
361.0	Structures & Improvements	65	L0.5	N/A	N/A	0%	70	R2.0	4%	16%	-12%
362.0	Station Equipment	25	L0.0	N/A	N/A	25%	33	R0.5	10%	17%	-7%
364.0	Poles, Towers, & Fixtures	28	L0.0	N/A	N/A	25%	28	R0.5	18%	48%	-30%
365.0	Overhead Conductor & Devices	26	R1.5	N/A	N/A	25%	26	L0.0	30%	24%	6%
366.0	Underground Conduit	37	R2.0	N/A	N/A	0%	45	R3.0	0%	0%	0%
367.0	Underground Conductor	44	R1.0	N/A	N/A	0%	44	R0.5	1%	14%	-13%
368.0	Line Transformers	25	R1.5	N/A	N/A	15%	25	L0.0	29%	30%	-1%
369.0	Services	18	R2.0	N/A	N/A	0%	20	L0.0	1%	39%	-38%
370.0	Meters	27	R0.5	N/A	N/A	0%	17	R4.0	22%	19%	3%
371.0	Installations on Custs. Prem.	11	L0.0	N/A	N/A	30%	11	L0.0	1%	33%	-32%
373.0	Street Lighting & Signal Sys.	15	L0.0	N/A	N/A	15%	20	L0.0	1%	25%	-24%
<u>GENERAL PLANT</u>											
389.1	Rights of Way	75	R4.0	N/A	N/A	0%	75	R4.0	0%	0%	0%
390.0	Structures & Improvements	45	L3.0	N/A	N/A	0%	35	L2.0	1%	1%	0%
391.0	Office Furniture & Equipment	35	R0.5	N/A	N/A	10%	35	SQ	0%	0%	0%
392.0	Transportation Equipment	30	R3.0	N/A	N/A	0%	30	SQ	0%	0%	0%
393.0	Stores Equipment	30	R1.0	N/A	N/A	0%	30	SQ	0%	0%	0%
394.0	Tools Shop & Garage Equipment	30	R0.5	N/A	N/A	0%	30	SQ	0%	9%	-9%
395.0	Laboratory Equipment	30	L5.0	N/A	N/A	0%	30	SQ	0%	0%	0%
396.0	Power Operated Equipment	N/A	N/A	N/A	N/A	N/A	25	SQ	0%	0%	0%
397.0	Communication Equipment	22	L3.0	N/A	N/A	0%	22	SQ	6%	3%	3%
398.0	Miscellaneous Equipment	20	S5.0	N/A	N/A	0%	20	SQ	0%	3%	-3%

Note: Kentucky Power Company's existing depreciation rates are from Case No. 91-066. No detail of Cost of Removal % and Salvage Factor % is available from the order from that Case.

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_14 Provide Kentucky Power's cash account balances at the beginning of the test year and at the end of each month during the test year for total company and Kentucky operations.

RESPONSE

Please refer to KPCO_R_KPSC_1_14_Attachment1 for the requested information.

Witness: Heather M. Whitney

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_15 Provide the average number of customers on Kentucky Power's system (actual and projected) by rate schedule for the test year and two most recent calendar years.

RESPONSE

Please see KPCO_R_KPSC_1_15_Attachment1, KPCO_R_KPSC_1_15_Attachment2 and KPCO_R_KPSC_1_15_Attachment 3 for the requested data. There are no customer number projections with respect to the Company's filed case.

Witness: Michael M. Spaeth



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American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
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December 2021

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		Facility Charge
											Incl Fuel	Excl Fuel	
011	RSW-LMWH	269,645.93	12,977.85	256,668.08	1,998,851	0	0.0	119	0	0	13.49	12.84	0.00
012	RSW-A	27,527.59	1,203.12	26,324.47	209,873	0	0.0	10	0	0	13.12	12.54	0.00
013	RSW-B	2,579.47	103.13	2,476.34	19,773	0	0.0	1	0	0	13.05	12.52	0.00
014	RSW-C	24,925.57	1,285.99	23,639.58	187,966	0	0.0	14	0	0	13.26	12.58	0.00
015	RS	127,009,912.31	5,437,300.01	121,572,612.30	887,239,208	53,756	9,629.2	65,372	0	0	14.32	13.70	0.00
017	RS EMP	831,736.04	33,452.86	798,283.18	6,037,781	0	0.0	336	0	0	13.78	13.22	0.00
022	RSW-RS	147,977,488.03	6,632,544.27	141,344,943.76	1,055,627,965	52,170	18,990.0	67,797	0	0	14.02	13.39	0.00
028	AORH-W ON	14,359.39	660.80	13,698.59	110,886	72,780	0.0	6	0	0	12.95	12.35	0.00
030	RSW-ONPK	177,885.00	8,245.50	169,639.50	1,324,500	827,139	0.0	65	0	0	13.43	12.81	0.00
032	RS LM-ON	203,925.04	9,065.52	194,859.52	1,521,664	973,086	0.0	77	0	0	13.40	12.81	0.00
034	AORH-ON	1,563.20	69.82	1,493.38	12,002	7,117	0.0	2	0	0	13.02	12.44	0.00
036	RS-TOD-ON	11,998.99	568.79	11,430.20	88,812	55,133	0.0	4	0	0	13.51	12.87	0.00
093	OL 175 MV	107,193.88	3,550.16	103,643.72	498,322	0	0.0	0	578	610	21.51	20.80	67.06
094	OL 100 HP	2,819,138.64	67,298.00	2,751,840.64	9,606,282	0	0.0	0	19,224	20,811	29.35	28.65	58,511.36
095	OL 400 MV	24,225.72	966.11	23,259.61	136,188	0	0.0	0	53	75	17.79	17.08	0.00
097	OL 200 HP	338,490.79	11,810.28	326,680.51	1,612,326	0	0.0	0	1,285	1,668	20.99	20.26	10,313.47
098	OL 400 HP	87,424.13	3,786.01	83,638.12	487,804	0	0.0	0	109	255	17.92	17.15	3,772.83
099	OL175 MVP	1,038.22	33.99	1,004.23	4,174	0	0.0	0	3	5	24.87	24.06	0.00
103	OL 250 HP	633.00	25.91	607.09	2,724	0	0.0	0	1	2	23.24	22.29	0.00
107	OL 200HPF	396,555.55	12,075.98	384,479.57	1,672,924	0	0.0	0	1,214	1,716	23.70	22.98	11,522.77
109	OL400 HPF	1,436,749.48	56,628.80	1,380,120.68	7,825,633	0	0.0	0	1,707	4,057	18.36	17.64	36,504.04
110	OL 250 MH	45,980.20	1,392.75	44,587.45	186,380	0	0.0	0	82	160	24.67	23.92	2,013.75
111	OL100 HPP	194,210.53	2,741.67	191,468.86	377,959	0	0.0	0	211	808	51.38	50.66	1,577.81
113	OL 150 HP	3,565,409.89	101,341.90	3,464,067.99	14,631,269	0	0.0	0	19,427	21,913	24.37	23.68	156,516.43
116	OL 400 MH	345,442.55	13,253.94	332,188.61	1,714,888	0	0.0	0	298	946	20.14	19.37	9,626.84
120	OL 250HPP	867.34	20.68	846.66	2,331	0	0.0	0	2	2	37.21	36.32	0.00
122	OL150 HPP	25,501.49	349.98	25,151.51	46,245	0	0.0	0	16	68	55.14	54.39	0.00
126	OL 400HPP	1,791.36	42.06	1,749.30	5,846	0	0.0	0	2	3	30.64	29.92	0.00



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December 2021

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		Facility Charge
											Incl Fuel	Excl Fuel	
130	OL 250MON	599.00	33.59	565.41	1,798	0	0.0	0	4	2	33.31	31.45	0.00
131	OL 1000MH	69,820.32	3,941.45	65,878.87	447,833	0	0.0	0	47	99	15.59	14.71	752.10
136	OL 400MON	5,164.99	148.65	5,016.34	21,444	0	0.0	0	5	12	24.09	23.39	45.07
150	55W LEDOL	180,057.47	6,751.15	173,306.32	488,799	0	0.0	0	1,510	1,634	36.84	35.46	6,415.75
160	65W LEDOL	34.88	1.38	33.50	49	0	0.0	0	0	0	71.18	68.37	0.00
204	GS-MTRD	222,279.26	5,896.86	216,382.40	1,000,300	0	0.0	434	0	0	22.22	21.63	0.00
211	GS SEC	26,382,062.24	842,141.41	25,539,920.83	137,812,475	159,153	224,277.5	22,568	0	0	19.14	18.53	0.00
212	GS-SEC M	795.85	21.81	774.04	3,091	0	0.0	1	0	0	25.75	25.04	0.00
213	GS-UMR	487,836.84	14,765.99	473,070.85	2,197,936	0	0.0	583	0	0	22.20	21.52	0.00
214	GS - AF	202,140.47	8,172.68	193,967.79	1,326,209	0	31,649.6	85	0	0	15.24	14.63	0.00
215	GS SEC	64,021,881.08	2,648,549.73	61,373,331.35	427,222,703	0	1,736,861.5	6,397	0	0	14.99	14.37	0.00
217	GS PRI	493,086.58	22,356.57	470,730.01	3,285,278	0	14,921.9	30	0	0	15.01	14.33	0.00
218	GS M SEC	30,486.43	1,657.21	28,829.22	207,791	0	687.2	1	0	0	14.67	13.87	0.00
220	GSCC PRI	892,765.78	38,615.78	854,150.00	6,403,190	0	22,919.4	44	0	0	13.94	13.34	0.00
223	GS LM ON	120,622.53	5,532.66	115,089.87	826,089	526,464	0.0	40	0	0	14.60	13.93	0.00
225	GS LM TOD	127,688.64	5,196.23	122,492.41	873,222	523,680	0.0	31	0	0	14.62	14.03	0.00
227	EXP GSTOD	1,440,336.98	53,015.56	1,387,321.42	8,438,005	7,217,463	0.0	499	0	0	17.07	16.44	0.00
229	GS-TOD	1,055,672.67	47,846.01	1,007,826.66	7,745,560	4,893,211	3,280.3	138	0	0	13.63	13.01	0.00
236	GSCC SUB	93,104.59	2,010.25	91,094.34	588,282	0	1,865.6	5	0	0	15.83	15.48	0.00
240	LGS SEC	38,003,070.31	1,779,510.69	36,223,559.62	290,940,976	0	838,193.0	389	0	0	13.06	12.45	0.00
242	LGS M SEC	865,459.08	40,908.00	824,551.08	6,976,149	0	16,782.0	7	0	0	12.41	11.82	0.00
244	LGS PRI	9,096,794.71	496,595.95	8,600,198.76	74,839,757	76,800	244,227.0	59	0	0	12.16	11.49	0.00
246	LGS M PRI	72,853.80	3,171.97	69,681.83	620,782	0	1,924.0	1	0	0	11.74	11.22	0.00
248	LGS SUB	1,592,930.78	116,314.59	1,476,616.19	18,011,918	0	50,308.0	9	0	0	8.84	8.20	0.00
250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
251	LGS-LM-TD	231,562.09	14,230.89	217,331.20	1,735,872	1,008,760	0.0	7	0	0	13.34	12.52	0.00
256	LGSSECTOD	616,631.89	32,611.12	584,020.77	5,255,555	3,374,352	11,395.0	6	0	0	11.73	11.11	0.00
257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00



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December 2021

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		Facility Charge
											Incl Fuel	Excl Fuel	
260	PS SEC	12,788,967.40	556,922.63	12,232,044.77	90,009,516	0	344,819.0	144	0	0	14.21	13.59	0.00
264	PS PRI	230,691.90	12,210.51	218,481.39	1,900,413	0	6,926.0	1	0	0	12.14	11.50	0.00
330	CS-IRP PR	3,516,301.15	120,909.66	3,395,391.49	25,957,168	0	106,187.0	5	0	0	13.55	13.08	0.00
331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
332	CS-IRP TR	1,389,019.58	83,844.81	1,305,174.77	17,190,049	0	47,460.0	1	0	0	8.08	7.59	0.00
333	CS-IRP	2,715,328.60	208,135.04	2,507,193.56	36,884,466	0	103,464.0	1	0	0	7.36	6.80	0.00
356	IGS SEC	2,168,447.67	124,120.40	2,044,327.27	19,889,607	0	42,260.0	6	0	0	10.90	10.28	0.00
358	IGS PRI	25,670,795.28	1,435,419.52	24,235,375.76	244,632,062	0	598,086.0	35	0	0	10.49	9.91	0.00
359	IGS SUB	11,569,854.85	550,492.98	11,019,361.87	101,492,166	-2,110,500	378,300.0	12	0	0	11.40	10.86	0.00
360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
371	IGS	72,428,460.04	5,063,615.50	67,364,844.54	1,206,817,133	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,403,529.93	1,456,453.97	10,947,075.96	203,981,729	0	312,714.0	1	0	0	6.08	5.37	0.00
528	SL	1,787,644.07	40,931.77	1,746,712.30	8,462,724	0	0.0	55	0	0	21.12	20.64	0.00
540	MW	226,491.72	12,788.02	213,703.70	1,810,856	0	2,722.9	9	0	0	12.51	11.80	0.00
Grand Total - Summary		587,329,486.18	28,415,816.09	558,913,670.09	5,093,308,994	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.53	10.97	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	78,891.62	3,636.10	75,255.52	571,403	0	0.0	43	0	0	13.81	13.17	0.00
	014	RSW-C	16,673.84	813.50	15,860.34	123,131	0	0.0	11	0	0	13.54	12.88	0.00
	015	RS	63,042,241.88	2,521,948.56	60,520,293.32	429,211,177	3,937	5,280.5	37,213	0	0	14.69	14.10	0.00
	022	RSW-RS	22,583,960.49	956,702.04	21,627,258.45	156,625,718	0	686.0	12,253	0	0	14.42	13.81	0.00
	036	RS-TOD-ON	1,267.30	31.71	1,235.59	5,572	3,173	0.0	2	0	0	22.74	22.17	0.00
	093	OL 175 MV	53,351.80	1,777.91	51,573.89	249,446	0	0.0	0	308	308	21.39	20.68	67.06
	094	OL 100 HP	1,074,051.53	25,709.71	1,048,341.82	3,688,776	0	0.0	0	7,534	7,994	29.12	28.42	18,009.92
	095	OL 400 MV	1,914.92	73.86	1,841.06	11,124	0	0.0	0	4	6	17.21	16.55	0.00
	097	OL 200 HP	65,735.49	2,319.13	63,416.36	322,924	0	0.0	0	313	336	20.36	19.64	1,169.88
	098	OL 400 HP	3,459.08	150.08	3,309.00	20,713	0	0.0	0	11	11	16.70	15.98	12.53
	107	OL 200HPF	53,368.99	1,714.21	51,654.78	235,098	0	0.0	0	202	242	22.70	21.97	954.51
	109	OL400 HPF	59,332.34	2,514.64	56,817.70	336,378	0	0.0	0	112	175	17.64	16.89	729.54
	110	OL 250 MH	4,108.52	154.94	3,953.58	18,115	0	0.0	0	15	15	22.68	21.82	0.00
	111	OL100 HPP	6,169.78	95.78	6,074.00	12,478	0	0.0	0	15	26	49.45	48.68	67.09
	113	OL 150 HP	978,347.34	28,086.16	950,261.18	4,063,075	0	0.0	0	5,541	6,080	24.08	23.39	37,954.70
	116	OL 400 MH	5,859.31	224.01	5,635.30	30,396	0	0.0	0	13	16	19.28	18.54	131.50
	122	OL150 HPP	720.69	9.04	711.65	1,370	0	0.0	0	2	2	52.61	51.95	0.00
	130	OL 250MON	321.94	9.26	312.68	1,139	0	0.0	0	1	1	28.27	27.45	0.00
	131	OL 1000MH	1,535.09	90.36	1,444.73	10,435	0	0.0	0	2	2	14.71	13.85	0.00
	136	OL 400MON	427.13	9.83	417.30	1,889	0	0.0	0	1	1	22.61	22.09	0.00
150	55W LEDOL	54,333.66	2,097.22	52,236.44	149,475	0	0.0	0	472	498	36.35	34.95	1,606.07	
211	GS SEC	693.41	1.70	691.71	5,492	0	0.0	0	0	0	12.63	12.59	0.00	
Total 010			88,086,766.15	3,548,169.75	84,538,596.40	595,695,324	7,110	5,966.5	49,522	14,546	15,715	14.79	14.19	60,702.80
020	011	RSW-LMWH	190,754.31	9,341.75	181,412.56	1,427,448	0	0.0	76	0	0	13.36	12.71	0.00
	012	RSW-A	27,527.59	1,203.12	26,324.47	209,873	0	0.0	10	0	0	13.12	12.54	0.00
	013	RSW-B	2,579.47	103.13	2,476.34	19,773	0	0.0	1	0	0	13.05	12.52	0.00
	014	RSW-C	8,251.73	472.49	7,779.24	64,835	0	0.0	2	0	0	12.73	12.00	0.00
	015	RS	63,966,356.35	2,915,309.30	61,051,047.05	458,019,954	49,819	4,348.7	28,158	0	0	13.97	13.33	0.00
	017	RS EMP	831,736.04	33,452.86	798,283.18	6,037,781	0	0.0	336	0	0	13.78	13.22	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	022	RSW-RS	125,393,509.65	5,675,842.23	119,717,667.42	899,002,247	52,170	18,304.0	55,544	0	0	13.95	13.32	0.00
	028	AORH-W ON	14,359.39	660.80	13,698.59	110,886	72,780	0.0	6	0	0	12.95	12.35	0.00
	030	RSW-ONPK	177,885.00	8,245.50	169,639.50	1,324,500	827,139	0.0	65	0	0	13.43	12.81	0.00
	032	RS LM-ON	203,925.04	9,065.52	194,859.52	1,521,664	973,086	0.0	77	0	0	13.40	12.81	0.00
	034	AORH-ON	1,563.20	69.82	1,493.38	12,002	7,117	0.0	2	0	0	13.02	12.44	0.00
	036	RS-TOD-ON	10,731.69	537.08	10,194.61	83,240	51,960	0.0	2	0	0	12.89	12.25	0.00
	093	OL 175 MV	26,979.66	903.67	26,075.99	126,897	0	0.0	0	150	154	21.26	20.55	0.00
	094	OL 100 HP	1,474,890.41	35,350.69	1,439,539.72	5,033,385	0	0.0	0	10,233	10,918	29.30	28.60	34,091.81
	095	OL 400 MV	950.73	42.26	908.47	5,487	0	0.0	0	3	3	17.33	16.56	0.00
	097	OL 200 HP	105,049.93	3,727.07	101,322.86	516,891	0	0.0	0	497	533	20.32	19.60	1,963.20
	098	OL 400 HP	9,288.02	386.69	8,901.33	54,946	0	0.0	0	26	28	16.90	16.20	177.45
	107	OL 200HPF	77,748.44	2,380.52	75,367.92	336,111	0	0.0	0	305	345	23.13	22.42	2,313.06
	109	OL400 HPF	80,572.99	3,302.05	77,270.94	459,449	0	0.0	0	196	241	17.54	16.82	1,569.95
	110	OL 250 MH	4,179.55	151.83	4,027.72	18,203	0	0.0	0	13	16	22.96	22.13	67.14
	111	OL100 HPP	27,965.31	396.69	27,568.62	55,818	0	0.0	0	96	119	50.10	49.39	531.04
	113	OL 150 HP	2,049,477.17	58,691.44	1,990,785.73	8,512,874	0	0.0	0	11,697	12,768	24.08	23.39	79,012.15
	116	OL 400 MH	6,559.57	259.07	6,300.50	34,525	0	0.0	0	15	19	19.00	18.25	43.05
	120	OL 250HPP	432.06	10.17	421.89	1,195	0	0.0	0	1	1	36.16	35.30	0.00
	122	OL150 HPP	1,413.31	20.37	1,392.94	2,678	0	0.0	0	4	4	52.77	52.01	0.00
	126	OL 400HPP	579.04	15.08	563.96	1,936	0	0.0	0	1	1	29.91	29.13	0.00
	130	OL 250MON	-371.56	11.49	-383.05	-1,479	0	0.0	0	0	-1	25.12	25.90	0.00
131	OL 1000MH	3,338.64	315.74	3,022.90	23,232	0	0.0	0	1	4	14.37	13.01	0.00	
136	OL 400MON	858.08	19.64	838.44	3,516	0	0.0	0	2	2	24.41	23.85	0.00	
150	55W LEDOL	106,422.62	3,956.96	102,465.66	288,547	0	0.0	0	913	966	36.88	35.51	4,055.28	
160	65W LEDOL	34.88	1.38	33.50	49	0	0.0	0	0	0	71.18	68.37	0.00	
211	GS SEC	7,583.25	-39.68	7,622.93	52,932	0	16.3	3	0	0	14.33	14.40	0.00	
215	GS SEC	550.75	-13.77	564.52	3,721	0	19.5	0	0	0	14.80	15.17	0.00	
Total 020			194,813,682.31	8,764,192.96	186,049,489.35	1,383,365,116	2,034,071	22,688.5	84,282	24,154	26,120	14.08	13.45	123,824.13
211	015	RS	59.60	0.52	59.08	150	0	0.0	0	0	0	39.73	39.39	0.00



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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	022	RSW-RS	17.89	0.00	17.89	0	0	0.0	0	0	0	0.00	0.00	0.00
	093	OL 175 MV	15,674.16	493.48	15,180.68	71,098	0	0.0	0	71	87	22.05	21.35	0.00
	094	OL 100 HP	182,088.24	4,189.36	177,898.88	595,569	0	0.0	0	1,036	1,281	30.57	29.87	4,327.28
	095	OL 400 MV	10,243.67	394.28	9,849.39	57,213	0	0.0	0	25	32	17.90	17.22	0.00
	097	OL 200 HP	94,454.60	3,336.73	91,117.87	437,842	0	0.0	0	284	453	21.57	20.81	3,454.76
	098	OL 400 HP	22,132.15	903.09	21,229.06	126,104	0	0.0	0	38	66	17.55	16.83	568.50
	099	OL175 MVP	831.14	26.95	804.19	3,344	0	0.0	0	2	4	24.85	24.05	0.00
	103	OL 250 HP	633.00	25.91	607.09	2,724	0	0.0	0	1	2	23.24	22.29	0.00
	107	OL 200HPF	140,536.16	4,292.09	136,244.07	583,030	0	0.0	0	391	601	24.10	23.37	4,214.63
	109	OL400 HPF	637,870.58	25,134.26	612,736.32	3,471,356	0	0.0	0	752	1,800	18.38	17.65	14,489.28
	110	OL 250 MH	16,984.75	500.44	16,484.31	68,180	0	0.0	0	34	58	24.91	24.18	781.71
	111	OL100 HPP	46,914.75	668.75	46,246.00	90,297	0	0.0	0	33	194	51.96	51.22	499.28
	113	OL 150 HP	351,834.02	9,632.38	342,201.64	1,368,028	0	0.0	0	1,568	2,037	25.72	25.01	21,182.20
	116	OL 400 MH	189,710.46	7,152.46	182,558.00	941,808	0	0.0	0	152	518	20.14	19.38	5,241.62
	122	OL150 HPP	3,427.57	51.48	3,376.09	5,979	0	0.0	0	1	10	57.33	56.47	0.00
	126	OL 400HPP	1,212.32	26.98	1,185.34	3,910	0	0.0	0	1	2	31.01	30.32	0.00
	130	OL 250MON	648.62	12.84	635.78	2,138	0	0.0	0	2	2	30.34	29.74	0.00
	131	OL 1000MH	35,551.79	2,078.93	33,472.86	226,678	0	0.0	0	25	49	15.68	14.77	483.50
	136	OL 400MON	3,879.78	119.18	3,760.60	16,039	0	0.0	0	2	9	24.19	23.45	45.07
	150	55W LEDOL	13,775.31	510.66	13,264.65	36,747	0	0.0	0	94	123	37.49	36.10	442.03
	204	GS-MTRD	207,971.17	5,798.96	202,172.21	982,865	0	0.0	377	0	0	21.16	20.57	0.00
	211	GS SEC	18,400,793.85	569,867.53	17,830,926.32	93,093,790	60,509	122,034.9	17,002	0	0	19.77	19.15	0.00
	212	GS-SEC M	795.85	21.81	774.04	3,091	0	0.0	1	0	0	25.75	25.04	0.00
	213	GS-UMR	376,704.64	10,435.21	366,269.43	1,715,452	0	0.0	434	0	0	21.96	21.35	0.00
	214	GS - AF	4,694.01	77.64	4,616.37	18,603	0	1,582.1	6	0	0	25.23	24.82	0.00
	215	GS SEC	30,232,366.93	1,230,829.73	29,001,537.20	203,298,540	0	804,474.9	3,090	0	0	14.87	14.27	0.00
	217	GS PRI	169,359.77	9,802.06	159,557.71	1,218,725	0	3,619.4	8	0	0	13.90	13.09	0.00
	220	GSCC PRI	58,853.70	1,986.80	56,866.90	441,543	0	1,411.8	3	0	0	13.33	12.88	0.00
	223	GS LM ON	7,245.09	261.73	6,983.36	42,776	23,830	0.0	4	0	0	16.94	16.33	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	225	GS LM TOD	1,988.17	51.29	1,936.88	9,485	5,655	0.0	2	0	0	20.96	20.42	0.00
	227	EXP GSTOD	951,848.37	34,986.32	916,862.05	5,492,676	4,700,685	0.0	362	0	0	17.33	16.69	0.00
	229	GS-TOD	449,018.62	21,325.07	427,693.55	3,189,731	1,835,282	3,280.3	57	0	0	14.08	13.41	0.00
	240	LGS SEC	10,837,237.29	519,472.21	10,317,765.08	86,140,638	0	215,596.0	112	0	0	12.58	11.98	0.00
	244	LGS PRI	1,511,142.45	95,931.80	1,415,210.65	13,334,589	0	32,750.0	10	0	0	11.33	10.61	0.00
	248	LGS SUB	559,575.18	60,054.49	499,520.69	5,848,934	0	16,476.0	4	0	0	9.57	8.54	0.00
	256	LGSSECTOD	378,375.63	18,730.66	359,644.97	3,268,322	1,967,728	7,184.0	4	0	0	11.58	11.00	0.00
	356	IGS SEC	1,525,621.05	86,593.24	1,439,027.81	15,418,847	0	30,783.0	4	0	0	9.89	9.33	0.00
	358	IGS PRI	6,824,030.07	429,004.43	6,395,025.64	81,674,399	0	147,090.0	8	0	0	8.36	7.83	0.00
359	IGS SUB	1,342,511.83	116,151.33	1,226,360.50	18,609,276	0	34,806.0	3	0	0	7.21	6.59	0.00	
Total 211			75,608,614.23	3,270,933.08	72,337,681.15	541,910,516	8,593,689	1,421,088.4	21,491	4,513	7,327	13.95	13.35	55,729.86
212	015	RS	1,254.48	41.63	1,212.85	7,927	0	0.0	1	0	0	15.83	15.30	0.00
	093	OL 175 MV	2,383.75	87.65	2,296.10	10,798	0	0.0	0	13	13	22.08	21.26	0.00
	094	OL 100 HP	41,586.78	939.07	40,647.71	135,878	0	0.0	0	232	292	30.61	29.91	1,061.83
	095	OL 400 MV	3,942.20	152.71	3,789.49	22,191	0	0.0	0	7	12	17.76	17.08	0.00
	097	OL 200 HP	28,176.01	951.77	27,224.24	129,278	0	0.0	0	104	136	21.79	21.06	1,209.27
	098	OL 400 HP	10,310.19	482.98	9,827.21	57,752	0	0.0	0	14	30	17.85	17.02	359.37
	099	OL175 MVP	207.08	7.04	200.04	830	0	0.0	0	1	1	24.95	24.10	0.00
	107	OL 200HPF	57,065.84	1,705.69	55,360.15	237,679	0	0.0	0	157	243	24.01	23.29	1,664.77
	109	OL400 HPF	245,724.79	9,781.29	235,943.50	1,327,408	0	0.0	0	287	691	18.51	17.77	6,926.61
	110	OL 250 MH	12,284.44	349.11	11,935.33	46,759	0	0.0	0	9	41	26.27	25.53	1,030.64
	111	OL100 HPP	6,112.02	90.26	6,021.76	11,431	0	0.0	0	6	24	53.47	52.68	230.44
	113	OL 150 HP	99,068.91	2,719.12	96,349.79	375,327	0	0.0	0	393	560	26.40	25.67	8,021.22
	116	OL 400 MH	66,229.05	2,410.03	63,819.02	326,306	0	0.0	0	63	179	20.30	19.56	2,341.69
	131	OL 1000MH	19,759.39	1,034.55	18,724.84	126,003	0	0.0	0	8	29	15.68	14.86	134.24
	150	55W LEDOL	3,221.68	109.59	3,112.09	8,087	0	0.0	0	20	27	39.84	38.48	217.37
	211	GS SEC	3,940,949.60	140,549.41	3,800,400.19	23,214,137	12,705	57,991.1	2,314	0	0	16.98	16.37	0.00
	215	GS SEC	19,824,841.67	811,333.87	19,013,507.80	130,681,462	0	570,651.5	2,116	0	0	15.17	14.55	0.00
217	GS PRI	122,415.72	5,554.05	116,861.67	925,482	0	2,658.2	5	0	0	13.23	12.63	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	220	GSCC PRI	53,131.35	4,225.57	48,905.78	423,978	0	660.0	1	0	0	12.53	11.53	0.00
	223	GS LM ON	100,826.30	4,643.94	96,182.36	687,230	429,605	0.0	33	0	0	14.67	14.00	0.00
	225	GS LM TOD	36,337.95	1,186.33	35,151.62	208,922	123,731	0.0	23	0	0	17.39	16.83	0.00
	227	EXP GSTOD	488,488.61	18,029.24	470,459.37	2,945,329	2,516,778	0.0	137	0	0	16.59	15.97	0.00
	229	GS-TOD	316,433.89	14,289.80	302,144.09	2,273,050	1,421,270	0.0	53	0	0	13.92	13.29	0.00
	240	LGS SEC	13,035,562.56	617,943.55	12,417,619.01	102,475,333	0	271,008.0	129	0	0	12.72	12.12	0.00
	242	LGS M SEC	165,323.13	7,827.18	157,495.95	1,340,923	0	3,385.0	1	0	0	12.33	11.75	0.00
	244	LGS PRI	829,997.08	41,969.88	788,027.20	7,459,310	0	19,509.0	6	0	0	11.13	10.56	0.00
	248	LGS SUB	197,488.69	16,771.86	180,716.83	2,315,929	0	5,706.0	1	0	0	8.53	7.80	0.00
	251	LGS-LM-TD	110,491.16	4,567.87	105,923.29	831,923	467,880	0.0	4	0	0	13.28	12.73	0.00
358	IGS PRI	860,340.87	63,685.15	796,655.72	9,203,997	0	18,115.0	2	0	0	9.35	8.66	0.00	
Total 212			40,679,955.19	1,773,440.19	38,906,515.00	287,810,659	4,971,969	949,683.8	4,826	1,314	2,278	14.13	13.52	23,197.45
213	093	OL 175 MV	1,101.68	33.73	1,067.95	5,029	0	0.0	0	6	6	21.91	21.24	0.00
	094	OL 100 HP	6,719.14	169.00	6,550.14	22,638	0	0.0	0	26	48	29.68	28.93	0.00
	095	OL 400 MV	1,314.42	50.93	1,263.49	7,393	0	0.0	0	3	4	17.78	17.09	0.00
	097	OL 200 HP	6,122.77	203.16	5,919.61	28,408	0	0.0	0	19	29	21.55	20.84	244.50
	098	OL 400 HP	3,891.67	176.51	3,715.16	19,914	0	0.0	0	4	12	19.54	18.66	345.79
	107	OL 200HPF	21,523.74	658.31	20,865.43	89,949	0	0.0	0	46	92	23.93	23.20	557.64
	109	OL400 HPF	151,601.47	5,720.29	145,881.18	813,726	0	0.0	0	95	420	18.63	17.93	5,441.47
	110	OL 250 MH	1,178.19	37.01	1,141.18	4,647	0	0.0	0	3	4	25.35	24.56	67.11
	111	OL100 HPP	6,988.69	92.36	6,896.33	13,636	0	0.0	0	4	29	51.25	50.57	0.00
	113	OL 150 HP	11,171.45	293.75	10,877.70	39,007	0	0.0	0	29	58	28.64	27.89	1,610.28
	116	OL 400 MH	26,898.22	1,122.35	25,775.87	130,781	0	0.0	0	19	79	20.57	19.71	733.37
	131	OL 1000MH	766.01	22.95	743.06	4,529	0	0.0	0	1	1	16.91	16.41	67.22
	150	55W LEDOL	251.39	9.62	241.77	702	0	0.0	0	2	2	35.81	34.44	0.00
	211	GS SEC	385,649.92	14,377.37	371,272.55	2,175,536	0	5,445.8	249	0	0	17.73	17.07	0.00
	214	GS - AF	143,195.98	6,299.67	136,896.31	940,141	0	22,325.9	59	0	0	15.23	14.56	0.00
	215	GS SEC	2,962,291.17	132,889.65	2,829,401.52	19,657,733	0	76,148.3	218	0	0	15.07	14.39	0.00
217	GS PRI	1,189.56	131.44	1,058.12	7,442	0	16.2	0	0	0	15.98	14.22	0.00	



American Electric Power
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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	223	GS LM ON	9,162.85	453.11	8,709.74	76,149	60,320	0.0	1	0	0	12.03	11.44	0.00
	240	LGS SEC	2,074,921.92	88,682.54	1,986,239.38	14,674,212	0	54,621.0	30	0	0	14.14	13.54	0.00
	244	LGS PRI	289,419.19	22,490.20	266,928.99	2,236,540	0	8,076.0	2	0	0	12.94	11.93	0.00
	260	PS SEC	12,788,967.40	556,922.63	12,232,044.77	90,009,516	0	344,819.0	144	0	0	14.21	13.59	0.00
	264	PS PRI	230,691.90	12,210.51	218,481.39	1,900,413	0	6,926.0	1	0	0	12.14	11.50	0.00
	358	IGS PRI	399,734.71	20,466.77	379,267.94	3,516,175	0	9,324.0	1	0	0	11.37	10.79	0.00
	359	IGS SUB	229,405.21	11,569.52	217,835.69	1,796,041	0	5,865.0	1	0	0	12.77	12.13	0.00
Total 213			19,754,158.65	875,083.38	18,879,075.27	138,170,257	60,320	533,567.2	706	257	783	14.30	13.66	9,067.38
216	093	OL 175 MV	6,035.10	202.48	5,832.62	27,431	0	0.0	0	23	33	22.00	21.26	0.00
	094	OL 100 HP	29,908.05	697.33	29,210.72	97,224	0	0.0	0	125	208	30.76	30.04	886.48
	095	OL 400 MV	4,543.09	193.94	4,349.15	25,421	0	0.0	0	8	14	17.87	17.11	0.00
	097	OL 200 HP	26,159.56	858.51	25,301.05	117,292	0	0.0	0	54	120	22.30	21.57	1,809.79
	098	OL 400 HP	37,680.96	1,659.68	36,021.28	204,465	0	0.0	0	15	107	18.43	17.62	2,309.19
	107	OL 200HPF	39,099.45	1,112.48	37,986.97	159,996	0	0.0	0	93	162	24.44	23.74	1,794.16
	109	OL400 HPF	172,576.07	6,634.19	165,941.88	934,213	0	0.0	0	197	481	18.47	17.76	4,960.14
	110	OL 250 MH	5,588.64	146.22	5,442.42	23,467	0	0.0	0	7	20	23.81	23.19	67.15
	111	OL100 HPP	76,476.21	1,099.59	75,376.62	148,281	0	0.0	0	36	318	51.58	50.83	249.96
	113	OL 150 HP	59,368.61	1,474.59	57,894.02	213,155	0	0.0	0	150	321	27.85	27.16	7,157.56
	116	OL 400 MH	35,215.03	1,511.18	33,703.85	174,253	0	0.0	0	21	94	20.21	19.34	1,135.61
	120	OL 250HPP	435.28	10.51	424.77	1,136	0	0.0	0	1	1	38.32	37.39	0.00
	122	OL150 HPP	16,930.58	232.55	16,698.03	30,777	0	0.0	0	7	44	55.01	54.25	0.00
	131	OL 1000MH	5,451.80	266.60	5,185.20	34,585	0	0.0	0	6	8	15.76	14.99	67.14
	150	55W LEDOL	1,700.64	55.86	1,644.78	4,376	0	0.0	0	7	14	38.86	37.59	71.44
	204	GS-MTRD	10,989.42	49.66	10,939.76	9,627	0	0.0	46	0	0	114.15	113.64	0.00
	211	GS SEC	2,717,863.05	89,528.14	2,628,334.91	14,761,997	85,939	30,688.4	2,100	0	0	18.41	17.80	0.00
	213	GS-UMR	110,902.07	4,330.46	106,571.61	482,425	0	0.0	149	0	0	22.99	22.09	0.00
	214	GS - AF	54,250.48	1,795.37	52,455.11	367,465	0	7,741.6	20	0	0	14.76	14.27	0.00
	215	GS SEC	8,716,564.47	367,038.45	8,349,526.02	58,656,642	0	223,006.2	747	0	0	14.86	14.23	0.00
217	GS PRI	80,848.83	2,276.74	78,572.09	419,964	0	4,463.2	4	0	0	19.25	18.71	0.00	



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December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	218	GS M SEC	30,486.43	1,657.21	28,829.22	207,791	0	687.2	1	0	0	14.67	13.87	0.00
	223	GS LM ON	3,388.29	173.88	3,214.41	19,934	12,709	0.0	2	0	0	17.00	16.13	0.00
	225	GS LM TOD	89,362.52	3,958.61	85,403.91	654,815	394,294	0.0	6	0	0	13.65	13.04	0.00
	229	GS-TOD	290,220.16	12,231.14	277,989.02	2,282,779	1,636,659	0.0	28	0	0	12.71	12.18	0.00
	240	LGS SEC	7,530,909.45	355,126.22	7,175,783.23	58,847,092	0	156,386.0	69	0	0	12.80	12.19	0.00
	242	LGS M SEC	700,135.95	33,080.82	667,055.13	5,635,226	0	13,397.0	6	0	0	12.42	11.84	0.00
	244	LGS PRI	488,671.40	24,422.23	464,249.17	4,081,345	0	13,537.0	4	0	0	11.97	11.37	0.00
	246	LGS M PRI	72,853.80	3,171.97	69,681.83	620,782	0	1,924.0	1	0	0	11.74	11.22	0.00
	251	LGS-LM-TD	120,004.87	9,660.43	110,344.44	903,621	540,480	0.0	2	0	0	13.28	12.21	0.00
	256	LGSSECTOD	238,256.26	13,880.46	224,375.80	1,987,233	1,406,624	4,211.0	2	0	0	11.99	11.29	0.00
	358	IGS PRI	2,140,556.64	139,752.97	2,000,803.67	22,607,677	0	47,286.0	4	0	0	9.47	8.85	0.00
540	MW	226,491.72	12,788.02	213,703.70	1,810,856	0	2,722.9	9	0	0	12.51	11.80	0.00	
Total 216			24,139,924.88	1,091,078.49	23,048,846.39	176,553,343	4,076,705	506,050.5	3,199	751	1,946	13.67	13.05	20,508.62
221	093	OL 175 MV	1,298.64	36.99	1,261.65	5,953	0	0.0	0	7	7	21.81	21.19	0.00
	094	OL 100 HP	8,359.51	205.91	8,153.60	27,633	0	0.0	0	31	59	30.25	29.51	134.04
	095	OL 400 MV	986.31	46.97	939.34	5,486	0	0.0	0	2	3	17.98	17.12	0.00
	097	OL 200 HP	7,459.94	258.33	7,201.61	34,918	0	0.0	0	9	36	21.36	20.62	222.07
	098	OL 400 HP	662.06	26.98	635.08	3,910	0	0.0	0	1	2	16.93	16.24	0.00
	107	OL 200HPF	5,812.43	175.91	5,636.52	25,104	0	0.0	0	14	26	23.15	22.45	0.00
	109	OL400 HPF	66,632.69	2,791.72	63,840.97	360,611	0	0.0	0	44	187	18.48	17.70	1,753.92
	110	OL 250 MH	1,656.11	53.20	1,602.91	7,009	0	0.0	0	1	6	23.63	22.87	0.00
	111	OL100 HPP	1,393.06	24.91	1,368.15	2,669	0	0.0	0	1	6	52.19	51.26	0.00
	113	OL 150 HP	8,790.01	245.72	8,544.29	32,394	0	0.0	0	24	48	27.13	26.38	882.58
	116	OL 400 MH	13,912.41	546.37	13,366.04	71,329	0	0.0	0	13	39	19.50	18.74	0.00
	131	OL 1000MH	2,741.44	100.96	2,640.48	18,004	0	0.0	0	2	4	15.23	14.67	0.00
	150	55W LEDOL	263.61	8.47	255.14	625	0	0.0	0	1	2	42.18	40.82	23.56
	204	GS-MTRD	1,654.45	48.09	1,606.36	7,797	0	0.0	3	0	0	21.22	20.60	0.00
	211	GS SEC	667,658.62	21,349.73	646,308.89	3,416,337	0	5,979.1	582	0	0	19.54	18.92	0.00
215	GS SEC	1,591,791.27	77,069.74	1,514,721.53	10,445,393	0	42,427.9	144	0	0	15.24	14.50	0.00	



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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	217	GS PRI	110,232.67	4,452.14	105,780.53	674,038	0	4,002.9	10	0	0	16.35	15.69	0.00
	220	GSCC PRI	236,356.95	10,342.51	226,014.44	1,800,365	0	4,872.2	11	0	0	13.13	12.55	0.00
	240	LGS SEC	3,500,760.37	152,406.54	3,348,353.83	22,805,658	0	105,418.0	36	0	0	15.35	14.68	0.00
	244	LGS PRI	2,194,973.35	147,762.98	2,047,210.37	18,324,736	0	56,037.0	14	0	0	11.98	11.17	0.00
	248	LGS SUB	195,775.53	9,558.06	186,217.47	2,289,665	0	6,006.0	1	0	0	8.55	8.13	0.00
	250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
	331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
	332	CS-IRP TR	1,389,019.58	83,844.81	1,305,174.77	17,190,049	0	47,460.0	1	0	0	8.08	7.59	0.00
	358	IGS PRI	5,346,920.59	360,899.16	4,986,021.43	56,949,318	0	118,615.0	9	0	0	9.39	8.76	0.00
	359	IGS SUB	6,083,509.31	190,328.04	5,893,181.27	41,560,199	-2,110,500	216,932.0	5	0	0	14.64	14.18	0.00
	360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
	370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
	371	IGS	72,428,460.04	5,063,615.50	67,364,844.54	1,206,817,133	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,403,529.93	1,456,453.97	10,947,075.96	203,981,729	0	312,714.0	1	0	0	6.08	5.37	0.00	
Total 221			114,221,558.26	7,715,284.83	106,506,273.43	1,728,522,739	-107,932,300	2,719,965.9	824	150	425	6.61	6.16	3,016.17
222	097	OL 200 HP	867.85	26.59	841.26	3,966	0	0.0	0	2	4	21.88	21.21	48.00
	107	OL 200HPF	228.87	7.45	221.42	986	0	0.0	0	1	1	23.21	22.46	0.00
	109	OL400 HPF	2,844.81	107.23	2,737.58	15,668	0	0.0	0	5	8	18.16	17.47	48.00
	113	OL 150 HP	1,901.83	52.11	1,849.72	6,635	0	0.0	0	6	10	28.66	27.88	268.20
	211	GS SEC	64,466.04	2,278.14	62,187.90	385,049	0	1,238.9	27	0	0	16.74	16.15	0.00
	215	GS SEC	303,996.36	14,137.30	289,859.06	2,012,920	0	7,950.9	25	0	0	15.10	14.40	0.00
	220	GSCC PRI	27,639.57	1,086.84	26,552.73	202,414	0	492.0	2	0	0	13.65	13.12	0.00
	240	LGS SEC	603,200.81	32,745.76	570,455.05	3,880,504	0	17,446.0	6	0	0	15.54	14.70	0.00
	244	LGS PRI	315,924.50	23,480.05	292,444.45	2,959,285	0	6,000.0	1	0	0	10.68	9.88	0.00
	251	LGS-LM-TD	1,066.06	2.59	1,063.47	328	400	0.0	1	0	0	325.02	324.23	0.00
	356	IGS SEC	642,826.62	37,527.16	605,299.46	4,470,760	0	11,477.0	2	0	0	14.38	13.54	0.00
	358	IGS PRI	847,454.34	72,726.28	774,728.06	9,242,976	0	19,949.0	1	0	0	9.17	8.38	0.00
Total 222			2,812,417.66	184,177.50	2,628,240.16	23,181,491	400	64,553.8	65	14	23	12.13	11.34	364.20
230	094	OL 100 HP	979.81	22.25	957.56	3,312	0	0.0	0	6	7	29.58	28.91	0.00



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December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	095	OL 400 MV	330.38	11.16	319.22	1,873	0	0.0	0	1	1	17.64	17.04	0.00
	097	OL 200 HP	4,464.64	128.99	4,335.65	20,807	0	0.0	0	3	21	21.46	20.84	192.00
	107	OL 200HPF	945.51	22.36	923.15	3,997	0	0.0	0	3	4	23.66	23.10	24.00
	109	OL400 HPF	11,368.94	351.15	11,017.79	61,884	0	0.0	0	12	31	18.37	17.80	383.77
	113	OL 150 HP	4,645.06	125.87	4,519.19	18,051	0	0.0	0	16	27	25.73	25.04	293.38
	116	OL 400 MH	1,058.50	28.47	1,030.03	5,490	0	0.0	0	2	3	19.28	18.76	0.00
	150	55W LEDOL	88.56	2.77	85.79	240	0	0.0	0	1	1	36.90	35.75	0.00
	211	GS SEC	63,004.83	2,001.98	61,002.85	345,030	0	691.7	51	0	0	18.26	17.68	0.00
	215	GS SEC	319,309.75	12,128.15	307,181.60	2,003,405	0	10,243.9	52	0	0	15.94	15.33	0.00
	217	GS PRI	9,040.03	140.14	8,899.89	39,627	0	162.0	3	0	0	22.81	22.46	0.00
	220	GSCC PRI	516,784.21	20,974.06	495,810.15	3,534,890	0	15,483.4	28	0	0	14.62	14.03	0.00
	236	GSCC SUB	93,104.59	2,010.25	91,094.34	588,282	0	1,865.6	5	0	0	15.83	15.48	0.00
	240	LGS SEC	420,477.91	13,133.87	407,344.04	2,117,539	0	17,718.0	8	0	0	19.86	19.24	0.00
	244	LGS PRI	3,466,666.74	140,538.81	3,326,127.93	26,443,952	76,800	108,318.0	21	0	0	13.11	12.58	0.00
	248	LGS SUB	640,091.38	29,930.18	610,161.20	7,557,390	0	22,120.0	3	0	0	8.47	8.07	0.00
	257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
	330	CS-IRP PR	3,516,301.15	120,909.66	3,395,391.49	25,957,168	0	106,187.0	5	0	0	13.55	13.08	0.00
	333	CS-IRP	2,715,328.60	208,135.04	2,507,193.56	36,884,466	0	103,464.0	1	0	0	7.36	6.80	0.00
358	IGS PRI	9,251,758.06	348,884.76	8,902,873.30	61,437,520	0	237,707.0	9	0	0	15.06	14.49	0.00	
359	IGS SUB	3,914,428.50	232,444.09	3,681,984.41	39,526,650	0	120,697.0	2	0	0	9.90	9.32	0.00	
Total 230			25,183,245.17	1,146,470.11	24,036,775.06	208,706,362	1,240,800	748,317.6	190	44	95	12.07	11.52	893.15
400	093	OL 175 MV	369.09	14.25	354.84	1,670	0	0.0	0	1	2	22.10	21.25	0.00
	094	OL 100 HP	555.17	14.68	540.49	1,867	0	0.0	0	2	4	29.74	28.95	0.00
	107	OL 200HPF	226.12	6.96	219.16	974	0	0.0	0	1	1	23.22	22.50	0.00
	109	OL400 HPF	8,224.80	291.98	7,932.82	44,940	0	0.0	0	7	23	18.30	17.65	201.36
	111	OL100 HPP	22,190.71	273.33	21,917.38	43,349	0	0.0	0	19	92	51.19	50.56	0.00
	113	OL 150 HP	805.49	20.76	784.73	2,723	0	0.0	0	2	4	29.58	28.82	134.16
	122	OL150 HPP	3,009.34	36.54	2,972.80	5,441	0	0.0	0	2	8	55.31	54.64	0.00
	131	OL 1000MH	676.16	31.36	644.80	4,367	0	0.0	0	1	1	15.48	14.77	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
400	204	GS-MTRD	1,664.22	0.15	1,664.07	11	0	0.0	8	0	0	15,129.27	15,127.91	0.00
	211	GS SEC	133,399.67	2,227.09	131,172.58	362,175	0	191.3	240	0	0	36.83	36.22	0.00
	213	GS-UMR	230.13	0.32	229.81	59	0	0.0	1	0	0	390.05	389.51	0.00
	215	GS SEC	70,168.71	3,136.61	67,032.10	462,887	0	1,938.4	6	0	0	15.16	14.48	0.00
	528	SL	1,787,644.07	40,931.77	1,746,712.30	8,462,724	0	0.0	55	0	0	21.12	20.64	0.00
Total 400			2,029,163.68	46,985.80	1,982,177.88	9,393,187	0	2,129.7	310	35	135	21.60	21.10	335.52
Grand Total			587,329,486.18	28,415,816.09	558,913,670.09	5,093,308,994	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.53	10.97	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
011	RSW-LMWH	269,645.93	12,977.85	256,668.08	1,998,851	0	0.0	119	0	0	13.49	12.84	0.00
012	RSW-A	27,527.59	1,203.12	26,324.47	209,873	0	0.0	10	0	0	13.12	12.54	0.00
013	RSW-B	2,579.47	103.13	2,476.34	19,773	0	0.0	1	0	0	13.05	12.52	0.00
014	RSW-C	24,925.57	1,285.99	23,639.58	187,966	0	0.0	14	0	0	13.26	12.58	0.00
015	RS	127,009,912.31	5,437,300.01	121,572,612.30	887,239,208	53,756	9,629.2	65,372	0	0	14.32	13.70	0.00
017	RS EMP	831,736.04	33,452.86	798,283.18	6,037,781	0	0.0	336	0	0	13.78	13.22	0.00
022	RSW-RS	147,977,488.03	6,632,544.27	141,344,943.76	1,055,627,965	52,170	18,990.0	67,797	0	0	14.02	13.39	0.00
028	AORH-W ON	14,359.39	660.80	13,698.59	110,886	72,780	0.0	6	0	0	12.95	12.35	0.00
030	RSW-ONPK	177,885.00	8,245.50	169,639.50	1,324,500	827,139	0.0	65	0	0	13.43	12.81	0.00
032	RS LM-ON	203,925.04	9,065.52	194,859.52	1,521,664	973,086	0.0	77	0	0	13.40	12.81	0.00
034	AORH-ON	1,563.20	69.82	1,493.38	12,002	7,117	0.0	2	0	0	13.02	12.44	0.00
036	RS-TOD-ON	11,998.99	568.79	11,430.20	88,812	55,133	0.0	4	0	0	13.51	12.87	0.00
093	OL 175 MV	107,193.88	3,550.16	103,643.72	498,322	0	0.0	0	578	610	21.51	20.80	67.06
094	OL 100 HP	2,819,138.64	67,298.00	2,751,840.64	9,606,282	0	0.0	0	19,224	20,811	29.35	28.65	58,511.36
095	OL 400 MV	24,225.72	966.11	23,259.61	136,188	0	0.0	0	53	75	17.79	17.08	0.00
097	OL 200 HP	338,490.79	11,810.28	326,680.51	1,612,326	0	0.0	0	1,285	1,668	20.99	20.26	10,313.47
098	OL 400 HP	87,424.13	3,786.01	83,638.12	487,804	0	0.0	0	109	255	17.92	17.15	3,772.83
099	OL175 MVP	1,038.22	33.99	1,004.23	4,174	0	0.0	0	3	5	24.87	24.06	0.00
103	OL 250 HP	633.00	25.91	607.09	2,724	0	0.0	0	1	2	23.24	22.29	0.00
107	OL 200HPF	396,555.55	12,075.98	384,479.57	1,672,924	0	0.0	0	1,214	1,716	23.70	22.98	11,522.77
109	OL400 HPF	1,436,749.48	56,628.80	1,380,120.68	7,825,633	0	0.0	0	1,707	4,057	18.36	17.64	36,504.04
110	OL 250 MH	45,980.20	1,392.75	44,587.45	186,380	0	0.0	0	82	160	24.67	23.92	2,013.75
111	OL100 HPP	194,210.53	2,741.67	191,468.86	377,959	0	0.0	0	211	808	51.38	50.66	1,577.81
113	OL 150 HP	3,565,409.89	101,341.90	3,464,067.99	14,631,269	0	0.0	0	19,427	21,913	24.37	23.68	156,516.43
116	OL 400 MH	345,442.55	13,253.94	332,188.61	1,714,888	0	0.0	0	298	946	20.14	19.37	9,626.84
120	OL 250HPP	867.34	20.68	846.66	2,331	0	0.0	0	2	2	37.21	36.32	0.00
122	OL150 HPP	25,501.49	349.98	25,151.51	46,245	0	0.0	0	16	68	55.14	54.39	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
126	OL 400HPP	1,791.36	42.06	1,749.30	5,846	0	0.0	0	2	3	30.64	29.92	0.00
130	OL 250MON	599.00	33.59	565.41	1,798	0	0.0	0	4	2	33.31	31.45	0.00
131	OL 1000MH	69,820.32	3,941.45	65,878.87	447,833	0	0.0	0	47	99	15.59	14.71	752.10
136	OL 400MON	5,164.99	148.65	5,016.34	21,444	0	0.0	0	5	12	24.09	23.39	45.07
150	55W LEDOL	180,057.47	6,751.15	173,306.32	488,799	0	0.0	0	1,510	1,634	36.84	35.46	6,415.75
160	65W LEDOL	34.88	1.38	33.50	49	0	0.0	0	0	0	71.18	68.37	0.00
204	GS-MTRD	222,279.26	5,896.86	216,382.40	1,000,300	0	0.0	434	0	0	22.22	21.63	0.00
211	GS SEC	26,382,062.24	842,141.41	25,539,920.83	137,812,475	159,153	224,277.5	22,568	0	0	19.14	18.53	0.00
212	GS-SEC M	795.85	21.81	774.04	3,091	0	0.0	1	0	0	25.75	25.04	0.00
213	GS-UMR	487,836.84	14,765.99	473,070.85	2,197,936	0	0.0	583	0	0	22.20	21.52	0.00
214	GS - AF	202,140.47	8,172.68	193,967.79	1,326,209	0	31,649.6	85	0	0	15.24	14.63	0.00
215	GS SEC	64,021,881.08	2,648,549.73	61,373,331.35	427,222,703	0	1,736,861.5	6,397	0	0	14.99	14.37	0.00
217	GS PRI	493,086.58	22,356.57	470,730.01	3,285,278	0	14,921.9	30	0	0	15.01	14.33	0.00
218	GS M SEC	30,486.43	1,657.21	28,829.22	207,791	0	687.2	1	0	0	14.67	13.87	0.00
220	GSCC PRI	892,765.78	38,615.78	854,150.00	6,403,190	0	22,919.4	44	0	0	13.94	13.34	0.00
223	GS LM ON	120,622.53	5,532.66	115,089.87	826,089	526,464	0.0	40	0	0	14.60	13.93	0.00
225	GS LM TOD	127,688.64	5,196.23	122,492.41	873,222	523,680	0.0	31	0	0	14.62	14.03	0.00
227	EXP GSTOD	1,440,336.98	53,015.56	1,387,321.42	8,438,005	7,217,463	0.0	499	0	0	17.07	16.44	0.00
229	GS-TOD	1,055,672.67	47,846.01	1,007,826.66	7,745,560	4,893,211	3,280.3	138	0	0	13.63	13.01	0.00
236	GSCC SUB	93,104.59	2,010.25	91,094.34	588,282	0	1,865.6	5	0	0	15.83	15.48	0.00
240	LGS SEC	38,003,070.31	1,779,510.69	36,223,559.62	290,940,976	0	838,193.0	389	0	0	13.06	12.45	0.00
242	LGS M SEC	865,459.08	40,908.00	824,551.08	6,976,149	0	16,782.0	7	0	0	12.41	11.82	0.00
244	LGS PRI	9,096,794.71	496,595.95	8,600,198.76	74,839,757	76,800	244,227.0	59	0	0	12.16	11.49	0.00
246	LGS M PRI	72,853.80	3,171.97	69,681.83	620,782	0	1,924.0	1	0	0	11.74	11.22	0.00
248	LGS SUB	1,592,930.78	116,314.59	1,476,616.19	18,011,918	0	50,308.0	9	0	0	8.84	8.20	0.00
250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
251	LGS-LM-TD	231,562.09	14,230.89	217,331.20	1,735,872	1,008,760	0.0	7	0	0	13.34	12.52	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
256	LGSSECTOD	616,631.89	32,611.12	584,020.77	5,255,555	3,374,352	11,395.0	6	0	0	11.73	11.11	0.00
257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
260	PS SEC	12,788,967.40	556,922.63	12,232,044.77	90,009,516	0	344,819.0	144	0	0	14.21	13.59	0.00
264	PS PRI	230,691.90	12,210.51	218,481.39	1,900,413	0	6,926.0	1	0	0	12.14	11.50	0.00
330	CS-IRP PR	3,516,301.15	120,909.66	3,395,391.49	25,957,168	0	106,187.0	5	0	0	13.55	13.08	0.00
331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
332	CS-IRP TR	1,389,019.58	83,844.81	1,305,174.77	17,190,049	0	47,460.0	1	0	0	8.08	7.59	0.00
333	CS-IRP	2,715,328.60	208,135.04	2,507,193.56	36,884,466	0	103,464.0	1	0	0	7.36	6.80	0.00
356	IGS SEC	2,168,447.67	124,120.40	2,044,327.27	19,889,607	0	42,260.0	6	0	0	10.90	10.28	0.00
358	IGS PRI	25,670,795.28	1,435,419.52	24,235,375.76	244,632,062	0	598,086.0	35	0	0	10.49	9.91	0.00
359	IGS SUB	11,569,854.85	550,492.98	11,019,361.87	101,492,166	-2,110,500	378,300.0	12	0	0	11.40	10.86	0.00
360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
371	IGS	72,428,460.04	5,063,615.50	67,364,844.54	1,206,817,133	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,403,529.93	1,456,453.97	10,947,075.96	203,981,729	0	312,714.0	1	0	0	6.08	5.37	0.00
528	SL	1,787,644.07	40,931.77	1,746,712.30	8,462,724	0	0.0	55	0	0	21.12	20.64	0.00
540	MW	226,491.72	12,788.02	213,703.70	1,810,856	0	2,722.9	9	0	0	12.51	11.80	0.00
KY - Summary		587,329,486.18	28,415,816.09	558,913,670.09	5,093,308,994	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.53	10.97	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	78,891.62	3,636.10	75,255.52	571,403	0	0.0	43	0	0	13.81	13.17	0.00
	014	RSW-C	16,673.84	813.50	15,860.34	123,131	0	0.0	11	0	0	13.54	12.88	0.00
	015	RS	63,042,241.88	2,521,948.56	60,520,293.32	429,211,177	3,937	5,280.5	37,213	0	0	14.69	14.10	0.00
	022	RSW-RS	22,583,960.49	956,702.04	21,627,258.45	156,625,718	0	686.0	12,253	0	0	14.42	13.81	0.00
	036	RS-TOD-ON	1,267.30	31.71	1,235.59	5,572	3,173	0.0	2	0	0	22.74	22.17	0.00
	093	OL 175 MV	53,351.80	1,777.91	51,573.89	249,446	0	0.0	0	308	308	21.39	20.68	67.06
	094	OL 100 HP	1,074,051.53	25,709.71	1,048,341.82	3,688,776	0	0.0	0	7,534	7,994	29.12	28.42	18,009.92
	095	OL 400 MV	1,914.92	73.86	1,841.06	11,124	0	0.0	0	4	6	17.21	16.55	0.00
	097	OL 200 HP	65,735.49	2,319.13	63,416.36	322,924	0	0.0	0	313	336	20.36	19.64	1,169.88
	098	OL 400 HP	3,459.08	150.08	3,309.00	20,713	0	0.0	0	11	11	16.70	15.98	12.53
	107	OL 200HPF	53,368.99	1,714.21	51,654.78	235,098	0	0.0	0	202	242	22.70	21.97	954.51
	109	OL400 HPF	59,332.34	2,514.64	56,817.70	336,378	0	0.0	0	112	175	17.64	16.89	729.54
	110	OL 250 MH	4,108.52	154.94	3,953.58	18,115	0	0.0	0	15	15	22.68	21.82	0.00
	111	OL100 HPP	6,169.78	95.78	6,074.00	12,478	0	0.0	0	15	26	49.45	48.68	67.09
	113	OL 150 HP	978,347.34	28,086.16	950,261.18	4,063,075	0	0.0	0	5,541	6,080	24.08	23.39	37,954.70
	116	OL 400 MH	5,859.31	224.01	5,635.30	30,396	0	0.0	0	13	16	19.28	18.54	131.50
	122	OL150 HPP	720.69	9.04	711.65	1,370	0	0.0	0	2	2	52.61	51.95	0.00
	130	OL 250MON	321.94	9.26	312.68	1,139	0	0.0	0	1	1	28.27	27.45	0.00
	131	OL 1000MH	1,535.09	90.36	1,444.73	10,435	0	0.0	0	2	2	14.71	13.85	0.00
	136	OL 400MON	427.13	9.83	417.30	1,889	0	0.0	0	1	1	22.61	22.09	0.00
150	55W LEDOL	54,333.66	2,097.22	52,236.44	149,475	0	0.0	0	472	498	36.35	34.95	1,606.07	
211	GS SEC	693.41	1.70	691.71	5,492	0	0.0	0	0	0	12.63	12.59	0.00	
010 - Summary			88,086,766.15	3,548,169.75	84,538,596.40	595,695,324	7,110	5,966.5	49,522	14,546	15,715	14.79	14.19	60,702.80
020	011	RSW-LMWH	190,754.31	9,341.75	181,412.56	1,427,448	0	0.0	76	0	0	13.36	12.71	0.00
	012	RSW-A	27,527.59	1,203.12	26,324.47	209,873	0	0.0	10	0	0	13.12	12.54	0.00
	013	RSW-B	2,579.47	103.13	2,476.34	19,773	0	0.0	1	0	0	13.05	12.52	0.00
	014	RSW-C	8,251.73	472.49	7,779.24	64,835	0	0.0	2	0	0	12.73	12.00	0.00
	015	RS	63,966,356.35	2,915,309.30	61,051,047.05	458,019,954	49,819	4,348.7	28,158	0	0	13.97	13.33	0.00
	017	RS EMP	831,736.04	33,452.86	798,283.18	6,037,781	0	0.0	336	0	0	13.78	13.22	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	022	RSW-RS	125,393,509.65	5,675,842.23	119,717,667.42	899,002,247	52,170	18,304.0	55,544	0	0	13.95	13.32	0.00
	028	AORH-W ON	14,359.39	660.80	13,698.59	110,886	72,780	0.0	6	0	0	12.95	12.35	0.00
	030	RSW-ONPK	177,885.00	8,245.50	169,639.50	1,324,500	827,139	0.0	65	0	0	13.43	12.81	0.00
	032	RS LM-ON	203,925.04	9,065.52	194,859.52	1,521,664	973,086	0.0	77	0	0	13.40	12.81	0.00
	034	AORH-ON	1,563.20	69.82	1,493.38	12,002	7,117	0.0	2	0	0	13.02	12.44	0.00
	036	RS-TOD-ON	10,731.69	537.08	10,194.61	83,240	51,960	0.0	2	0	0	12.89	12.25	0.00
	093	OL 175 MV	26,979.66	903.67	26,075.99	126,897	0	0.0	0	150	154	21.26	20.55	0.00
	094	OL 100 HP	1,474,890.41	35,350.69	1,439,539.72	5,033,385	0	0.0	0	10,233	10,918	29.30	28.60	34,091.81
	095	OL 400 MV	950.73	42.26	908.47	5,487	0	0.0	0	3	3	17.33	16.56	0.00
	097	OL 200 HP	105,049.93	3,727.07	101,322.86	516,891	0	0.0	0	497	533	20.32	19.60	1,963.20
	098	OL 400 HP	9,288.02	386.69	8,901.33	54,946	0	0.0	0	26	28	16.90	16.20	177.45
	107	OL 200HPF	77,748.44	2,380.52	75,367.92	336,111	0	0.0	0	305	345	23.13	22.42	2,313.06
	109	OL400 HPF	80,572.99	3,302.05	77,270.94	459,449	0	0.0	0	196	241	17.54	16.82	1,569.95
	110	OL 250 MH	4,179.55	151.83	4,027.72	18,203	0	0.0	0	13	16	22.96	22.13	67.14
	111	OL100 HPP	27,965.31	396.69	27,568.62	55,818	0	0.0	0	96	119	50.10	49.39	531.04
	113	OL 150 HP	2,049,477.17	58,691.44	1,990,785.73	8,512,874	0	0.0	0	11,697	12,768	24.08	23.39	79,012.15
	116	OL 400 MH	6,559.57	259.07	6,300.50	34,525	0	0.0	0	15	19	19.00	18.25	43.05
	120	OL 250HPP	432.06	10.17	421.89	1,195	0	0.0	0	1	1	36.16	35.30	0.00
	122	OL150 HPP	1,413.31	20.37	1,392.94	2,678	0	0.0	0	4	4	52.77	52.01	0.00
	126	OL 400HPP	579.04	15.08	563.96	1,936	0	0.0	0	1	1	29.91	29.13	0.00
	130	OL 250MON	-371.56	11.49	-383.05	-1,479	0	0.0	0	0	-1	25.12	25.90	0.00
	131	OL 1000MH	3,338.64	315.74	3,022.90	23,232	0	0.0	0	1	4	14.37	13.01	0.00
	136	OL 400MON	858.08	19.64	838.44	3,516	0	0.0	0	2	2	24.41	23.85	0.00
	150	55W LEDOL	106,422.62	3,956.96	102,465.66	288,547	0	0.0	0	913	966	36.88	35.51	4,055.28
	160	65W LEDOL	34.88	1.38	33.50	49	0	0.0	0	0	0	71.18	68.37	0.00
	211	GS SEC	7,583.25	-39.68	7,622.93	52,932	0	16.3	3	0	0	14.33	14.40	0.00
	215	GS SEC	550.75	-13.77	564.52	3,721	0	19.5	0	0	0	14.80	15.17	0.00
020 - Summary			194,813,682.31	8,764,192.96	186,049,489.35	1,383,365,116	2,034,071	22,688.5	84,282	24,154	26,120	14.08	13.45	123,824.13
211	015	RS	59.60	0.52	59.08	150	0	0.0	0	0	0	39.73	39.39	0.00



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KENTUCKY POWER COMPANY

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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	022	RSW-RS	17.89	0.00	17.89	0	0	0.0	0	0	0	0.00	0.00	0.00
	093	OL 175 MV	15,674.16	493.48	15,180.68	71,098	0	0.0	0	71	87	22.05	21.35	0.00
	094	OL 100 HP	182,088.24	4,189.36	177,898.88	595,569	0	0.0	0	1,036	1,281	30.57	29.87	4,327.28
	095	OL 400 MV	10,243.67	394.28	9,849.39	57,213	0	0.0	0	25	32	17.90	17.22	0.00
	097	OL 200 HP	94,454.60	3,336.73	91,117.87	437,842	0	0.0	0	284	453	21.57	20.81	3,454.76
	098	OL 400 HP	22,132.15	903.09	21,229.06	126,104	0	0.0	0	38	66	17.55	16.83	568.50
	099	OL175 MVP	831.14	26.95	804.19	3,344	0	0.0	0	2	4	24.85	24.05	0.00
	103	OL 250 HP	633.00	25.91	607.09	2,724	0	0.0	0	1	2	23.24	22.29	0.00
	107	OL 200HPF	140,536.16	4,292.09	136,244.07	583,030	0	0.0	0	391	601	24.10	23.37	4,214.63
	109	OL400 HPF	637,870.58	25,134.26	612,736.32	3,471,356	0	0.0	0	752	1,800	18.38	17.65	14,489.28
	110	OL 250 MH	16,984.75	500.44	16,484.31	68,180	0	0.0	0	34	58	24.91	24.18	781.71
	111	OL100 HPP	46,914.75	668.75	46,246.00	90,297	0	0.0	0	33	194	51.96	51.22	499.28
	113	OL 150 HP	351,834.02	9,632.38	342,201.64	1,368,028	0	0.0	0	1,568	2,037	25.72	25.01	21,182.20
	116	OL 400 MH	189,710.46	7,152.46	182,558.00	941,808	0	0.0	0	152	518	20.14	19.38	5,241.62
	122	OL150 HPP	3,427.57	51.48	3,376.09	5,979	0	0.0	0	1	10	57.33	56.47	0.00
	126	OL 400HPP	1,212.32	26.98	1,185.34	3,910	0	0.0	0	1	2	31.01	30.32	0.00
	130	OL 250MON	648.62	12.84	635.78	2,138	0	0.0	0	2	2	30.34	29.74	0.00
	131	OL 1000MH	35,551.79	2,078.93	33,472.86	226,678	0	0.0	0	25	49	15.68	14.77	483.50
	136	OL 400MON	3,879.78	119.18	3,760.60	16,039	0	0.0	0	2	9	24.19	23.45	45.07
	150	55W LEDOL	13,775.31	510.66	13,264.65	36,747	0	0.0	0	94	123	37.49	36.10	442.03
	204	GS-MTRD	207,971.17	5,798.96	202,172.21	982,865	0	0.0	377	0	0	21.16	20.57	0.00
	211	GS SEC	18,400,793.85	569,867.53	17,830,926.32	93,093,790	60,509	122,034.9	17,002	0	0	19.77	19.15	0.00
	212	GS-SEC M	795.85	21.81	774.04	3,091	0	0.0	1	0	0	25.75	25.04	0.00
	213	GS-UMR	376,704.64	10,435.21	366,269.43	1,715,452	0	0.0	434	0	0	21.96	21.35	0.00
	214	GS - AF	4,694.01	77.64	4,616.37	18,603	0	1,582.1	6	0	0	25.23	24.82	0.00
	215	GS SEC	30,232,366.93	1,230,829.73	29,001,537.20	203,298,540	0	804,474.9	3,090	0	0	14.87	14.27	0.00
	217	GS PRI	169,359.77	9,802.06	159,557.71	1,218,725	0	3,619.4	8	0	0	13.90	13.09	0.00
	220	GSCC PRI	58,853.70	1,986.80	56,866.90	441,543	0	1,411.8	3	0	0	13.33	12.88	0.00
	223	GS LM ON	7,245.09	261.73	6,983.36	42,776	23,830	0.0	4	0	0	16.94	16.33	0.00



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KENTUCKY POWER COMPANY

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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	225	GS LM TOD	1,988.17	51.29	1,936.88	9,485	5,655	0.0	2	0	0	20.96	20.42	0.00
	227	EXP GSTOD	951,848.37	34,986.32	916,862.05	5,492,676	4,700,685	0.0	362	0	0	17.33	16.69	0.00
	229	GS-TOD	449,018.62	21,325.07	427,693.55	3,189,731	1,835,282	3,280.3	57	0	0	14.08	13.41	0.00
	240	LGS SEC	10,837,237.29	519,472.21	10,317,765.08	86,140,638	0	215,596.0	112	0	0	12.58	11.98	0.00
	244	LGS PRI	1,511,142.45	95,931.80	1,415,210.65	13,334,589	0	32,750.0	10	0	0	11.33	10.61	0.00
	248	LGS SUB	559,575.18	60,054.49	499,520.69	5,848,934	0	16,476.0	4	0	0	9.57	8.54	0.00
	256	LGSSECTOD	378,375.63	18,730.66	359,644.97	3,268,322	1,967,728	7,184.0	4	0	0	11.58	11.00	0.00
	356	IGS SEC	1,525,621.05	86,593.24	1,439,027.81	15,418,847	0	30,783.0	4	0	0	9.89	9.33	0.00
	358	IGS PRI	6,824,030.07	429,004.43	6,395,025.64	81,674,399	0	147,090.0	8	0	0	8.36	7.83	0.00
	359	IGS SUB	1,342,511.83	116,151.33	1,226,360.50	18,609,276	0	34,806.0	3	0	0	7.21	6.59	0.00
211 - Summary			75,608,614.23	3,270,933.08	72,337,681.15	541,910,516	8,593,689	1,421,088.4	21,491	4,513	7,327	13.95	13.35	55,729.86
212	015	RS	1,254.48	41.63	1,212.85	7,927	0	0.0	1	0	0	15.83	15.30	0.00
	093	OL 175 MV	2,383.75	87.65	2,296.10	10,798	0	0.0	0	13	13	22.08	21.26	0.00
	094	OL 100 HP	41,586.78	939.07	40,647.71	135,878	0	0.0	0	232	292	30.61	29.91	1,061.83
	095	OL 400 MV	3,942.20	152.71	3,789.49	22,191	0	0.0	0	7	12	17.76	17.08	0.00
	097	OL 200 HP	28,176.01	951.77	27,224.24	129,278	0	0.0	0	104	136	21.79	21.06	1,209.27
	098	OL 400 HP	10,310.19	482.98	9,827.21	57,752	0	0.0	0	14	30	17.85	17.02	359.37
	099	OL175 MVP	207.08	7.04	200.04	830	0	0.0	0	1	1	24.95	24.10	0.00
	107	OL 200HPF	57,065.84	1,705.69	55,360.15	237,679	0	0.0	0	157	243	24.01	23.29	1,664.77
	109	OL400 HPF	245,724.79	9,781.29	235,943.50	1,327,408	0	0.0	0	287	691	18.51	17.77	6,926.61
	110	OL 250 MH	12,284.44	349.11	11,935.33	46,759	0	0.0	0	9	41	26.27	25.53	1,030.64
	111	OL100 HPP	6,112.02	90.26	6,021.76	11,431	0	0.0	0	6	24	53.47	52.68	230.44
	113	OL 150 HP	99,068.91	2,719.12	96,349.79	375,327	0	0.0	0	393	560	26.40	25.67	8,021.22
	116	OL 400 MH	66,229.05	2,410.03	63,819.02	326,306	0	0.0	0	63	179	20.30	19.56	2,341.69
	131	OL 1000MH	19,759.39	1,034.55	18,724.84	126,003	0	0.0	0	8	29	15.68	14.86	134.24
	150	55W LEDOL	3,221.68	109.59	3,112.09	8,087	0	0.0	0	20	27	39.84	38.48	217.37
	211	GS SEC	3,940,949.60	140,549.41	3,800,400.19	23,214,137	12,705	57,991.1	2,314	0	0	16.98	16.37	0.00
	215	GS SEC	19,824,841.67	811,333.87	19,013,507.80	130,681,462	0	570,651.5	2,116	0	0	15.17	14.55	0.00
217	GS PRI	122,415.72	5,554.05	116,861.67	925,482	0	2,658.2	5	0	0	13.23	12.63	0.00	



American Electric Power
KENTUCKY POWER COMPANY

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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	220	GSCC PRI	53,131.35	4,225.57	48,905.78	423,978	0	660.0	1	0	0	12.53	11.53	0.00
	223	GS LM ON	100,826.30	4,643.94	96,182.36	687,230	429,605	0.0	33	0	0	14.67	14.00	0.00
	225	GS LM TOD	36,337.95	1,186.33	35,151.62	208,922	123,731	0.0	23	0	0	17.39	16.83	0.00
	227	EXP GSTOD	488,488.61	18,029.24	470,459.37	2,945,329	2,516,778	0.0	137	0	0	16.59	15.97	0.00
	229	GS-TOD	316,433.89	14,289.80	302,144.09	2,273,050	1,421,270	0.0	53	0	0	13.92	13.29	0.00
	240	LGS SEC	13,035,562.56	617,943.55	12,417,619.01	102,475,333	0	271,008.0	129	0	0	12.72	12.12	0.00
	242	LGS M SEC	165,323.13	7,827.18	157,495.95	1,340,923	0	3,385.0	1	0	0	12.33	11.75	0.00
	244	LGS PRI	829,997.08	41,969.88	788,027.20	7,459,310	0	19,509.0	6	0	0	11.13	10.56	0.00
	248	LGS SUB	197,488.69	16,771.86	180,716.83	2,315,929	0	5,706.0	1	0	0	8.53	7.80	0.00
	251	LGS-LM-TD	110,491.16	4,567.87	105,923.29	831,923	467,880	0.0	4	0	0	13.28	12.73	0.00
358	IGS PRI	860,340.87	63,685.15	796,655.72	9,203,997	0	18,115.0	2	0	0	9.35	8.66	0.00	
212 - Summary			40,679,955.19	1,773,440.19	38,906,515.00	287,810,659	4,971,969	949,683.8	4,826	1,314	2,278	14.13	13.52	23,197.45
213	093	OL 175 MV	1,101.68	33.73	1,067.95	5,029	0	0.0	0	6	6	21.91	21.24	0.00
	094	OL 100 HP	6,719.14	169.00	6,550.14	22,638	0	0.0	0	26	48	29.68	28.93	0.00
	095	OL 400 MV	1,314.42	50.93	1,263.49	7,393	0	0.0	0	3	4	17.78	17.09	0.00
	097	OL 200 HP	6,122.77	203.16	5,919.61	28,408	0	0.0	0	19	29	21.55	20.84	244.50
	098	OL 400 HP	3,891.67	176.51	3,715.16	19,914	0	0.0	0	4	12	19.54	18.66	345.79
	107	OL 200HPF	21,523.74	658.31	20,865.43	89,949	0	0.0	0	46	92	23.93	23.20	557.64
	109	OL400 HPF	151,601.47	5,720.29	145,881.18	813,726	0	0.0	0	95	420	18.63	17.93	5,441.47
	110	OL 250 MH	1,178.19	37.01	1,141.18	4,647	0	0.0	0	3	4	25.35	24.56	67.11
	111	OL100 HPP	6,988.69	92.36	6,896.33	13,636	0	0.0	0	4	29	51.25	50.57	0.00
	113	OL 150 HP	11,171.45	293.75	10,877.70	39,007	0	0.0	0	29	58	28.64	27.89	1,610.28
	116	OL 400 MH	26,898.22	1,122.35	25,775.87	130,781	0	0.0	0	19	79	20.57	19.71	733.37
	131	OL 1000MH	766.01	22.95	743.06	4,529	0	0.0	0	1	1	16.91	16.41	67.22
	150	55W LEDOL	251.39	9.62	241.77	702	0	0.0	0	2	2	35.81	34.44	0.00
	211	GS SEC	385,649.92	14,377.37	371,272.55	2,175,536	0	5,445.8	249	0	0	17.73	17.07	0.00
	214	GS - AF	143,195.98	6,299.67	136,896.31	940,141	0	22,325.9	59	0	0	15.23	14.56	0.00
215	GS SEC	2,962,291.17	132,889.65	2,829,401.52	19,657,733	0	76,148.3	218	0	0	15.07	14.39	0.00	
217	GS PRI	1,189.56	131.44	1,058.12	7,442	0	16.2	0	0	0	15.98	14.22	0.00	



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December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	223	GS LM ON	9,162.85	453.11	8,709.74	76,149	60,320	0.0	1	0	0	12.03	11.44	0.00
	240	LGS SEC	2,074,921.92	88,682.54	1,986,239.38	14,674,212	0	54,621.0	30	0	0	14.14	13.54	0.00
	244	LGS PRI	289,419.19	22,490.20	266,928.99	2,236,540	0	8,076.0	2	0	0	12.94	11.93	0.00
	260	PS SEC	12,788,967.40	556,922.63	12,232,044.77	90,009,516	0	344,819.0	144	0	0	14.21	13.59	0.00
	264	PS PRI	230,691.90	12,210.51	218,481.39	1,900,413	0	6,926.0	1	0	0	12.14	11.50	0.00
	358	IGS PRI	399,734.71	20,466.77	379,267.94	3,516,175	0	9,324.0	1	0	0	11.37	10.79	0.00
	359	IGS SUB	229,405.21	11,569.52	217,835.69	1,796,041	0	5,865.0	1	0	0	12.77	12.13	0.00
213 - Summary			19,754,158.65	875,083.38	18,879,075.27	138,170,257	60,320	533,567.2	706	257	783	14.30	13.66	9,067.38
216	093	OL 175 MV	6,035.10	202.48	5,832.62	27,431	0	0.0	0	23	33	22.00	21.26	0.00
	094	OL 100 HP	29,908.05	697.33	29,210.72	97,224	0	0.0	0	125	208	30.76	30.04	886.48
	095	OL 400 MV	4,543.09	193.94	4,349.15	25,421	0	0.0	0	8	14	17.87	17.11	0.00
	097	OL 200 HP	26,159.56	858.51	25,301.05	117,292	0	0.0	0	54	120	22.30	21.57	1,809.79
	098	OL 400 HP	37,680.96	1,659.68	36,021.28	204,465	0	0.0	0	15	107	18.43	17.62	2,309.19
	107	OL 200HPF	39,099.45	1,112.48	37,986.97	159,996	0	0.0	0	93	162	24.44	23.74	1,794.16
	109	OL400 HPF	172,576.07	6,634.19	165,941.88	934,213	0	0.0	0	197	481	18.47	17.76	4,960.14
	110	OL 250 MH	5,588.64	146.22	5,442.42	23,467	0	0.0	0	7	20	23.81	23.19	67.15
	111	OL100 HPP	76,476.21	1,099.59	75,376.62	148,281	0	0.0	0	36	318	51.58	50.83	249.96
	113	OL 150 HP	59,368.61	1,474.59	57,894.02	213,155	0	0.0	0	150	321	27.85	27.16	7,157.56
	116	OL 400 MH	35,215.03	1,511.18	33,703.85	174,253	0	0.0	0	21	94	20.21	19.34	1,135.61
	120	OL 250HPP	435.28	10.51	424.77	1,136	0	0.0	0	1	1	38.32	37.39	0.00
	122	OL150 HPP	16,930.58	232.55	16,698.03	30,777	0	0.0	0	7	44	55.01	54.25	0.00
	131	OL 1000MH	5,451.80	266.60	5,185.20	34,585	0	0.0	0	6	8	15.76	14.99	67.14
	150	55W LEDOL	1,700.64	55.86	1,644.78	4,376	0	0.0	0	7	14	38.86	37.59	71.44
	204	GS-MTRD	10,989.42	49.66	10,939.76	9,627	0	0.0	46	0	0	114.15	113.64	0.00
	211	GS SEC	2,717,863.05	89,528.14	2,628,334.91	14,761,997	85,939	30,688.4	2,100	0	0	18.41	17.80	0.00
	213	GS-UMR	110,902.07	4,330.46	106,571.61	482,425	0	0.0	149	0	0	22.99	22.09	0.00
	214	GS - AF	54,250.48	1,795.37	52,455.11	367,465	0	7,741.6	20	0	0	14.76	14.27	0.00
	215	GS SEC	8,716,564.47	367,038.45	8,349,526.02	58,656,642	0	223,006.2	747	0	0	14.86	14.23	0.00
217	GS PRI	80,848.83	2,276.74	78,572.09	419,964	0	4,463.2	4	0	0	19.25	18.71	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	218	GS M SEC	30,486.43	1,657.21	28,829.22	207,791	0	687.2	1	0	0	14.67	13.87	0.00
	223	GS LM ON	3,388.29	173.88	3,214.41	19,934	12,709	0.0	2	0	0	17.00	16.13	0.00
	225	GS LM TOD	89,362.52	3,958.61	85,403.91	654,815	394,294	0.0	6	0	0	13.65	13.04	0.00
	229	GS-TOD	290,220.16	12,231.14	277,989.02	2,282,779	1,636,659	0.0	28	0	0	12.71	12.18	0.00
	240	LGS SEC	7,530,909.45	355,126.22	7,175,783.23	58,847,092	0	156,386.0	69	0	0	12.80	12.19	0.00
	242	LGS M SEC	700,135.95	33,080.82	667,055.13	5,635,226	0	13,397.0	6	0	0	12.42	11.84	0.00
	244	LGS PRI	488,671.40	24,422.23	464,249.17	4,081,345	0	13,537.0	4	0	0	11.97	11.37	0.00
	246	LGS M PRI	72,853.80	3,171.97	69,681.83	620,782	0	1,924.0	1	0	0	11.74	11.22	0.00
	251	LGS-LM-TD	120,004.87	9,660.43	110,344.44	903,621	540,480	0.0	2	0	0	13.28	12.21	0.00
	256	LGSSECTOD	238,256.26	13,880.46	224,375.80	1,987,233	1,406,624	4,211.0	2	0	0	11.99	11.29	0.00
	358	IGS PRI	2,140,556.64	139,752.97	2,000,803.67	22,607,677	0	47,286.0	4	0	0	9.47	8.85	0.00
540	MW	226,491.72	12,788.02	213,703.70	1,810,856	0	2,722.9	9	0	0	12.51	11.80	0.00	
216 - Summary			24,139,924.88	1,091,078.49	23,048,846.39	176,553,343	4,076,705	506,050.5	3,199	751	1,946	13.67	13.05	20,508.62
221	093	OL 175 MV	1,298.64	36.99	1,261.65	5,953	0	0.0	0	7	7	21.81	21.19	0.00
	094	OL 100 HP	8,359.51	205.91	8,153.60	27,633	0	0.0	0	31	59	30.25	29.51	134.04
	095	OL 400 MV	986.31	46.97	939.34	5,486	0	0.0	0	2	3	17.98	17.12	0.00
	097	OL 200 HP	7,459.94	258.33	7,201.61	34,918	0	0.0	0	9	36	21.36	20.62	222.07
	098	OL 400 HP	662.06	26.98	635.08	3,910	0	0.0	0	1	2	16.93	16.24	0.00
	107	OL 200HPF	5,812.43	175.91	5,636.52	25,104	0	0.0	0	14	26	23.15	22.45	0.00
	109	OL400 HPF	66,632.69	2,791.72	63,840.97	360,611	0	0.0	0	44	187	18.48	17.70	1,753.92
	110	OL 250 MH	1,656.11	53.20	1,602.91	7,009	0	0.0	0	1	6	23.63	22.87	0.00
	111	OL100 HPP	1,393.06	24.91	1,368.15	2,669	0	0.0	0	1	6	52.19	51.26	0.00
	113	OL 150 HP	8,790.01	245.72	8,544.29	32,394	0	0.0	0	24	48	27.13	26.38	882.58
	116	OL 400 MH	13,912.41	546.37	13,366.04	71,329	0	0.0	0	13	39	19.50	18.74	0.00
	131	OL 1000MH	2,741.44	100.96	2,640.48	18,004	0	0.0	0	2	4	15.23	14.67	0.00
	150	55W LEDOL	263.61	8.47	255.14	625	0	0.0	0	1	2	42.18	40.82	23.56
	204	GS-MTRD	1,654.45	48.09	1,606.36	7,797	0	0.0	3	0	0	21.22	20.60	0.00
	211	GS SEC	667,658.62	21,349.73	646,308.89	3,416,337	0	5,979.1	582	0	0	19.54	18.92	0.00
215	GS SEC	1,591,791.27	77,069.74	1,514,721.53	10,445,393	0	42,427.9	144	0	0	15.24	14.50	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	217	GS PRI	110,232.67	4,452.14	105,780.53	674,038	0	4,002.9	10	0	0	16.35	15.69	0.00
	220	GSCC PRI	236,356.95	10,342.51	226,014.44	1,800,365	0	4,872.2	11	0	0	13.13	12.55	0.00
	240	LGS SEC	3,500,760.37	152,406.54	3,348,353.83	22,805,658	0	105,418.0	36	0	0	15.35	14.68	0.00
	244	LGS PRI	2,194,973.35	147,762.98	2,047,210.37	18,324,736	0	56,037.0	14	0	0	11.98	11.17	0.00
	248	LGS SUB	195,775.53	9,558.06	186,217.47	2,289,665	0	6,006.0	1	0	0	8.55	8.13	0.00
	250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
	331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
	332	CS-IRP TR	1,389,019.58	83,844.81	1,305,174.77	17,190,049	0	47,460.0	1	0	0	8.08	7.59	0.00
	358	IGS PRI	5,346,920.59	360,899.16	4,986,021.43	56,949,318	0	118,615.0	9	0	0	9.39	8.76	0.00
	359	IGS SUB	6,083,509.31	190,328.04	5,893,181.27	41,560,199	-2,110,500	216,932.0	5	0	0	14.64	14.18	0.00
	360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
	370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
	371	IGS	72,428,460.04	5,063,615.50	67,364,844.54	1,206,817,133	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,403,529.93	1,456,453.97	10,947,075.96	203,981,729	0	312,714.0	1	0	0	6.08	5.37	0.00	
221 - Summary			114,221,558.26	7,715,284.83	106,506,273.43	1,728,522,739	-107,932,300	2,719,965.9	824	150	425	6.61	6.16	3,016.17
222	097	OL 200 HP	867.85	26.59	841.26	3,966	0	0.0	0	2	4	21.88	21.21	48.00
	107	OL 200HPF	228.87	7.45	221.42	986	0	0.0	0	1	1	23.21	22.46	0.00
	109	OL400 HPF	2,844.81	107.23	2,737.58	15,668	0	0.0	0	5	8	18.16	17.47	48.00
	113	OL 150 HP	1,901.83	52.11	1,849.72	6,635	0	0.0	0	6	10	28.66	27.88	268.20
	211	GS SEC	64,466.04	2,278.14	62,187.90	385,049	0	1,238.9	27	0	0	16.74	16.15	0.00
	215	GS SEC	303,996.36	14,137.30	289,859.06	2,012,920	0	7,950.9	25	0	0	15.10	14.40	0.00
	220	GSCC PRI	27,639.57	1,086.84	26,552.73	202,414	0	492.0	2	0	0	13.65	13.12	0.00
	240	LGS SEC	603,200.81	32,745.76	570,455.05	3,880,504	0	17,446.0	6	0	0	15.54	14.70	0.00
	244	LGS PRI	315,924.50	23,480.05	292,444.45	2,959,285	0	6,000.0	1	0	0	10.68	9.88	0.00
	251	LGS-LM-TD	1,066.06	2.59	1,063.47	328	400	0.0	1	0	0	325.02	324.23	0.00
	356	IGS SEC	642,826.62	37,527.16	605,299.46	4,470,760	0	11,477.0	2	0	0	14.38	13.54	0.00
358	IGS PRI	847,454.34	72,726.28	774,728.06	9,242,976	0	19,949.0	1	0	0	9.17	8.38	0.00	
222 - Summary			2,812,417.66	184,177.50	2,628,240.16	23,181,491	400	64,553.8	65	14	23	12.13	11.34	364.20
230	094	OL 100 HP	979.81	22.25	957.56	3,312	0	0.0	0	6	7	29.58	28.91	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	095	OL 400 MV	330.38	11.16	319.22	1,873	0	0.0	0	1	1	17.64	17.04	0.00
	097	OL 200 HP	4,464.64	128.99	4,335.65	20,807	0	0.0	0	3	21	21.46	20.84	192.00
	107	OL 200HPF	945.51	22.36	923.15	3,997	0	0.0	0	3	4	23.66	23.10	24.00
	109	OL400 HPF	11,368.94	351.15	11,017.79	61,884	0	0.0	0	12	31	18.37	17.80	383.77
	113	OL 150 HP	4,645.06	125.87	4,519.19	18,051	0	0.0	0	16	27	25.73	25.04	293.38
	116	OL 400 MH	1,058.50	28.47	1,030.03	5,490	0	0.0	0	2	3	19.28	18.76	0.00
	150	55W LEDOL	88.56	2.77	85.79	240	0	0.0	0	1	1	36.90	35.75	0.00
	211	GS SEC	63,004.83	2,001.98	61,002.85	345,030	0	691.7	51	0	0	18.26	17.68	0.00
	215	GS SEC	319,309.75	12,128.15	307,181.60	2,003,405	0	10,243.9	52	0	0	15.94	15.33	0.00
	217	GS PRI	9,040.03	140.14	8,899.89	39,627	0	162.0	3	0	0	22.81	22.46	0.00
	220	GSCC PRI	516,784.21	20,974.06	495,810.15	3,534,890	0	15,483.4	28	0	0	14.62	14.03	0.00
	236	GSCC SUB	93,104.59	2,010.25	91,094.34	588,282	0	1,865.6	5	0	0	15.83	15.48	0.00
	240	LGS SEC	420,477.91	13,133.87	407,344.04	2,117,539	0	17,718.0	8	0	0	19.86	19.24	0.00
	244	LGS PRI	3,466,666.74	140,538.81	3,326,127.93	26,443,952	76,800	108,318.0	21	0	0	13.11	12.58	0.00
	248	LGS SUB	640,091.38	29,930.18	610,161.20	7,557,390	0	22,120.0	3	0	0	8.47	8.07	0.00
	257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
	330	CS-IRP PR	3,516,301.15	120,909.66	3,395,391.49	25,957,168	0	106,187.0	5	0	0	13.55	13.08	0.00
	333	CS-IRP	2,715,328.60	208,135.04	2,507,193.56	36,884,466	0	103,464.0	1	0	0	7.36	6.80	0.00
	358	IGS PRI	9,251,758.06	348,884.76	8,902,873.30	61,437,520	0	237,707.0	9	0	0	15.06	14.49	0.00
359	IGS SUB	3,914,428.50	232,444.09	3,681,984.41	39,526,650	0	120,697.0	2	0	0	9.90	9.32	0.00	
230 - Summary			25,183,245.17	1,146,470.11	24,036,775.06	208,706,362	1,240,800	748,317.6	190	44	95	12.07	11.52	893.15
400	093	OL 175 MV	369.09	14.25	354.84	1,670	0	0.0	0	1	2	22.10	21.25	0.00
	094	OL 100 HP	555.17	14.68	540.49	1,867	0	0.0	0	2	4	29.74	28.95	0.00
	107	OL 200HPF	226.12	6.96	219.16	974	0	0.0	0	1	1	23.22	22.50	0.00
	109	OL400 HPF	8,224.80	291.98	7,932.82	44,940	0	0.0	0	7	23	18.30	17.65	201.36
	111	OL100 HPP	22,190.71	273.33	21,917.38	43,349	0	0.0	0	19	92	51.19	50.56	0.00
	113	OL 150 HP	805.49	20.76	784.73	2,723	0	0.0	0	2	4	29.58	28.82	134.16
	122	OL150 HPP	3,009.34	36.54	2,972.80	5,441	0	0.0	0	2	8	55.31	54.64	0.00
131	OL 1000MH	676.16	31.36	644.80	4,367	0	0.0	0	1	1	15.48	14.77	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
400	204	GS-MTRD	1,664.22	0.15	1,664.07	11	0	0.0	8	0	0	15,129.27	15,127.91	0.00
	211	GS SEC	133,399.67	2,227.09	131,172.58	362,175	0	191.3	240	0	0	36.83	36.22	0.00
	213	GS-UMR	230.13	0.32	229.81	59	0	0.0	1	0	0	390.05	389.51	0.00
	215	GS SEC	70,168.71	3,136.61	67,032.10	462,887	0	1,938.4	6	0	0	15.16	14.48	0.00
	528	SL	1,787,644.07	40,931.77	1,746,712.30	8,462,724	0	0.0	55	0	0	21.12	20.64	0.00
400 - Summary			2,029,163.68	46,985.80	1,982,177.88	9,393,187	0	2,129.7	310	35	135	21.60	21.10	335.52
KY - Summary			587,329,486.18	28,415,816.09	558,913,670.09	5,093,308,994	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.53	10.97	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL
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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL
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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2021

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
011	RSW-LMWH	268,988.63	8,259.55	260,729.08	2,030,502	0	0.0	119	0	0	13.25	12.84	0.00
012	RSW-A	27,826.31	776.99	27,049.32	215,898	0	0.0	10	0	0	12.89	12.53	0.00
013	RSW-B	2,617.31	75.41	2,541.90	20,340	0	0.0	1	0	0	12.87	12.50	0.00
014	RSW-C	24,460.45	817.92	23,642.53	187,733	0	0.0	14	0	0	13.03	12.59	0.00
015	RS	127,759,681.05	3,486,834.96	124,272,846.09	907,182,064	53,756	9,629.2	65,372	0	0	14.08	13.70	0.00
017	RS EMP	844,007.12	22,170.44	821,836.68	6,220,804	0	0.0	336	0	0	13.57	13.21	0.00
022	RSW-RS	148,843,066.07	4,156,474.57	144,686,591.50	1,080,517,582	52,170	18,990.0	67,797	0	0	13.78	13.39	0.00
028	AORH-W ON	14,206.91	431.33	13,775.58	111,545	72,780	0.0	6	0	0	12.74	12.35	0.00
030	RSW-ONPK	178,685.46	4,852.95	173,832.51	1,355,660	827,139	0.0	65	0	0	13.18	12.82	0.00
032	RS LM-ON	205,659.08	5,593.86	200,065.22	1,565,242	973,086	0.0	77	0	0	13.14	12.78	0.00
034	AORH-ON	1,567.75	53.10	1,514.65	12,159	7,117	0.0	2	0	0	12.89	12.46	0.00
036	RS-TOD-ON	11,880.27	335.11	11,545.16	89,566	55,133	0.0	4	0	0	13.26	12.89	0.00
093	OL 175 MV	108,487.06	2,356.62	106,130.44	517,860	0	0.0	0	578	610	20.95	20.49	67.06
094	OL 100 HP	2,881,441.98	44,794.31	2,836,647.67	9,959,537	0	0.0	0	19,224	20,811	28.93	28.48	58,511.36
095	OL 400 MV	24,279.77	652.97	23,626.80	140,486	0	0.0	0	53	75	17.28	16.82	0.00
097	OL 200 HP	343,973.78	7,756.20	336,217.58	1,673,670	0	0.0	0	1,285	1,668	20.55	20.09	10,313.47
098	OL 400 HP	87,963.35	2,406.81	85,556.54	504,908	0	0.0	0	109	255	17.42	16.94	3,772.83
099	OL175 MVP	1,042.13	20.07	1,022.06	4,320	0	0.0	0	3	5	24.12	23.66	0.00
103	OL 250 HP	613.04	15.21	597.83	2,689	0	0.0	0	1	2	22.80	22.23	0.00
107	OL 200HPF	402,523.66	8,105.46	394,418.20	1,726,455	0	0.0	0	1,214	1,716	23.32	22.85	11,522.77
109	OL400 HPF	1,446,459.33	38,083.60	1,408,375.73	8,073,418	0	0.0	0	1,707	4,057	17.92	17.44	36,504.04
110	OL 250 MH	46,628.16	943.50	45,684.66	192,561	0	0.0	0	82	160	24.21	23.72	2,013.75
111	OL100 HPP	196,758.89	1,843.35	194,915.54	389,387	0	0.0	0	211	808	50.53	50.06	1,577.81
113	OL 150 HP	3,641,361.91	68,052.01	3,573,309.90	15,202,495	0	0.0	0	19,427	21,913	23.95	23.50	156,516.43
116	OL 400 MH	349,592.25	8,430.79	341,161.46	1,783,771	0	0.0	0	298	946	19.60	19.13	9,626.84
120	OL 250HPP	888.87	11.34	877.53	2,472	0	0.0	0	2	2	35.96	35.50	0.00
122	OL150 HPP	25,984.99	224.46	25,760.53	47,856	0	0.0	0	16	68	54.30	53.83	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2021

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
126	OL 400HPP	1,813.81	28.26	1,785.55	6,000	0	0.0	0	2	3	30.23	29.76	0.00
130	OL 250MON	651.39	23.75	627.64	2,044	0	0.0	0	4	2	31.87	30.71	0.00
131	OL 1000MH	67,606.56	2,191.27	65,415.29	446,626	0	0.0	0	47	99	15.14	14.65	752.10
136	OL 400MON	5,212.02	100.44	5,111.58	22,099	0	0.0	0	5	12	23.58	23.13	45.07
150	55W LEDOL	157,071.88	4,368.81	152,703.07	421,993	0	0.0	0	1,510	1,634	37.22	36.19	6,415.75
160	65W LEDOL	19.78	0.63	19.15	28	0	0.0	0	0	0	70.64	68.39	0.00
204	GS-MTRD	227,479.25	4,173.15	223,306.10	1,034,699	0	0.0	434	0	0	21.99	21.58	0.00
211	GS SEC	26,556,287.34	555,450.07	26,000,837.27	140,593,101	159,153	224,277.5	22,568	0	0	18.89	18.49	0.00
212	GS-SEC M	734.28	13.82	720.46	2,867	0	0.0	1	0	0	25.61	25.13	0.00
213	GS-UMR	486,300.12	9,273.02	477,027.10	2,210,174	0	0.0	583	0	0	22.00	21.58	0.00
214	GS - AF	203,965.79	5,958.63	198,007.16	1,356,876	0	31,649.6	85	0	0	15.03	14.59	0.00
215	GS SEC	64,006,271.11	1,758,536.01	62,247,735.10	433,360,834	0	1,736,861.5	6,397	0	0	14.77	14.36	0.00
217	GS PRI	486,007.40	14,479.70	471,527.70	3,288,210	0	14,921.9	30	0	0	14.78	14.34	0.00
218	GS M SEC	29,383.40	792.38	28,591.02	204,880	0	687.2	1	0	0	14.34	13.96	0.00
220	GSCC PRI	876,340.20	27,108.87	849,231.33	6,354,510	0	22,919.4	44	0	0	13.79	13.36	0.00
223	GS LM ON	118,512.10	3,353.68	115,158.42	827,802	526,464	0.0	40	0	0	14.32	13.91	0.00
225	GS LM TOD	128,621.79	3,755.86	124,865.93	896,112	523,680	0.0	31	0	0	14.35	13.93	0.00
227	EXP GSTOD	1,437,653.14	35,693.82	1,401,959.32	8,668,400	7,217,463	0.0	499	0	0	16.58	16.17	0.00
229	GS-TOD	1,047,890.47	33,172.23	1,014,718.24	7,811,705	4,893,211	3,280.3	138	0	0	13.41	12.99	0.00
236	GSCC SUB	93,748.06	1,646.19	92,101.87	588,850	0	1,865.6	5	0	0	15.92	15.64	0.00
240	LGS SEC	38,453,083.46	1,178,494.59	37,274,588.87	299,491,956	0	838,193.0	389	0	0	12.84	12.45	0.00
242	LGS M SEC	871,255.06	28,032.85	843,222.21	7,134,000	0	16,782.0	7	0	0	12.21	11.82	0.00
244	LGS PRI	9,107,090.13	327,758.35	8,779,331.78	76,385,922	76,800	244,227.0	59	0	0	11.92	11.49	0.00
246	LGS M PRI	73,273.98	2,447.89	70,826.09	630,360	0	1,924.0	1	0	0	11.62	11.24	0.00
248	LGS SUB	1,598,704.12	73,065.30	1,525,638.82	18,450,700	0	50,308.0	9	0	0	8.66	8.27	0.00
250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
251	LGS-LM-TD	230,342.37	9,830.14	220,512.23	1,764,704	1,008,760	0.0	7	0	0	13.05	12.50	0.00



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Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
256	LGSSECTOD	638,365.82	22,240.17	616,125.65	5,635,344	3,374,352	11,395.0	6	0	0	11.33	10.93	0.00
257	LGSPLITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
260	PS SEC	12,798,860.85	379,200.26	12,419,660.59	91,458,272	0	344,819.0	144	0	0	13.99	13.58	0.00
264	PS PRI	234,372.92	7,403.07	226,969.85	1,961,700	0	6,926.0	1	0	0	11.95	11.57	0.00
330	CS-IRP PR	3,533,311.21	109,860.73	3,423,450.48	26,269,496	0	106,187.0	5	0	0	13.45	13.03	0.00
331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
332	CS-IRP TR	1,387,915.19	80,110.83	1,307,804.36	17,220,000	0	47,460.0	1	0	0	8.06	7.59	0.00
333	CS-IRP	2,736,373.08	188,842.37	2,547,530.71	37,440,000	0	103,464.0	1	0	0	7.31	6.80	0.00
356	IGS SEC	2,210,859.55	82,050.45	2,128,809.10	20,650,560	0	42,260.0	6	0	0	10.71	10.31	0.00
358	IGS PRI	25,884,178.68	1,054,601.53	24,829,577.15	250,250,232	0	598,086.0	35	0	0	10.34	9.92	0.00
359	IGS SUB	11,461,181.97	460,254.54	11,000,927.43	102,266,090	-2,110,500	378,300.0	12	0	0	11.21	10.76	0.00
360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
371	IGS	72,511,939.95	5,020,539.02	67,491,400.93	1,209,129,000	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,346,193.35	899,736.70	11,446,456.65	211,633,000	0	312,714.0	1	0	0	5.83	5.41	0.00
528	SL	1,786,729.40	40,713.55	1,746,015.85	8,458,491	0	0.0	55	0	0	21.12	20.64	0.00
540	MW	227,640.57	7,548.86	220,091.71	1,865,409	0	2,722.9	9	0	0	12.20	11.80	0.00
Grand Total - Summary		589,947,902.53	20,450,401.90	569,497,500.63	5,179,743,492	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.39	10.99	297,639.28



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Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	78,820.39	2,348.60	76,471.79	581,008	0	0.0	43	0	0	13.57	13.16	0.00
	014	RSW-C	16,420.71	543.59	15,877.12	123,126	0	0.0	11	0	0	13.34	12.90	0.00
	015	RS	63,513,503.06	1,660,572.80	61,852,930.26	439,002,873	3,937	5,280.5	37,213	0	0	14.47	14.09	0.00
	022	RSW-RS	22,745,708.55	618,445.78	22,127,262.77	160,335,656	0	686.0	12,253	0	0	14.19	13.80	0.00
	036	RS-TOD-ON	1,270.01	22.87	1,247.14	5,620	3,173	0.0	2	0	0	22.60	22.19	0.00
	093	OL 175 MV	54,107.57	1,179.27	52,928.30	259,821	0	0.0	0	308	308	20.82	20.37	67.06
	094	OL 100 HP	1,098,171.25	17,141.83	1,081,029.42	3,825,623	0	0.0	0	7,534	7,994	28.71	28.26	18,009.92
	095	OL 400 MV	1,920.12	54.27	1,865.85	11,376	0	0.0	0	4	6	16.88	16.40	0.00
	097	OL 200 HP	67,279.06	1,533.26	65,745.80	337,990	0	0.0	0	313	336	19.91	19.45	1,169.88
	098	OL 400 HP	3,426.96	112.85	3,314.11	20,764	0	0.0	0	11	11	16.50	15.96	12.53
	107	OL 200HPF	54,222.56	1,149.15	53,073.41	242,615	0	0.0	0	202	242	22.35	21.88	954.51
	109	OL400 HPF	59,963.27	1,651.85	58,311.42	348,378	0	0.0	0	112	175	17.21	16.74	729.54
	110	OL 250 MH	4,084.72	100.86	3,983.86	18,283	0	0.0	0	15	15	22.34	21.79	0.00
	111	OL100 HPP	6,154.64	60.21	6,094.43	12,615	0	0.0	0	15	26	48.79	48.31	67.09
	113	OL 150 HP	997,601.81	18,788.38	978,813.43	4,212,845	0	0.0	0	5,541	6,080	23.68	23.23	37,954.70
	116	OL 400 MH	5,899.44	145.68	5,753.76	31,226	0	0.0	0	13	16	18.89	18.43	131.50
	122	OL150 HPP	732.57	6.65	725.92	1,408	0	0.0	0	2	2	52.03	51.56	0.00
	130	OL 250MON	340.58	5.60	334.98	1,204	0	0.0	0	1	1	28.29	27.82	0.00
	131	OL 1000MH	1,510.70	66.93	1,443.77	10,427	0	0.0	0	2	2	14.49	13.85	0.00
	136	OL 400MON	427.64	9.17	418.47	1,896	0	0.0	0	1	1	22.55	22.07	0.00
150	55W LEDOL	47,236.44	1,353.88	45,882.56	128,630	0	0.0	0	472	498	36.72	35.67	1,606.07	
211	GS SEC	693.41	1.70	691.71	5,492	0	0.0	0	0	0	12.63	12.59	0.00	
Total 010			88,759,495.46	2,325,295.18	86,434,200.28	609,518,876	7,110	5,966.5	49,522	14,546	15,715	14.56	14.18	60,702.80
020	011	RSW-LMWH	190,168.24	5,910.95	184,257.29	1,449,494	0	0.0	76	0	0	13.12	12.71	0.00
	012	RSW-A	27,826.31	776.99	27,049.32	215,898	0	0.0	10	0	0	12.89	12.53	0.00
	013	RSW-B	2,617.31	75.41	2,541.90	20,340	0	0.0	1	0	0	12.87	12.50	0.00
	014	RSW-C	8,039.74	274.33	7,765.41	64,607	0	0.0	2	0	0	12.44	12.02	0.00
	015	RS	64,244,882.24	1,826,229.14	62,418,653.10	468,171,210	49,819	4,348.7	28,158	0	0	13.72	13.33	0.00
	017	RS EMP	844,007.12	22,170.44	821,836.68	6,220,804	0	0.0	336	0	0	13.57	13.21	0.00



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Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	022	RSW-RS	126,097,339.63	3,538,028.79	122,559,310.84	920,181,926	52,170	18,304.0	55,544	0	0	13.70	13.32	0.00
	028	AORH-W ON	14,206.91	431.33	13,775.58	111,545	72,780	0.0	6	0	0	12.74	12.35	0.00
	030	RSW-ONPK	178,685.46	4,852.95	173,832.51	1,355,660	827,139	0.0	65	0	0	13.18	12.82	0.00
	032	RS LM-ON	205,659.08	5,593.86	200,065.22	1,565,242	973,086	0.0	77	0	0	13.14	12.78	0.00
	034	AORH-ON	1,567.75	53.10	1,514.65	12,159	7,117	0.0	2	0	0	12.89	12.46	0.00
	036	RS-TOD-ON	10,610.26	312.24	10,298.02	83,946	51,960	0.0	2	0	0	12.64	12.27	0.00
	093	OL 175 MV	27,273.88	599.14	26,674.74	131,565	0	0.0	0	150	154	20.73	20.27	0.00
	094	OL 100 HP	1,507,964.18	23,490.35	1,484,473.83	5,220,186	0	0.0	0	10,233	10,918	28.89	28.44	34,091.81
	095	OL 400 MV	950.36	26.50	923.86	5,649	0	0.0	0	3	3	16.82	16.35	0.00
	097	OL 200 HP	106,575.00	2,470.99	104,104.01	534,376	0	0.0	0	497	533	19.94	19.48	1,963.20
	098	OL 400 HP	9,279.86	267.27	9,012.59	55,830	0	0.0	0	26	28	16.62	16.14	177.45
	107	OL 200HPF	78,938.50	1,619.84	77,318.66	346,371	0	0.0	0	305	345	22.79	22.32	2,313.06
	109	OL400 HPF	81,790.97	2,256.54	79,534.43	477,491	0	0.0	0	196	241	17.13	16.66	1,569.95
	110	OL 250 MH	4,196.84	101.25	4,095.59	18,563	0	0.0	0	13	16	22.61	22.06	67.14
	111	OL100 HPP	28,134.93	272.14	27,862.79	56,885	0	0.0	0	96	119	49.46	48.98	531.04
	113	OL 150 HP	2,094,988.36	39,568.35	2,055,420.01	8,852,766	0	0.0	0	11,697	12,768	23.66	23.22	79,012.15
	116	OL 400 MH	6,614.17	175.63	6,438.54	35,520	0	0.0	0	15	19	18.62	18.13	43.05
	120	OL 250HPP	435.66	5.69	429.97	1,236	0	0.0	0	1	1	35.25	34.79	0.00
	122	OL150 HPP	1,451.96	13.19	1,438.77	2,800	0	0.0	0	4	4	51.86	51.38	0.00
	126	OL 400HPP	588.53	9.37	579.16	2,000	0	0.0	0	1	1	29.43	28.96	0.00
	130	OL 250MON	-361.97	9.92	-371.89	-1,427	0	0.0	0	0	-1	25.37	26.06	0.00
131	OL 1000MH	2,622.69	80.52	2,542.17	17,924	0	0.0	0	1	4	14.63	14.18	0.00	
136	OL 400MON	904.76	11.47	893.29	3,852	0	0.0	0	2	2	23.49	23.19	0.00	
150	55W LEDOL	93,031.46	2,568.03	90,463.43	249,598	0	0.0	0	913	966	37.27	36.24	4,055.28	
160	65W LEDOL	19.78	0.63	19.15	28	0	0.0	0	0	0	70.64	68.39	0.00	
211	GS SEC	7,417.50	-84.84	7,502.34	52,320	0	16.3	3	0	0	14.18	14.34	0.00	
215	GS SEC	550.75	-13.77	564.52	3,721	0	19.5	0	0	0	14.80	15.17	0.00	
Total 020			195,878,978.22	5,478,157.74	190,400,820.48	1,415,520,085	2,034,071	22,688.5	84,282	24,154	26,120	13.84	13.45	123,824.13
211	015	RS	59.60	0.52	59.08	150	0	0.0	0	0	0	39.73	39.39	0.00



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12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	022	RSW-RS	17.89	0.00	17.89	0	0	0.0	0	0	0	0.00	0.00	0.00
	093	OL 175 MV	15,865.26	334.22	15,531.04	73,950	0	0.0	0	71	87	21.45	21.00	0.00
	094	OL 100 HP	185,637.86	2,800.37	182,837.49	615,960	0	0.0	0	1,036	1,281	30.14	29.68	4,327.28
	095	OL 400 MV	10,304.93	268.63	10,036.30	59,294	0	0.0	0	25	32	17.38	16.93	0.00
	097	OL 200 HP	96,006.98	2,108.13	93,898.85	456,060	0	0.0	0	284	453	21.05	20.59	3,454.76
	098	OL 400 HP	22,143.76	628.03	21,515.73	129,042	0	0.0	0	38	66	17.16	16.67	568.50
	099	OL175 MVP	833.84	16.07	817.77	3,456	0	0.0	0	2	4	24.13	23.66	0.00
	103	OL 250 HP	613.04	15.21	597.83	2,689	0	0.0	0	1	2	22.80	22.23	0.00
	107	OL 200HPF	143,011.13	2,817.21	140,193.92	604,590	0	0.0	0	391	601	23.65	23.19	4,214.63
	109	OL400 HPF	641,455.56	16,849.34	624,606.22	3,577,948	0	0.0	0	752	1,800	17.93	17.46	14,489.28
	110	OL 250 MH	17,176.14	338.07	16,838.07	70,231	0	0.0	0	34	58	24.46	23.98	781.71
	111	OL100 HPP	47,497.69	437.40	47,060.29	93,025	0	0.0	0	33	194	51.06	50.59	499.28
	113	OL 150 HP	358,402.60	6,440.67	351,961.93	1,418,705	0	0.0	0	1,568	2,037	25.26	24.81	21,182.20
	116	OL 400 MH	191,359.24	4,560.28	186,798.96	975,078	0	0.0	0	152	518	19.63	19.16	5,241.62
	122	OL150 HPP	3,840.37	33.19	3,807.18	7,040	0	0.0	0	1	10	54.55	54.08	0.00
	126	OL 400HPP	1,225.28	18.89	1,206.39	4,000	0	0.0	0	1	2	30.63	30.16	0.00
	130	OL 250MON	672.78	8.23	664.55	2,267	0	0.0	0	2	2	29.68	29.31	0.00
	131	OL 1000MH	33,859.25	1,092.04	32,767.21	222,828	0	0.0	0	25	49	15.20	14.71	483.50
	136	OL 400MON	3,879.62	79.80	3,799.82	16,351	0	0.0	0	2	9	23.73	23.24	45.07
	150	55W LEDOL	11,955.53	325.59	11,629.94	31,557	0	0.0	0	94	123	37.89	36.85	442.03
	204	GS-MTRD	213,069.48	4,092.17	208,977.31	1,017,115	0	0.0	377	0	0	20.95	20.55	0.00
	211	GS SEC	18,533,623.71	376,363.14	18,157,260.57	95,004,034	60,509	122,034.9	17,002	0	0	19.51	19.11	0.00
	212	GS-SEC M	734.28	13.82	720.46	2,867	0	0.0	1	0	0	25.61	25.13	0.00
	213	GS-UMR	381,846.62	7,332.32	374,514.30	1,757,017	0	0.0	434	0	0	21.73	21.32	0.00
	214	GS - AF	4,600.04	70.81	4,529.23	18,599	0	1,582.1	6	0	0	24.73	24.35	0.00
	215	GS SEC	30,315,821.91	830,751.68	29,485,070.23	206,743,489	0	804,474.9	3,090	0	0	14.66	14.26	0.00
	217	GS PRI	163,662.37	5,720.01	157,942.36	1,198,920	0	3,619.4	8	0	0	13.65	13.17	0.00
	220	GSCC PRI	61,034.03	1,419.47	59,614.56	460,680	0	1,411.8	3	0	0	13.25	12.94	0.00
	223	GS LM ON	7,167.97	175.62	6,992.35	42,720	23,830	0.0	4	0	0	16.78	16.37	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	225	GS LM TOD	2,000.74	46.77	1,953.97	9,599	5,655	0.0	2	0	0	20.84	20.36	0.00
	227	EXP GSTOD	950,650.42	23,331.94	927,318.48	5,650,666	4,700,685	0.0	362	0	0	16.82	16.41	0.00
	229	GS-TOD	436,614.86	14,725.19	421,889.67	3,146,515	1,835,282	3,280.3	57	0	0	13.88	13.41	0.00
	240	LGS SEC	11,007,338.16	346,341.36	10,660,996.80	88,978,169	0	215,596.0	112	0	0	12.37	11.98	0.00
	244	LGS PRI	1,471,505.74	60,016.15	1,411,489.59	13,239,720	0	32,750.0	10	0	0	11.11	10.66	0.00
	248	LGS SUB	516,301.33	35,976.64	480,324.69	5,479,100	0	16,476.0	4	0	0	9.42	8.77	0.00
	256	LGSSECTOD	397,035.94	12,017.59	385,018.35	3,510,032	1,967,728	7,184.0	4	0	0	11.31	10.97	0.00
	356	IGS SEC	1,541,261.64	64,679.54	1,476,582.10	15,806,880	0	30,783.0	4	0	0	9.75	9.34	0.00
	358	IGS PRI	6,897,293.05	348,908.51	6,548,384.54	83,383,200	0	147,090.0	8	0	0	8.27	7.85	0.00
	359	IGS SUB	1,344,548.80	77,141.45	1,267,407.35	19,129,050	0	34,806.0	3	0	0	7.03	6.63	0.00
Total 211			76,031,929.44	2,248,296.07	73,783,633.37	552,942,593	8,593,689	1,421,088.4	21,491	4,513	7,327	13.75	13.34	55,729.86
212	015	RS	1,236.15	32.50	1,203.65	7,831	0	0.0	1	0	0	15.79	15.37	0.00
	093	OL 175 MV	2,396.96	52.04	2,344.92	11,232	0	0.0	0	13	13	21.34	20.88	0.00
	094	OL 100 HP	42,334.40	636.41	41,697.99	140,163	0	0.0	0	232	292	30.20	29.75	1,061.83
	095	OL 400 MV	3,942.67	108.00	3,834.67	22,752	0	0.0	0	7	12	17.33	16.85	0.00
	097	OL 200 HP	28,575.30	648.46	27,926.84	133,856	0	0.0	0	104	136	21.35	20.86	1,209.27
	098	OL 400 HP	10,285.49	281.07	10,004.42	59,510	0	0.0	0	14	30	17.28	16.81	359.37
	099	OL175 MVP	208.29	4.00	204.29	864	0	0.0	0	1	1	24.11	23.64	0.00
	107	OL 200HPF	57,764.45	1,156.67	56,607.78	244,493	0	0.0	0	157	243	23.63	23.15	1,664.77
	109	OL400 HPF	247,811.53	6,470.44	241,341.09	1,374,442	0	0.0	0	287	691	18.03	17.56	6,926.61
	110	OL 250 MH	12,645.28	232.29	12,412.99	49,364	0	0.0	0	9	41	25.62	25.15	1,030.64
	111	OL100 HPP	6,113.75	59.63	6,054.12	11,596	0	0.0	0	6	24	52.72	52.21	230.44
	113	OL 150 HP	101,126.87	1,783.29	99,343.58	390,504	0	0.0	0	393	560	25.90	25.44	8,021.22
	116	OL 400 MH	66,949.58	1,598.24	65,351.34	337,935	0	0.0	0	63	179	19.81	19.34	2,341.69
	131	OL 1000MH	19,917.87	651.06	19,266.81	131,983	0	0.0	0	8	29	15.09	14.60	134.24
	150	55W LEDOL	2,816.42	70.68	2,745.74	6,996	0	0.0	0	20	27	40.26	39.25	217.37
	211	GS SEC	3,954,281.53	91,150.21	3,863,131.32	23,642,189	12,705	57,991.1	2,314	0	0	16.73	16.34	0.00
	215	GS SEC	19,775,620.96	529,860.30	19,245,760.66	132,278,268	0	570,651.5	2,116	0	0	14.95	14.55	0.00
	217	GS PRI	123,099.45	3,829.55	119,269.90	941,820	0	2,658.2	5	0	0	13.07	12.66	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	220	GSCC PRI	45,343.46	2,393.43	42,950.03	372,600	0	660.0	1	0	0	12.17	11.53	0.00
	223	GS LM ON	98,824.21	2,796.86	96,027.35	686,761	429,605	0.0	33	0	0	14.39	13.98	0.00
	225	GS LM TOD	36,320.73	887.01	35,433.72	212,581	123,731	0.0	23	0	0	17.09	16.67	0.00
	227	EXP GSTOD	487,002.72	12,361.88	474,640.84	3,017,734	2,516,778	0.0	137	0	0	16.14	15.73	0.00
	229	GS-TOD	315,997.41	9,156.26	306,841.15	2,308,556	1,421,270	0.0	53	0	0	13.69	13.29	0.00
	240	LGS SEC	13,251,486.23	406,906.57	12,844,579.66	106,009,708	0	271,008.0	129	0	0	12.50	12.12	0.00
	242	LGS M SEC	167,246.67	5,448.29	161,798.38	1,375,200	0	3,385.0	1	0	0	12.16	11.77	0.00
	244	LGS PRI	850,727.03	28,972.54	821,754.49	7,787,400	0	19,509.0	6	0	0	10.92	10.55	0.00
	248	LGS SUB	196,540.05	9,956.68	186,583.37	2,387,000	0	5,706.0	1	0	0	8.23	7.82	0.00
	251	LGS-LM-TD	111,327.11	4,006.47	107,320.64	842,220	467,880	0.0	4	0	0	13.22	12.74	0.00
358	IGS PRI	856,574.66	39,373.07	817,201.59	9,420,720	0	18,115.0	2	0	0	9.09	8.67	0.00	
Total 212			40,874,517.23	1,160,883.90	39,713,633.33	294,206,278	4,971,969	949,683.8	4,826	1,314	2,278	13.89	13.50	23,197.45
213	093	OL 175 MV	1,111.12	24.44	1,086.68	5,184	0	0.0	0	6	6	21.43	20.96	0.00
	094	OL 100 HP	6,814.09	106.57	6,707.52	23,294	0	0.0	0	26	48	29.25	28.80	0.00
	095	OL 400 MV	1,314.76	36.00	1,278.76	7,584	0	0.0	0	3	4	17.34	16.86	0.00
	097	OL 200 HP	6,194.85	137.79	6,057.06	29,317	0	0.0	0	19	29	21.13	20.66	244.50
	098	OL 400 HP	4,071.06	102.81	3,968.25	21,937	0	0.0	0	4	12	18.56	18.09	345.79
	107	OL 200HPF	21,807.57	433.38	21,374.19	92,736	0	0.0	0	46	92	23.52	23.05	557.64
	109	OL400 HPF	152,706.52	3,961.63	148,744.89	838,468	0	0.0	0	95	420	18.21	17.74	5,441.47
	110	OL 250 MH	1,192.84	22.42	1,170.42	4,816	0	0.0	0	3	4	24.77	24.30	67.11
	111	OL100 HPP	7,086.89	66.36	7,020.53	14,036	0	0.0	0	4	29	50.49	50.02	0.00
	113	OL 150 HP	11,414.28	190.68	11,223.60	40,626	0	0.0	0	29	58	28.10	27.63	1,610.28
	116	OL 400 MH	28,922.61	698.39	28,224.22	148,253	0	0.0	0	19	79	19.51	19.04	733.37
	131	OL 1000MH	766.08	21.93	744.15	4,540	0	0.0	0	1	1	16.87	16.39	67.22
	150	55W LEDOL	219.49	6.12	213.37	604	0	0.0	0	2	2	36.34	35.33	0.00
	211	GS SEC	385,585.58	9,597.72	375,987.86	2,204,081	0	5,445.8	249	0	0	17.49	17.06	0.00
	214	GS - AF	144,076.59	4,405.23	139,671.36	960,667	0	22,325.9	59	0	0	15.00	14.54	0.00
215	GS SEC	2,904,757.71	85,255.72	2,819,501.99	19,582,195	0	76,148.3	218	0	0	14.83	14.40	0.00	
217	GS PRI	1,116.47	116.39	1,000.08	7,020	0	16.2	0	0	0	15.90	14.25	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	223	GS LM ON	9,226.88	276.82	8,950.06	78,880	60,320	0.0	1	0	0	11.70	11.35	0.00
	240	LGS SEC	2,085,628.66	61,152.41	2,024,476.25	14,916,796	0	54,621.0	30	0	0	13.98	13.57	0.00
	244	LGS PRI	266,329.00	12,755.32	253,573.68	2,118,080	0	8,076.0	2	0	0	12.57	11.97	0.00
	260	PS SEC	12,798,860.85	379,200.26	12,419,660.59	91,458,272	0	344,819.0	144	0	0	13.99	13.58	0.00
	264	PS PRI	234,372.92	7,403.07	226,969.85	1,961,700	0	6,926.0	1	0	0	11.95	11.57	0.00
	358	IGS PRI	397,878.14	15,125.64	382,752.50	3,575,400	0	9,324.0	1	0	0	11.13	10.71	0.00
	359	IGS SUB	228,481.92	7,895.82	220,586.10	1,817,900	0	5,865.0	1	0	0	12.57	12.13	0.00
Total 213			19,699,936.88	588,992.92	19,110,943.96	139,912,386	60,320	533,567.2	706	257	783	14.08	13.66	9,067.38
216	093	OL 175 MV	6,063.69	130.84	5,932.85	28,334	0	0.0	0	23	33	21.40	20.94	0.00
	094	OL 100 HP	30,454.02	460.75	29,993.27	100,431	0	0.0	0	125	208	30.32	29.86	886.48
	095	OL 400 MV	4,537.12	124.04	4,413.08	26,247	0	0.0	0	8	14	17.29	16.81	0.00
	097	OL 200 HP	26,395.56	572.02	25,823.54	120,582	0	0.0	0	54	120	21.89	21.42	1,809.79
	098	OL 400 HP	38,093.16	995.89	37,097.27	213,825	0	0.0	0	15	107	17.82	17.35	2,309.19
	107	OL 200HPF	39,504.16	777.28	38,726.88	163,902	0	0.0	0	93	162	24.10	23.63	1,794.16
	109	OL400 HPF	173,480.03	4,566.09	168,913.94	960,675	0	0.0	0	197	481	18.06	17.58	4,960.14
	110	OL 250 MH	5,660.93	114.63	5,546.30	24,080	0	0.0	0	7	20	23.51	23.03	67.15
	111	OL100 HPP	77,805.82	722.58	77,083.24	153,798	0	0.0	0	36	318	50.59	50.12	249.96
	113	OL 150 HP	61,343.82	1,002.80	60,341.02	224,763	0	0.0	0	150	321	27.29	26.85	7,157.56
	116	OL 400 MH	34,709.53	875.92	33,833.61	176,030	0	0.0	0	21	94	19.72	19.22	1,135.61
	120	OL 250HPP	453.21	5.65	447.56	1,236	0	0.0	0	1	1	36.67	36.21	0.00
	122	OL150 HPP	16,885.76	144.80	16,740.96	30,976	0	0.0	0	7	44	54.51	54.04	0.00
	131	OL 1000MH	5,507.59	170.24	5,337.35	36,224	0	0.0	0	6	8	15.20	14.73	67.14
	150	55W LEDOL	1,506.23	37.34	1,468.89	3,857	0	0.0	0	7	14	39.05	38.08	71.44
	204	GS-MTRD	11,019.07	45.91	10,973.16	9,682	0	0.0	46	0	0	113.81	113.34	0.00
	211	GS SEC	2,735,749.93	59,197.75	2,676,552.18	15,082,703	85,939	30,688.4	2,100	0	0	18.14	17.75	0.00
	213	GS-UMR	104,218.79	1,940.46	102,278.33	453,097	0	0.0	149	0	0	23.00	22.57	0.00
	214	GS - AF	55,289.16	1,482.59	53,806.57	377,610	0	7,741.6	20	0	0	14.64	14.25	0.00
	215	GS SEC	8,710,863.61	243,611.97	8,467,251.64	59,482,407	0	223,006.2	747	0	0	14.64	14.23	0.00
217	GS PRI	80,296.86	1,744.70	78,552.16	424,850	0	4,463.2	4	0	0	18.90	18.49	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	218	GS M SEC	29,383.40	792.38	28,591.02	204,880	0	687.2	1	0	0	14.34	13.96	0.00
	223	GS LM ON	3,293.04	104.38	3,188.66	19,441	12,709	0.0	2	0	0	16.94	16.40	0.00
	225	GS LM TOD	90,300.32	2,822.08	87,478.24	673,932	394,294	0.0	6	0	0	13.40	12.98	0.00
	229	GS-TOD	295,278.20	9,290.78	285,987.42	2,356,634	1,636,659	0.0	28	0	0	12.53	12.14	0.00
	240	LGS SEC	7,628,090.94	238,459.68	7,389,631.26	60,661,975	0	156,386.0	69	0	0	12.57	12.18	0.00
	242	LGS M SEC	704,008.39	22,584.56	681,423.83	5,758,800	0	13,397.0	6	0	0	12.22	11.83	0.00
	244	LGS PRI	489,233.83	16,202.99	473,030.84	4,143,560	0	13,537.0	4	0	0	11.81	11.42	0.00
	246	LGS M PRI	73,273.98	2,447.89	70,826.09	630,360	0	1,924.0	1	0	0	11.62	11.24	0.00
	251	LGS-LM-TD	117,736.86	5,821.72	111,915.14	921,984	540,480	0.0	2	0	0	12.77	12.14	0.00
	256	LGSSECTOD	241,329.88	10,222.58	231,107.30	2,125,312	1,406,624	4,211.0	2	0	0	11.36	10.87	0.00
	358	IGS PRI	2,143,651.35	95,669.03	2,047,982.32	23,124,600	0	47,286.0	4	0	0	9.27	8.86	0.00
540	MW	227,640.57	7,548.86	220,091.71	1,865,409	0	2,722.9	9	0	0	12.20	11.80	0.00	
Total 216			24,263,058.81	730,691.18	23,532,367.63	180,582,196	4,076,705	506,050.5	3,199	751	1,946	13.44	13.03	20,508.62
221	093	OL 175 MV	1,300.21	28.66	1,271.55	6,046	0	0.0	0	7	7	21.51	21.03	0.00
	094	OL 100 HP	8,509.16	133.15	8,376.01	28,556	0	0.0	0	31	59	29.80	29.33	134.04
	095	OL 400 MV	979.73	26.39	953.34	5,688	0	0.0	0	2	3	17.22	16.76	0.00
	097	OL 200 HP	7,557.85	165.22	7,392.63	36,189	0	0.0	0	9	36	20.88	20.43	222.07
	098	OL 400 HP	663.06	18.89	644.17	4,000	0	0.0	0	1	2	16.58	16.10	0.00
	107	OL 200HPF	5,861.10	123.19	5,737.91	25,676	0	0.0	0	14	26	22.83	22.35	0.00
	109	OL400 HPF	66,735.61	1,737.04	64,998.57	371,415	0	0.0	0	44	187	17.97	17.50	1,753.92
	110	OL 250 MH	1,671.41	33.98	1,637.43	7,224	0	0.0	0	1	6	23.14	22.67	0.00
	111	OL100 HPP	1,457.77	13.41	1,444.36	2,904	0	0.0	0	1	6	50.20	49.74	0.00
	113	OL 150 HP	8,988.91	150.70	8,838.21	33,808	0	0.0	0	24	48	26.59	26.14	882.58
	116	OL 400 MH	14,060.48	350.35	13,710.13	74,088	0	0.0	0	13	39	18.98	18.51	0.00
	131	OL 1000MH	2,740.39	87.12	2,653.27	18,160	0	0.0	0	2	4	15.09	14.61	0.00
	150	55W LEDOL	224.48	5.11	219.37	531	0	0.0	0	1	2	42.27	41.31	23.56
	204	GS-MTRD	1,661.04	35.00	1,626.04	7,890	0	0.0	3	0	0	21.05	20.61	0.00
	211	GS SEC	674,277.55	14,821.57	659,455.98	3,479,715	0	5,979.1	582	0	0	19.38	18.95	0.00
215	GS SEC	1,608,679.83	50,089.72	1,558,590.11	10,737,978	0	42,427.9	144	0	0	14.98	14.51	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	217	GS PRI	108,590.20	2,979.48	105,610.72	673,420	0	4,002.9	10	0	0	16.13	15.68	0.00
	220	GSCC PRI	238,231.72	7,081.13	231,150.59	1,839,080	0	4,872.2	11	0	0	12.95	12.57	0.00
	240	LGS SEC	3,482,225.74	97,164.31	3,385,061.43	23,066,772	0	105,418.0	36	0	0	15.10	14.68	0.00
	244	LGS PRI	2,142,176.78	91,400.23	2,050,776.55	18,249,750	0	56,037.0	14	0	0	11.74	11.24	0.00
	248	LGS SUB	197,162.43	8,977.28	188,185.15	2,310,000	0	6,006.0	1	0	0	8.54	8.15	0.00
	250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
	331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
	332	CS-IRP TR	1,387,915.19	80,110.83	1,307,804.36	17,220,000	0	47,460.0	1	0	0	8.06	7.59	0.00
	358	IGS PRI	5,499,616.41	234,128.21	5,265,488.20	59,189,062	0	118,615.0	9	0	0	9.29	8.90	0.00
	359	IGS SUB	6,022,533.26	165,805.94	5,856,727.32	42,049,940	-2,110,500	216,932.0	5	0	0	14.32	13.93	0.00
	360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
	370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
	371	IGS	72,511,939.95	5,020,539.02	67,491,400.93	1,209,129,000	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,346,193.35	899,736.70	11,446,456.65	211,633,000	0	312,714.0	1	0	0	5.83	5.41	0.00	
Total 221			114,292,900.99	6,808,373.75	107,484,527.24	1,741,864,569	-107,932,300	2,719,965.9	824	150	425	6.56	6.17	3,016.17
222	097	OL 200 HP	873.25	19.16	854.09	4,048	0	0.0	0	2	4	21.57	21.10	48.00
	107	OL 200HPF	230.60	4.68	225.92	1,012	0	0.0	0	1	1	22.79	22.32	0.00
	109	OL400 HPF	2,848.36	75.66	2,772.70	16,000	0	0.0	0	5	8	17.80	17.33	48.00
	113	OL 150 HP	1,941.48	31.10	1,910.38	6,928	0	0.0	0	6	10	28.02	27.57	268.20
	211	GS SEC	64,659.21	1,548.24	63,110.97	392,173	0	1,238.9	27	0	0	16.49	16.09	0.00
	215	GS SEC	299,885.55	9,172.39	290,713.16	2,018,381	0	7,950.9	25	0	0	14.86	14.40	0.00
	220	GSCC PRI	27,797.43	882.57	26,914.86	205,200	0	492.0	2	0	0	13.55	13.12	0.00
	240	LGS SEC	567,908.45	20,014.64	547,893.81	3,714,000	0	17,446.0	6	0	0	15.29	14.75	0.00
	244	LGS PRI	326,532.29	12,065.71	314,466.58	3,177,600	0	6,000.0	1	0	0	10.28	9.90	0.00
	251	LGS-LM-TD	1,278.40	1.95	1,276.45	500	400	0.0	1	0	0	255.68	255.29	0.00
	356	IGS SEC	669,597.91	17,370.91	652,227.00	4,843,680	0	11,477.0	2	0	0	13.82	13.47	0.00
	358	IGS PRI	867,987.92	40,998.90	826,989.02	9,735,600	0	19,949.0	1	0	0	8.92	8.49	0.00
Total 222			2,831,540.85	102,185.91	2,729,354.94	24,115,122	400	64,553.8	65	14	23	11.74	11.32	364.20
230	094	OL 100 HP	991.15	15.89	975.26	3,388	0	0.0	0	6	7	29.25	28.79	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	095	OL 400 MV	330.08	9.14	320.94	1,896	0	0.0	0	1	1	17.41	16.93	0.00
	097	OL 200 HP	4,515.93	101.17	4,414.76	21,252	0	0.0	0	3	21	21.25	20.77	192.00
	107	OL 200HPF	952.90	19.33	933.57	4,048	0	0.0	0	3	4	23.54	23.06	24.00
	109	OL400 HPF	11,395.01	295.98	11,099.03	62,601	0	0.0	0	12	31	18.20	17.73	383.77
	113	OL 150 HP	4,734.95	82.83	4,652.12	18,734	0	0.0	0	16	27	25.27	24.83	293.38
	116	OL 400 MH	1,077.20	26.30	1,050.90	5,641	0	0.0	0	2	3	19.10	18.63	0.00
	150	55W LEDOL	81.83	2.06	79.77	220	0	0.0	0	1	1	37.20	36.26	0.00
	211	GS SEC	63,809.35	1,364.27	62,445.08	353,741	0	691.7	51	0	0	18.04	17.65	0.00
	215	GS SEC	318,611.89	7,909.57	310,702.32	2,032,780	0	10,243.9	52	0	0	15.67	15.28	0.00
	217	GS PRI	9,242.05	89.57	9,152.48	42,180	0	162.0	3	0	0	21.91	21.70	0.00
	220	GSCC PRI	503,933.56	15,332.27	488,601.29	3,476,950	0	15,483.4	28	0	0	14.49	14.05	0.00
	236	GSCC SUB	93,748.06	1,646.19	92,101.87	588,850	0	1,865.6	5	0	0	15.92	15.64	0.00
	240	LGS SEC	430,405.28	8,455.62	421,949.66	2,144,536	0	17,718.0	8	0	0	20.07	19.68	0.00
	244	LGS PRI	3,560,585.46	106,345.41	3,454,240.05	27,669,812	76,800	108,318.0	21	0	0	12.87	12.48	0.00
	248	LGS SUB	688,700.31	18,154.70	670,545.61	8,274,600	0	22,120.0	3	0	0	8.32	8.10	0.00
	257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
	330	CS-IRP PR	3,533,311.21	109,860.73	3,423,450.48	26,269,496	0	106,187.0	5	0	0	13.45	13.03	0.00
	333	CS-IRP	2,736,373.08	188,842.37	2,547,530.71	37,440,000	0	103,464.0	1	0	0	7.31	6.80	0.00
	358	IGS PRI	9,221,177.15	280,398.17	8,940,778.98	61,821,650	0	237,707.0	9	0	0	14.92	14.46	0.00
359	IGS SUB	3,865,617.99	209,411.33	3,656,206.66	39,269,200	0	120,697.0	2	0	0	9.84	9.31	0.00	
Total 230			25,282,662.46	962,909.00	24,319,753.46	211,656,364	1,240,800	748,317.6	190	44	95	11.95	11.49	893.15
400	093	OL 175 MV	368.37	8.01	360.36	1,728	0	0.0	0	1	2	21.32	20.85	0.00
	094	OL 100 HP	565.87	8.99	556.88	1,936	0	0.0	0	2	4	29.23	28.76	0.00
	107	OL 200HPF	230.69	4.73	225.96	1,012	0	0.0	0	1	1	22.80	22.33	0.00
	109	OL400 HPF	8,272.47	219.03	8,053.44	46,000	0	0.0	0	7	23	17.98	17.51	201.36
	111	OL100 HPP	22,507.40	211.62	22,295.78	44,528	0	0.0	0	19	92	50.55	50.07	0.00
	113	OL 150 HP	818.83	13.21	805.62	2,816	0	0.0	0	2	4	29.08	28.61	134.16
	122	OL150 HPP	3,074.33	26.63	3,047.70	5,632	0	0.0	0	2	8	54.59	54.11	0.00
	131	OL 1000MH	681.99	21.43	660.56	4,540	0	0.0	0	1	1	15.02	14.55	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
400	204	GS-MTRD	1,729.66	0.07	1,729.59	12	0	0.0	8	0	0	14,413.83	14,413.25	0.00
	211	GS SEC	136,189.57	1,490.31	134,699.26	376,653	0	191.3	240	0	0	36.16	35.76	0.00
	213	GS-UMR	234.71	0.24	234.47	60	0	0.0	1	0	0	391.18	390.78	0.00
	215	GS SEC	71,478.90	1,898.43	69,580.47	481,615	0	1,938.4	6	0	0	14.84	14.45	0.00
	528	SL	1,786,729.40	40,713.55	1,746,015.85	8,458,491	0	0.0	55	0	0	21.12	20.64	0.00
Total 400			2,032,882.19	44,616.25	1,988,265.94	9,425,023	0	2,129.7	310	35	135	21.57	21.10	335.52
Grand Total			589,947,902.53	20,450,401.90	569,497,500.63	5,179,743,492	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.39	10.99	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
011	RSW-LMWH	268,988.63	8,259.55	260,729.08	2,030,502	0	0.0	119	0	0	13.25	12.84	0.00
012	RSW-A	27,826.31	776.99	27,049.32	215,898	0	0.0	10	0	0	12.89	12.53	0.00
013	RSW-B	2,617.31	75.41	2,541.90	20,340	0	0.0	1	0	0	12.87	12.50	0.00
014	RSW-C	24,460.45	817.92	23,642.53	187,733	0	0.0	14	0	0	13.03	12.59	0.00
015	RS	127,759,681.05	3,486,834.96	124,272,846.09	907,182,064	53,756	9,629.2	65,372	0	0	14.08	13.70	0.00
017	RS EMP	844,007.12	22,170.44	821,836.68	6,220,804	0	0.0	336	0	0	13.57	13.21	0.00
022	RSW-RS	148,843,066.07	4,156,474.57	144,686,591.50	1,080,517,582	52,170	18,990.0	67,797	0	0	13.78	13.39	0.00
028	AORH-W ON	14,206.91	431.33	13,775.58	111,545	72,780	0.0	6	0	0	12.74	12.35	0.00
030	RSW-ONPK	178,685.46	4,852.95	173,832.51	1,355,660	827,139	0.0	65	0	0	13.18	12.82	0.00
032	RS LM-ON	205,659.08	5,593.86	200,065.22	1,565,242	973,086	0.0	77	0	0	13.14	12.78	0.00
034	AORH-ON	1,567.75	53.10	1,514.65	12,159	7,117	0.0	2	0	0	12.89	12.46	0.00
036	RS-TOD-ON	11,880.27	335.11	11,545.16	89,566	55,133	0.0	4	0	0	13.26	12.89	0.00
093	OL 175 MV	108,487.06	2,356.62	106,130.44	517,860	0	0.0	0	578	610	20.95	20.49	67.06
094	OL 100 HP	2,881,441.98	44,794.31	2,836,647.67	9,959,537	0	0.0	0	19,224	20,811	28.93	28.48	58,511.36
095	OL 400 MV	24,279.77	652.97	23,626.80	140,486	0	0.0	0	53	75	17.28	16.82	0.00
097	OL 200 HP	343,973.78	7,756.20	336,217.58	1,673,670	0	0.0	0	1,285	1,668	20.55	20.09	10,313.47
098	OL 400 HP	87,963.35	2,406.81	85,556.54	504,908	0	0.0	0	109	255	17.42	16.94	3,772.83
099	OL175 MVP	1,042.13	20.07	1,022.06	4,320	0	0.0	0	3	5	24.12	23.66	0.00
103	OL 250 HP	613.04	15.21	597.83	2,689	0	0.0	0	1	2	22.80	22.23	0.00
107	OL 200HPF	402,523.66	8,105.46	394,418.20	1,726,455	0	0.0	0	1,214	1,716	23.32	22.85	11,522.77
109	OL400 HPF	1,446,459.33	38,083.60	1,408,375.73	8,073,418	0	0.0	0	1,707	4,057	17.92	17.44	36,504.04
110	OL 250 MH	46,628.16	943.50	45,684.66	192,561	0	0.0	0	82	160	24.21	23.72	2,013.75
111	OL100 HPP	196,758.89	1,843.35	194,915.54	389,387	0	0.0	0	211	808	50.53	50.06	1,577.81
113	OL 150 HP	3,641,361.91	68,052.01	3,573,309.90	15,202,495	0	0.0	0	19,427	21,913	23.95	23.50	156,516.43
116	OL 400 MH	349,592.25	8,430.79	341,161.46	1,783,771	0	0.0	0	298	946	19.60	19.13	9,626.84
120	OL 250HPP	888.87	11.34	877.53	2,472	0	0.0	0	2	2	35.96	35.50	0.00
122	OL150 HPP	25,984.99	224.46	25,760.53	47,856	0	0.0	0	16	68	54.30	53.83	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
126	OL 400HPP	1,813.81	28.26	1,785.55	6,000	0	0.0	0	2	3	30.23	29.76	0.00
130	OL 250MON	651.39	23.75	627.64	2,044	0	0.0	0	4	2	31.87	30.71	0.00
131	OL 1000MH	67,606.56	2,191.27	65,415.29	446,626	0	0.0	0	47	99	15.14	14.65	752.10
136	OL 400MON	5,212.02	100.44	5,111.58	22,099	0	0.0	0	5	12	23.58	23.13	45.07
150	55W LEDOL	157,071.88	4,368.81	152,703.07	421,993	0	0.0	0	1,510	1,634	37.22	36.19	6,415.75
160	65W LEDOL	19.78	0.63	19.15	28	0	0.0	0	0	0	70.64	68.39	0.00
204	GS-MTRD	227,479.25	4,173.15	223,306.10	1,034,699	0	0.0	434	0	0	21.99	21.58	0.00
211	GS SEC	26,556,287.34	555,450.07	26,000,837.27	140,593,101	159,153	224,277.5	22,568	0	0	18.89	18.49	0.00
212	GS-SEC M	734.28	13.82	720.46	2,867	0	0.0	1	0	0	25.61	25.13	0.00
213	GS-UMR	486,300.12	9,273.02	477,027.10	2,210,174	0	0.0	583	0	0	22.00	21.58	0.00
214	GS - AF	203,965.79	5,958.63	198,007.16	1,356,876	0	31,649.6	85	0	0	15.03	14.59	0.00
215	GS SEC	64,006,271.11	1,758,536.01	62,247,735.10	433,360,834	0	1,736,861.5	6,397	0	0	14.77	14.36	0.00
217	GS PRI	486,007.40	14,479.70	471,527.70	3,288,210	0	14,921.9	30	0	0	14.78	14.34	0.00
218	GS M SEC	29,383.40	792.38	28,591.02	204,880	0	687.2	1	0	0	14.34	13.96	0.00
220	GSCC PRI	876,340.20	27,108.87	849,231.33	6,354,510	0	22,919.4	44	0	0	13.79	13.36	0.00
223	GS LM ON	118,512.10	3,353.68	115,158.42	827,802	526,464	0.0	40	0	0	14.32	13.91	0.00
225	GS LM TOD	128,621.79	3,755.86	124,865.93	896,112	523,680	0.0	31	0	0	14.35	13.93	0.00
227	EXP GSTOD	1,437,653.14	35,693.82	1,401,959.32	8,668,400	7,217,463	0.0	499	0	0	16.58	16.17	0.00
229	GS-TOD	1,047,890.47	33,172.23	1,014,718.24	7,811,705	4,893,211	3,280.3	138	0	0	13.41	12.99	0.00
236	GSCC SUB	93,748.06	1,646.19	92,101.87	588,850	0	1,865.6	5	0	0	15.92	15.64	0.00
240	LGS SEC	38,453,083.46	1,178,494.59	37,274,588.87	299,491,956	0	838,193.0	389	0	0	12.84	12.45	0.00
242	LGS M SEC	871,255.06	28,032.85	843,222.21	7,134,000	0	16,782.0	7	0	0	12.21	11.82	0.00
244	LGS PRI	9,107,090.13	327,758.35	8,779,331.78	76,385,922	76,800	244,227.0	59	0	0	11.92	11.49	0.00
246	LGS M PRI	73,273.98	2,447.89	70,826.09	630,360	0	1,924.0	1	0	0	11.62	11.24	0.00
248	LGS SUB	1,598,704.12	73,065.30	1,525,638.82	18,450,700	0	50,308.0	9	0	0	8.66	8.27	0.00
250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
251	LGS-LM-TD	230,342.37	9,830.14	220,512.23	1,764,704	1,008,760	0.0	7	0	0	13.05	12.50	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
256	LGSSECTOD	638,365.82	22,240.17	616,125.65	5,635,344	3,374,352	11,395.0	6	0	0	11.33	10.93	0.00
257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
260	PS SEC	12,798,860.85	379,200.26	12,419,660.59	91,458,272	0	344,819.0	144	0	0	13.99	13.58	0.00
264	PS PRI	234,372.92	7,403.07	226,969.85	1,961,700	0	6,926.0	1	0	0	11.95	11.57	0.00
330	CS-IRP PR	3,533,311.21	109,860.73	3,423,450.48	26,269,496	0	106,187.0	5	0	0	13.45	13.03	0.00
331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
332	CS-IRP TR	1,387,915.19	80,110.83	1,307,804.36	17,220,000	0	47,460.0	1	0	0	8.06	7.59	0.00
333	CS-IRP	2,736,373.08	188,842.37	2,547,530.71	37,440,000	0	103,464.0	1	0	0	7.31	6.80	0.00
356	IGS SEC	2,210,859.55	82,050.45	2,128,809.10	20,650,560	0	42,260.0	6	0	0	10.71	10.31	0.00
358	IGS PRI	25,884,178.68	1,054,601.53	24,829,577.15	250,250,232	0	598,086.0	35	0	0	10.34	9.92	0.00
359	IGS SUB	11,461,181.97	460,254.54	11,000,927.43	102,266,090	-2,110,500	378,300.0	12	0	0	11.21	10.76	0.00
360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
371	IGS	72,511,939.95	5,020,539.02	67,491,400.93	1,209,129,000	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
372	IGS	12,346,193.35	899,736.70	11,446,456.65	211,633,000	0	312,714.0	1	0	0	5.83	5.41	0.00
528	SL	1,786,729.40	40,713.55	1,746,015.85	8,458,491	0	0.0	55	0	0	21.12	20.64	0.00
540	MW	227,640.57	7,548.86	220,091.71	1,865,409	0	2,722.9	9	0	0	12.20	11.80	0.00
KY - Summary		589,947,902.53	20,450,401.90	569,497,500.63	5,179,743,492	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.39	10.99	297,639.28



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	78,820.39	2,348.60	76,471.79	581,008	0	0.0	43	0	0	13.57	13.16	0.00
	014	RSW-C	16,420.71	543.59	15,877.12	123,126	0	0.0	11	0	0	13.34	12.90	0.00
	015	RS	63,513,503.06	1,660,572.80	61,852,930.26	439,002,873	3,937	5,280.5	37,213	0	0	14.47	14.09	0.00
	022	RSW-RS	22,745,708.55	618,445.78	22,127,262.77	160,335,656	0	686.0	12,253	0	0	14.19	13.80	0.00
	036	RS-TOD-ON	1,270.01	22.87	1,247.14	5,620	3,173	0.0	2	0	0	22.60	22.19	0.00
	093	OL 175 MV	54,107.57	1,179.27	52,928.30	259,821	0	0.0	0	308	308	20.82	20.37	67.06
	094	OL 100 HP	1,098,171.25	17,141.83	1,081,029.42	3,825,623	0	0.0	0	7,534	7,994	28.71	28.26	18,009.92
	095	OL 400 MV	1,920.12	54.27	1,865.85	11,376	0	0.0	0	4	6	16.88	16.40	0.00
	097	OL 200 HP	67,279.06	1,533.26	65,745.80	337,990	0	0.0	0	313	336	19.91	19.45	1,169.88
	098	OL 400 HP	3,426.96	112.85	3,314.11	20,764	0	0.0	0	11	11	16.50	15.96	12.53
	107	OL 200HPF	54,222.56	1,149.15	53,073.41	242,615	0	0.0	0	202	242	22.35	21.88	954.51
	109	OL400 HPF	59,963.27	1,651.85	58,311.42	348,378	0	0.0	0	112	175	17.21	16.74	729.54
	110	OL 250 MH	4,084.72	100.86	3,983.86	18,283	0	0.0	0	15	15	22.34	21.79	0.00
	111	OL100 HPP	6,154.64	60.21	6,094.43	12,615	0	0.0	0	15	26	48.79	48.31	67.09
	113	OL 150 HP	997,601.81	18,788.38	978,813.43	4,212,845	0	0.0	0	5,541	6,080	23.68	23.23	37,954.70
	116	OL 400 MH	5,899.44	145.68	5,753.76	31,226	0	0.0	0	13	16	18.89	18.43	131.50
	122	OL150 HPP	732.57	6.65	725.92	1,408	0	0.0	0	2	2	52.03	51.56	0.00
	130	OL 250MON	340.58	5.60	334.98	1,204	0	0.0	0	1	1	28.29	27.82	0.00
	131	OL 1000MH	1,510.70	66.93	1,443.77	10,427	0	0.0	0	2	2	14.49	13.85	0.00
	136	OL 400MON	427.64	9.17	418.47	1,896	0	0.0	0	1	1	22.55	22.07	0.00
150	55W LEDOL	47,236.44	1,353.88	45,882.56	128,630	0	0.0	0	472	498	36.72	35.67	1,606.07	
211	GS SEC	693.41	1.70	691.71	5,492	0	0.0	0	0	0	12.63	12.59	0.00	
010 - Summary			88,759,495.46	2,325,295.18	86,434,200.28	609,518,876	7,110	5,966.5	49,522	14,546	15,715	14.56	14.18	60,702.80
020	011	RSW-LMWH	190,168.24	5,910.95	184,257.29	1,449,494	0	0.0	76	0	0	13.12	12.71	0.00
	012	RSW-A	27,826.31	776.99	27,049.32	215,898	0	0.0	10	0	0	12.89	12.53	0.00
	013	RSW-B	2,617.31	75.41	2,541.90	20,340	0	0.0	1	0	0	12.87	12.50	0.00
	014	RSW-C	8,039.74	274.33	7,765.41	64,607	0	0.0	2	0	0	12.44	12.02	0.00
	015	RS	64,244,882.24	1,826,229.14	62,418,653.10	468,171,210	49,819	4,348.7	28,158	0	0	13.72	13.33	0.00
	017	RS EMP	844,007.12	22,170.44	821,836.68	6,220,804	0	0.0	336	0	0	13.57	13.21	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	022	RSW-RS	126,097,339.63	3,538,028.79	122,559,310.84	920,181,926	52,170	18,304.0	55,544	0	0	13.70	13.32	0.00
	028	AORH-W ON	14,206.91	431.33	13,775.58	111,545	72,780	0.0	6	0	0	12.74	12.35	0.00
	030	RSW-ONPK	178,685.46	4,852.95	173,832.51	1,355,660	827,139	0.0	65	0	0	13.18	12.82	0.00
	032	RS LM-ON	205,659.08	5,593.86	200,065.22	1,565,242	973,086	0.0	77	0	0	13.14	12.78	0.00
	034	AORH-ON	1,567.75	53.10	1,514.65	12,159	7,117	0.0	2	0	0	12.89	12.46	0.00
	036	RS-TOD-ON	10,610.26	312.24	10,298.02	83,946	51,960	0.0	2	0	0	12.64	12.27	0.00
	093	OL 175 MV	27,273.88	599.14	26,674.74	131,565	0	0.0	0	150	154	20.73	20.27	0.00
	094	OL 100 HP	1,507,964.18	23,490.35	1,484,473.83	5,220,186	0	0.0	0	10,233	10,918	28.89	28.44	34,091.81
	095	OL 400 MV	950.36	26.50	923.86	5,649	0	0.0	0	3	3	16.82	16.35	0.00
	097	OL 200 HP	106,575.00	2,470.99	104,104.01	534,376	0	0.0	0	497	533	19.94	19.48	1,963.20
	098	OL 400 HP	9,279.86	267.27	9,012.59	55,830	0	0.0	0	26	28	16.62	16.14	177.45
	107	OL 200HPF	78,938.50	1,619.84	77,318.66	346,371	0	0.0	0	305	345	22.79	22.32	2,313.06
	109	OL400 HPF	81,790.97	2,256.54	79,534.43	477,491	0	0.0	0	196	241	17.13	16.66	1,569.95
	110	OL 250 MH	4,196.84	101.25	4,095.59	18,563	0	0.0	0	13	16	22.61	22.06	67.14
	111	OL100 HPP	28,134.93	272.14	27,862.79	56,885	0	0.0	0	96	119	49.46	48.98	531.04
	113	OL 150 HP	2,094,988.36	39,568.35	2,055,420.01	8,852,766	0	0.0	0	11,697	12,768	23.66	23.22	79,012.15
	116	OL 400 MH	6,614.17	175.63	6,438.54	35,520	0	0.0	0	15	19	18.62	18.13	43.05
	120	OL 250HPP	435.66	5.69	429.97	1,236	0	0.0	0	1	1	35.25	34.79	0.00
	122	OL150 HPP	1,451.96	13.19	1,438.77	2,800	0	0.0	0	4	4	51.86	51.38	0.00
	126	OL 400HPP	588.53	9.37	579.16	2,000	0	0.0	0	1	1	29.43	28.96	0.00
	130	OL 250MON	-361.97	9.92	-371.89	-1,427	0	0.0	0	0	-1	25.37	26.06	0.00
	131	OL 1000MH	2,622.69	80.52	2,542.17	17,924	0	0.0	0	1	4	14.63	14.18	0.00
	136	OL 400MON	904.76	11.47	893.29	3,852	0	0.0	0	2	2	23.49	23.19	0.00
	150	55W LEDOL	93,031.46	2,568.03	90,463.43	249,598	0	0.0	0	913	966	37.27	36.24	4,055.28
	160	65W LEDOL	19.78	0.63	19.15	28	0	0.0	0	0	0	70.64	68.39	0.00
	211	GS SEC	7,417.50	-84.84	7,502.34	52,320	0	16.3	3	0	0	14.18	14.34	0.00
	215	GS SEC	550.75	-13.77	564.52	3,721	0	19.5	0	0	0	14.80	15.17	0.00
020 - Summary			195,878,978.22	5,478,157.74	190,400,820.48	1,415,520,085	2,034,071	22,688.5	84,282	24,154	26,120	13.84	13.45	123,824.13
211	015	RS	59.60	0.52	59.08	150	0	0.0	0	0	0	39.73	39.39	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	022	RSW-RS	17.89	0.00	17.89	0	0	0.0	0	0	0	0.00	0.00	0.00
	093	OL 175 MV	15,865.26	334.22	15,531.04	73,950	0	0.0	0	71	87	21.45	21.00	0.00
	094	OL 100 HP	185,637.86	2,800.37	182,837.49	615,960	0	0.0	0	1,036	1,281	30.14	29.68	4,327.28
	095	OL 400 MV	10,304.93	268.63	10,036.30	59,294	0	0.0	0	25	32	17.38	16.93	0.00
	097	OL 200 HP	96,006.98	2,108.13	93,898.85	456,060	0	0.0	0	284	453	21.05	20.59	3,454.76
	098	OL 400 HP	22,143.76	628.03	21,515.73	129,042	0	0.0	0	38	66	17.16	16.67	568.50
	099	OL175 MVP	833.84	16.07	817.77	3,456	0	0.0	0	2	4	24.13	23.66	0.00
	103	OL 250 HP	613.04	15.21	597.83	2,689	0	0.0	0	1	2	22.80	22.23	0.00
	107	OL 200HPF	143,011.13	2,817.21	140,193.92	604,590	0	0.0	0	391	601	23.65	23.19	4,214.63
	109	OL400 HPF	641,455.56	16,849.34	624,606.22	3,577,948	0	0.0	0	752	1,800	17.93	17.46	14,489.28
	110	OL 250 MH	17,176.14	338.07	16,838.07	70,231	0	0.0	0	34	58	24.46	23.98	781.71
	111	OL100 HPP	47,497.69	437.40	47,060.29	93,025	0	0.0	0	33	194	51.06	50.59	499.28
	113	OL 150 HP	358,402.60	6,440.67	351,961.93	1,418,705	0	0.0	0	1,568	2,037	25.26	24.81	21,182.20
	116	OL 400 MH	191,359.24	4,560.28	186,798.96	975,078	0	0.0	0	152	518	19.63	19.16	5,241.62
	122	OL150 HPP	3,840.37	33.19	3,807.18	7,040	0	0.0	0	1	10	54.55	54.08	0.00
	126	OL 400HPP	1,225.28	18.89	1,206.39	4,000	0	0.0	0	1	2	30.63	30.16	0.00
	130	OL 250MON	672.78	8.23	664.55	2,267	0	0.0	0	2	2	29.68	29.31	0.00
	131	OL 1000MH	33,859.25	1,092.04	32,767.21	222,828	0	0.0	0	25	49	15.20	14.71	483.50
	136	OL 400MON	3,879.62	79.80	3,799.82	16,351	0	0.0	0	2	9	23.73	23.24	45.07
	150	55W LEDOL	11,955.53	325.59	11,629.94	31,557	0	0.0	0	94	123	37.89	36.85	442.03
	204	GS-MTRD	213,069.48	4,092.17	208,977.31	1,017,115	0	0.0	377	0	0	20.95	20.55	0.00
	211	GS SEC	18,533,623.71	376,363.14	18,157,260.57	95,004,034	60,509	122,034.9	17,002	0	0	19.51	19.11	0.00
	212	GS-SEC M	734.28	13.82	720.46	2,867	0	0.0	1	0	0	25.61	25.13	0.00
	213	GS-UMR	381,846.62	7,332.32	374,514.30	1,757,017	0	0.0	434	0	0	21.73	21.32	0.00
	214	GS - AF	4,600.04	70.81	4,529.23	18,599	0	1,582.1	6	0	0	24.73	24.35	0.00
	215	GS SEC	30,315,821.91	830,751.68	29,485,070.23	206,743,489	0	804,474.9	3,090	0	0	14.66	14.26	0.00
	217	GS PRI	163,662.37	5,720.01	157,942.36	1,198,920	0	3,619.4	8	0	0	13.65	13.17	0.00
	220	GSCC PRI	61,034.03	1,419.47	59,614.56	460,680	0	1,411.8	3	0	0	13.25	12.94	0.00
	223	GS LM ON	7,167.97	175.62	6,992.35	42,720	23,830	0.0	4	0	0	16.78	16.37	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	225	GS LM TOD	2,000.74	46.77	1,953.97	9,599	5,655	0.0	2	0	0	20.84	20.36	0.00
	227	EXP GSTOD	950,650.42	23,331.94	927,318.48	5,650,666	4,700,685	0.0	362	0	0	16.82	16.41	0.00
	229	GS-TOD	436,614.86	14,725.19	421,889.67	3,146,515	1,835,282	3,280.3	57	0	0	13.88	13.41	0.00
	240	LGS SEC	11,007,338.16	346,341.36	10,660,996.80	88,978,169	0	215,596.0	112	0	0	12.37	11.98	0.00
	244	LGS PRI	1,471,505.74	60,016.15	1,411,489.59	13,239,720	0	32,750.0	10	0	0	11.11	10.66	0.00
	248	LGS SUB	516,301.33	35,976.64	480,324.69	5,479,100	0	16,476.0	4	0	0	9.42	8.77	0.00
	256	LGSSECTOD	397,035.94	12,017.59	385,018.35	3,510,032	1,967,728	7,184.0	4	0	0	11.31	10.97	0.00
	356	IGS SEC	1,541,261.64	64,679.54	1,476,582.10	15,806,880	0	30,783.0	4	0	0	9.75	9.34	0.00
	358	IGS PRI	6,897,293.05	348,908.51	6,548,384.54	83,383,200	0	147,090.0	8	0	0	8.27	7.85	0.00
	359	IGS SUB	1,344,548.80	77,141.45	1,267,407.35	19,129,050	0	34,806.0	3	0	0	7.03	6.63	0.00
211 - Summary			76,031,929.44	2,248,296.07	73,783,633.37	552,942,593	8,593,689	1,421,088.4	21,491	4,513	7,327	13.75	13.34	55,729.86
212	015	RS	1,236.15	32.50	1,203.65	7,831	0	0.0	1	0	0	15.79	15.37	0.00
	093	OL 175 MV	2,396.96	52.04	2,344.92	11,232	0	0.0	0	13	13	21.34	20.88	0.00
	094	OL 100 HP	42,334.40	636.41	41,697.99	140,163	0	0.0	0	232	292	30.20	29.75	1,061.83
	095	OL 400 MV	3,942.67	108.00	3,834.67	22,752	0	0.0	0	7	12	17.33	16.85	0.00
	097	OL 200 HP	28,575.30	648.46	27,926.84	133,856	0	0.0	0	104	136	21.35	20.86	1,209.27
	098	OL 400 HP	10,285.49	281.07	10,004.42	59,510	0	0.0	0	14	30	17.28	16.81	359.37
	099	OL175 MVP	208.29	4.00	204.29	864	0	0.0	0	1	1	24.11	23.64	0.00
	107	OL 200HPF	57,764.45	1,156.67	56,607.78	244,493	0	0.0	0	157	243	23.63	23.15	1,664.77
	109	OL400 HPF	247,811.53	6,470.44	241,341.09	1,374,442	0	0.0	0	287	691	18.03	17.56	6,926.61
	110	OL 250 MH	12,645.28	232.29	12,412.99	49,364	0	0.0	0	9	41	25.62	25.15	1,030.64
	111	OL100 HPP	6,113.75	59.63	6,054.12	11,596	0	0.0	0	6	24	52.72	52.21	230.44
	113	OL 150 HP	101,126.87	1,783.29	99,343.58	390,504	0	0.0	0	393	560	25.90	25.44	8,021.22
	116	OL 400 MH	66,949.58	1,598.24	65,351.34	337,935	0	0.0	0	63	179	19.81	19.34	2,341.69
	131	OL 1000MH	19,917.87	651.06	19,266.81	131,983	0	0.0	0	8	29	15.09	14.60	134.24
	150	55W LEDOL	2,816.42	70.68	2,745.74	6,996	0	0.0	0	20	27	40.26	39.25	217.37
	211	GS SEC	3,954,281.53	91,150.21	3,863,131.32	23,642,189	12,705	57,991.1	2,314	0	0	16.73	16.34	0.00
	215	GS SEC	19,775,620.96	529,860.30	19,245,760.66	132,278,268	0	570,651.5	2,116	0	0	14.95	14.55	0.00
217	GS PRI	123,099.45	3,829.55	119,269.90	941,820	0	2,658.2	5	0	0	13.07	12.66	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	220	GSCC PRI	45,343.46	2,393.43	42,950.03	372,600	0	660.0	1	0	0	12.17	11.53	0.00
	223	GS LM ON	98,824.21	2,796.86	96,027.35	686,761	429,605	0.0	33	0	0	14.39	13.98	0.00
	225	GS LM TOD	36,320.73	887.01	35,433.72	212,581	123,731	0.0	23	0	0	17.09	16.67	0.00
	227	EXP GSTOD	487,002.72	12,361.88	474,640.84	3,017,734	2,516,778	0.0	137	0	0	16.14	15.73	0.00
	229	GS-TOD	315,997.41	9,156.26	306,841.15	2,308,556	1,421,270	0.0	53	0	0	13.69	13.29	0.00
	240	LGS SEC	13,251,486.23	406,906.57	12,844,579.66	106,009,708	0	271,008.0	129	0	0	12.50	12.12	0.00
	242	LGS M SEC	167,246.67	5,448.29	161,798.38	1,375,200	0	3,385.0	1	0	0	12.16	11.77	0.00
	244	LGS PRI	850,727.03	28,972.54	821,754.49	7,787,400	0	19,509.0	6	0	0	10.92	10.55	0.00
	248	LGS SUB	196,540.05	9,956.68	186,583.37	2,387,000	0	5,706.0	1	0	0	8.23	7.82	0.00
	251	LGS-LM-TD	111,327.11	4,006.47	107,320.64	842,220	467,880	0.0	4	0	0	13.22	12.74	0.00
358	IGS PRI	856,574.66	39,373.07	817,201.59	9,420,720	0	18,115.0	2	0	0	9.09	8.67	0.00	
212 - Summary			40,874,517.23	1,160,883.90	39,713,633.33	294,206,278	4,971,969	949,683.8	4,826	1,314	2,278	13.89	13.50	23,197.45
213	093	OL 175 MV	1,111.12	24.44	1,086.68	5,184	0	0.0	0	6	6	21.43	20.96	0.00
	094	OL 100 HP	6,814.09	106.57	6,707.52	23,294	0	0.0	0	26	48	29.25	28.80	0.00
	095	OL 400 MV	1,314.76	36.00	1,278.76	7,584	0	0.0	0	3	4	17.34	16.86	0.00
	097	OL 200 HP	6,194.85	137.79	6,057.06	29,317	0	0.0	0	19	29	21.13	20.66	244.50
	098	OL 400 HP	4,071.06	102.81	3,968.25	21,937	0	0.0	0	4	12	18.56	18.09	345.79
	107	OL 200HPF	21,807.57	433.38	21,374.19	92,736	0	0.0	0	46	92	23.52	23.05	557.64
	109	OL400 HPF	152,706.52	3,961.63	148,744.89	838,468	0	0.0	0	95	420	18.21	17.74	5,441.47
	110	OL 250 MH	1,192.84	22.42	1,170.42	4,816	0	0.0	0	3	4	24.77	24.30	67.11
	111	OL100 HPP	7,086.89	66.36	7,020.53	14,036	0	0.0	0	4	29	50.49	50.02	0.00
	113	OL 150 HP	11,414.28	190.68	11,223.60	40,626	0	0.0	0	29	58	28.10	27.63	1,610.28
	116	OL 400 MH	28,922.61	698.39	28,224.22	148,253	0	0.0	0	19	79	19.51	19.04	733.37
	131	OL 1000MH	766.08	21.93	744.15	4,540	0	0.0	0	1	1	16.87	16.39	67.22
	150	55W LEDOL	219.49	6.12	213.37	604	0	0.0	0	2	2	36.34	35.33	0.00
	211	GS SEC	385,585.58	9,597.72	375,987.86	2,204,081	0	5,445.8	249	0	0	17.49	17.06	0.00
	214	GS - AF	144,076.59	4,405.23	139,671.36	960,667	0	22,325.9	59	0	0	15.00	14.54	0.00
	215	GS SEC	2,904,757.71	85,255.72	2,819,501.99	19,582,195	0	76,148.3	218	0	0	14.83	14.40	0.00
217	GS PRI	1,116.47	116.39	1,000.08	7,020	0	16.2	0	0	0	15.90	14.25	0.00	



American Electric Power
KENTUCKY POWER COMPANY

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State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	223	GS LM ON	9,226.88	276.82	8,950.06	78,880	60,320	0.0	1	0	0	11.70	11.35	0.00
	240	LGS SEC	2,085,628.66	61,152.41	2,024,476.25	14,916,796	0	54,621.0	30	0	0	13.98	13.57	0.00
	244	LGS PRI	266,329.00	12,755.32	253,573.68	2,118,080	0	8,076.0	2	0	0	12.57	11.97	0.00
	260	PS SEC	12,798,860.85	379,200.26	12,419,660.59	91,458,272	0	344,819.0	144	0	0	13.99	13.58	0.00
	264	PS PRI	234,372.92	7,403.07	226,969.85	1,961,700	0	6,926.0	1	0	0	11.95	11.57	0.00
	358	IGS PRI	397,878.14	15,125.64	382,752.50	3,575,400	0	9,324.0	1	0	0	11.13	10.71	0.00
	359	IGS SUB	228,481.92	7,895.82	220,586.10	1,817,900	0	5,865.0	1	0	0	12.57	12.13	0.00
213 - Summary			19,699,936.88	588,992.92	19,110,943.96	139,912,386	60,320	533,567.2	706	257	783	14.08	13.66	9,067.38
216	093	OL 175 MV	6,063.69	130.84	5,932.85	28,334	0	0.0	0	23	33	21.40	20.94	0.00
	094	OL 100 HP	30,454.02	460.75	29,993.27	100,431	0	0.0	0	125	208	30.32	29.86	886.48
	095	OL 400 MV	4,537.12	124.04	4,413.08	26,247	0	0.0	0	8	14	17.29	16.81	0.00
	097	OL 200 HP	26,395.56	572.02	25,823.54	120,582	0	0.0	0	54	120	21.89	21.42	1,809.79
	098	OL 400 HP	38,093.16	995.89	37,097.27	213,825	0	0.0	0	15	107	17.82	17.35	2,309.19
	107	OL 200HPF	39,504.16	777.28	38,726.88	163,902	0	0.0	0	93	162	24.10	23.63	1,794.16
	109	OL400 HPF	173,480.03	4,566.09	168,913.94	960,675	0	0.0	0	197	481	18.06	17.58	4,960.14
	110	OL 250 MH	5,660.93	114.63	5,546.30	24,080	0	0.0	0	7	20	23.51	23.03	67.15
	111	OL100 HPP	77,805.82	722.58	77,083.24	153,798	0	0.0	0	36	318	50.59	50.12	249.96
	113	OL 150 HP	61,343.82	1,002.80	60,341.02	224,763	0	0.0	0	150	321	27.29	26.85	7,157.56
	116	OL 400 MH	34,709.53	875.92	33,833.61	176,030	0	0.0	0	21	94	19.72	19.22	1,135.61
	120	OL 250HPP	453.21	5.65	447.56	1,236	0	0.0	0	1	1	36.67	36.21	0.00
	122	OL150 HPP	16,885.76	144.80	16,740.96	30,976	0	0.0	0	7	44	54.51	54.04	0.00
	131	OL 1000MH	5,507.59	170.24	5,337.35	36,224	0	0.0	0	6	8	15.20	14.73	67.14
	150	55W LEDOL	1,506.23	37.34	1,468.89	3,857	0	0.0	0	7	14	39.05	38.08	71.44
	204	GS-MTRD	11,019.07	45.91	10,973.16	9,682	0	0.0	46	0	0	113.81	113.34	0.00
	211	GS SEC	2,735,749.93	59,197.75	2,676,552.18	15,082,703	85,939	30,688.4	2,100	0	0	18.14	17.75	0.00
	213	GS-UMR	104,218.79	1,940.46	102,278.33	453,097	0	0.0	149	0	0	23.00	22.57	0.00
	214	GS - AF	55,289.16	1,482.59	53,806.57	377,610	0	7,741.6	20	0	0	14.64	14.25	0.00
215	GS SEC	8,710,863.61	243,611.97	8,467,251.64	59,482,407	0	223,006.2	747	0	0	14.64	14.23	0.00	
217	GS PRI	80,296.86	1,744.70	78,552.16	424,850	0	4,463.2	4	0	0	18.90	18.49	0.00	



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Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	218	GS M SEC	29,383.40	792.38	28,591.02	204,880	0	687.2	1	0	0	14.34	13.96	0.00
	223	GS LM ON	3,293.04	104.38	3,188.66	19,441	12,709	0.0	2	0	0	16.94	16.40	0.00
	225	GS LM TOD	90,300.32	2,822.08	87,478.24	673,932	394,294	0.0	6	0	0	13.40	12.98	0.00
	229	GS-TOD	295,278.20	9,290.78	285,987.42	2,356,634	1,636,659	0.0	28	0	0	12.53	12.14	0.00
	240	LGS SEC	7,628,090.94	238,459.68	7,389,631.26	60,661,975	0	156,386.0	69	0	0	12.57	12.18	0.00
	242	LGS M SEC	704,008.39	22,584.56	681,423.83	5,758,800	0	13,397.0	6	0	0	12.22	11.83	0.00
	244	LGS PRI	489,233.83	16,202.99	473,030.84	4,143,560	0	13,537.0	4	0	0	11.81	11.42	0.00
	246	LGS M PRI	73,273.98	2,447.89	70,826.09	630,360	0	1,924.0	1	0	0	11.62	11.24	0.00
	251	LGS-LM-TD	117,736.86	5,821.72	111,915.14	921,984	540,480	0.0	2	0	0	12.77	12.14	0.00
	256	LGSSECTOD	241,329.88	10,222.58	231,107.30	2,125,312	1,406,624	4,211.0	2	0	0	11.36	10.87	0.00
	358	IGS PRI	2,143,651.35	95,669.03	2,047,982.32	23,124,600	0	47,286.0	4	0	0	9.27	8.86	0.00
540	MW	227,640.57	7,548.86	220,091.71	1,865,409	0	2,722.9	9	0	0	12.20	11.80	0.00	
216 - Summary			24,263,058.81	730,691.18	23,532,367.63	180,582,196	4,076,705	506,050.5	3,199	751	1,946	13.44	13.03	20,508.62
221	093	OL 175 MV	1,300.21	28.66	1,271.55	6,046	0	0.0	0	7	7	21.51	21.03	0.00
	094	OL 100 HP	8,509.16	133.15	8,376.01	28,556	0	0.0	0	31	59	29.80	29.33	134.04
	095	OL 400 MV	979.73	26.39	953.34	5,688	0	0.0	0	2	3	17.22	16.76	0.00
	097	OL 200 HP	7,557.85	165.22	7,392.63	36,189	0	0.0	0	9	36	20.88	20.43	222.07
	098	OL 400 HP	663.06	18.89	644.17	4,000	0	0.0	0	1	2	16.58	16.10	0.00
	107	OL 200HPF	5,861.10	123.19	5,737.91	25,676	0	0.0	0	14	26	22.83	22.35	0.00
	109	OL400 HPF	66,735.61	1,737.04	64,998.57	371,415	0	0.0	0	44	187	17.97	17.50	1,753.92
	110	OL 250 MH	1,671.41	33.98	1,637.43	7,224	0	0.0	0	1	6	23.14	22.67	0.00
	111	OL100 HPP	1,457.77	13.41	1,444.36	2,904	0	0.0	0	1	6	50.20	49.74	0.00
	113	OL 150 HP	8,988.91	150.70	8,838.21	33,808	0	0.0	0	24	48	26.59	26.14	882.58
	116	OL 400 MH	14,060.48	350.35	13,710.13	74,088	0	0.0	0	13	39	18.98	18.51	0.00
	131	OL 1000MH	2,740.39	87.12	2,653.27	18,160	0	0.0	0	2	4	15.09	14.61	0.00
	150	55W LEDOL	224.48	5.11	219.37	531	0	0.0	0	1	2	42.27	41.31	23.56
	204	GS-MTRD	1,661.04	35.00	1,626.04	7,890	0	0.0	3	0	0	21.05	20.61	0.00
	211	GS SEC	674,277.55	14,821.57	659,455.98	3,479,715	0	5,979.1	582	0	0	19.38	18.95	0.00
215	GS SEC	1,608,679.83	50,089.72	1,558,590.11	10,737,978	0	42,427.9	144	0	0	14.98	14.51	0.00	



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Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	217	GS PRI	108,590.20	2,979.48	105,610.72	673,420	0	4,002.9	10	0	0	16.13	15.68	0.00
	220	GSCC PRI	238,231.72	7,081.13	231,150.59	1,839,080	0	4,872.2	11	0	0	12.95	12.57	0.00
	240	LGS SEC	3,482,225.74	97,164.31	3,385,061.43	23,066,772	0	105,418.0	36	0	0	15.10	14.68	0.00
	244	LGS PRI	2,142,176.78	91,400.23	2,050,776.55	18,249,750	0	56,037.0	14	0	0	11.74	11.24	0.00
	248	LGS SUB	197,162.43	8,977.28	188,185.15	2,310,000	0	6,006.0	1	0	0	8.54	8.15	0.00
	250	LGS TRAN	20,623.54	175.75	20,447.79	219,000	0	476.0	1	0	0	9.42	9.34	0.00
	331	CS-IRP ST	5,839,111.00	27,050.00	5,812,061.00	121,447,277	0	19,147.0	1	0	0	4.81	4.79	0.00
	332	CS-IRP TR	1,387,915.19	80,110.83	1,307,804.36	17,220,000	0	47,460.0	1	0	0	8.06	7.59	0.00
	358	IGS PRI	5,499,616.41	234,128.21	5,265,488.20	59,189,062	0	118,615.0	9	0	0	9.29	8.90	0.00
	359	IGS SUB	6,022,533.26	165,805.94	5,856,727.32	42,049,940	-2,110,500	216,932.0	5	0	0	14.32	13.93	0.00
	360	IGS	1,173,905.11	39,510.36	1,134,394.75	9,115,000	-883,000	35,145.0	1	0	0	12.88	12.45	0.00
	370	IGS	917,307.73	65,895.01	851,412.72	10,883,400	-6,472,800	20,686.8	1	0	0	8.43	7.82	0.00
	371	IGS	72,511,939.95	5,020,539.02	67,491,400.93	1,209,129,000	-98,466,000	1,724,047.0	4	0	0	6.00	5.58	0.00
	372	IGS	12,346,193.35	899,736.70	11,446,456.65	211,633,000	0	312,714.0	1	0	0	5.83	5.41	0.00
221 - Summary			114,292,900.99	6,808,373.75	107,484,527.24	1,741,864,569	-107,932,300	2,719,965.9	824	150	425	6.56	6.17	3,016.17
222	097	OL 200 HP	873.25	19.16	854.09	4,048	0	0.0	0	2	4	21.57	21.10	48.00
	107	OL 200HPF	230.60	4.68	225.92	1,012	0	0.0	0	1	1	22.79	22.32	0.00
	109	OL400 HPF	2,848.36	75.66	2,772.70	16,000	0	0.0	0	5	8	17.80	17.33	48.00
	113	OL 150 HP	1,941.48	31.10	1,910.38	6,928	0	0.0	0	6	10	28.02	27.57	268.20
	211	GS SEC	64,659.21	1,548.24	63,110.97	392,173	0	1,238.9	27	0	0	16.49	16.09	0.00
	215	GS SEC	299,885.55	9,172.39	290,713.16	2,018,381	0	7,950.9	25	0	0	14.86	14.40	0.00
	220	GSCC PRI	27,797.43	882.57	26,914.86	205,200	0	492.0	2	0	0	13.55	13.12	0.00
	240	LGS SEC	567,908.45	20,014.64	547,893.81	3,714,000	0	17,446.0	6	0	0	15.29	14.75	0.00
	244	LGS PRI	326,532.29	12,065.71	314,466.58	3,177,600	0	6,000.0	1	0	0	10.28	9.90	0.00
	251	LGS-LM-TD	1,278.40	1.95	1,276.45	500	400	0.0	1	0	0	255.68	255.29	0.00
	356	IGS SEC	669,597.91	17,370.91	652,227.00	4,843,680	0	11,477.0	2	0	0	13.82	13.47	0.00
	358	IGS PRI	867,987.92	40,998.90	826,989.02	9,735,600	0	19,949.0	1	0	0	8.92	8.49	0.00
222 - Summary			2,831,540.85	102,185.91	2,729,354.94	24,115,122	400	64,553.8	65	14	23	11.74	11.32	364.20
230	094	OL 100 HP	991.15	15.89	975.26	3,388	0	0.0	0	6	7	29.25	28.79	0.00



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State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	095	OL 400 MV	330.08	9.14	320.94	1,896	0	0.0	0	1	1	17.41	16.93	0.00
	097	OL 200 HP	4,515.93	101.17	4,414.76	21,252	0	0.0	0	3	21	21.25	20.77	192.00
	107	OL 200HPF	952.90	19.33	933.57	4,048	0	0.0	0	3	4	23.54	23.06	24.00
	109	OL400 HPF	11,395.01	295.98	11,099.03	62,601	0	0.0	0	12	31	18.20	17.73	383.77
	113	OL 150 HP	4,734.95	82.83	4,652.12	18,734	0	0.0	0	16	27	25.27	24.83	293.38
	116	OL 400 MH	1,077.20	26.30	1,050.90	5,641	0	0.0	0	2	3	19.10	18.63	0.00
	150	55W LEDOL	81.83	2.06	79.77	220	0	0.0	0	1	1	37.20	36.26	0.00
	211	GS SEC	63,809.35	1,364.27	62,445.08	353,741	0	691.7	51	0	0	18.04	17.65	0.00
	215	GS SEC	318,611.89	7,909.57	310,702.32	2,032,780	0	10,243.9	52	0	0	15.67	15.28	0.00
	217	GS PRI	9,242.05	89.57	9,152.48	42,180	0	162.0	3	0	0	21.91	21.70	0.00
	220	GSCC PRI	503,933.56	15,332.27	488,601.29	3,476,950	0	15,483.4	28	0	0	14.49	14.05	0.00
	236	GSCC SUB	93,748.06	1,646.19	92,101.87	588,850	0	1,865.6	5	0	0	15.92	15.64	0.00
	240	LGS SEC	430,405.28	8,455.62	421,949.66	2,144,536	0	17,718.0	8	0	0	20.07	19.68	0.00
	244	LGS PRI	3,560,585.46	106,345.41	3,454,240.05	27,669,812	76,800	108,318.0	21	0	0	12.87	12.48	0.00
	248	LGS SUB	688,700.31	18,154.70	670,545.61	8,274,600	0	22,120.0	3	0	0	8.32	8.10	0.00
	257	LGSPRITOD	233,068.02	14,546.10	218,521.92	2,154,789	1,164,000	3,660.0	1	0	0	10.82	10.14	0.00
	330	CS-IRP PR	3,533,311.21	109,860.73	3,423,450.48	26,269,496	0	106,187.0	5	0	0	13.45	13.03	0.00
	333	CS-IRP	2,736,373.08	188,842.37	2,547,530.71	37,440,000	0	103,464.0	1	0	0	7.31	6.80	0.00
	358	IGS PRI	9,221,177.15	280,398.17	8,940,778.98	61,821,650	0	237,707.0	9	0	0	14.92	14.46	0.00
	359	IGS SUB	3,865,617.99	209,411.33	3,656,206.66	39,269,200	0	120,697.0	2	0	0	9.84	9.31	0.00
230 - Summary			25,282,662.46	962,909.00	24,319,753.46	211,656,364	1,240,800	748,317.6	190	44	95	11.95	11.49	893.15
400	093	OL 175 MV	368.37	8.01	360.36	1,728	0	0.0	0	1	2	21.32	20.85	0.00
	094	OL 100 HP	565.87	8.99	556.88	1,936	0	0.0	0	2	4	29.23	28.76	0.00
	107	OL 200HPF	230.69	4.73	225.96	1,012	0	0.0	0	1	1	22.80	22.33	0.00
	109	OL400 HPF	8,272.47	219.03	8,053.44	46,000	0	0.0	0	7	23	17.98	17.51	201.36
	111	OL100 HPP	22,507.40	211.62	22,295.78	44,528	0	0.0	0	19	92	50.55	50.07	0.00
	113	OL 150 HP	818.83	13.21	805.62	2,816	0	0.0	0	2	4	29.08	28.61	134.16
	122	OL150 HPP	3,074.33	26.63	3,047.70	5,632	0	0.0	0	2	8	54.59	54.11	0.00
	131	OL 1000MH	681.99	21.43	660.56	4,540	0	0.0	0	1	1	15.02	14.55	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2021

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
400	204	GS-MTRD	1,729.66	0.07	1,729.59	12	0	0.0	8	0	0	14,413.83	14,413.25	0.00
	211	GS SEC	136,189.57	1,490.31	134,699.26	376,653	0	191.3	240	0	0	36.16	35.76	0.00
	213	GS-UMR	234.71	0.24	234.47	60	0	0.0	1	0	0	391.18	390.78	0.00
	215	GS SEC	71,478.90	1,898.43	69,580.47	481,615	0	1,938.4	6	0	0	14.84	14.45	0.00
	528	SL	1,786,729.40	40,713.55	1,746,015.85	8,458,491	0	0.0	55	0	0	21.12	20.64	0.00
400 - Summary			2,032,882.19	44,616.25	1,988,265.94	9,425,023	0	2,129.7	310	35	135	21.57	21.10	335.52
KY - Summary			589,947,902.53	20,450,401.90	569,497,500.63	5,179,743,492	-86,947,236	6,974,011.9	165,416	45,778	54,847	11.39	10.99	297,639.28



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TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



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TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL
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												Realization		
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge	
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00	



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TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



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KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2021

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



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December 2022

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
011	RSW-LMWH	338,234.39	51,147.27	287,087.12	2,222,480	0	0.0	127	0	0	15.22	12.92	0.00
012	RSW-A	30,369.70	4,666.85	25,702.85	203,811	0	0.0	10	0	0	14.90	12.61	0.00
013	RSW-B	2,804.28	446.68	2,357.60	18,651	0	0.0	1	0	0	15.04	12.64	0.00
014	RSW-C	32,906.65	4,943.34	27,963.31	221,772	0	0.0	15	0	0	14.84	12.61	0.00
015	RS	144,751,201.21	20,906,105.30	123,845,095.91	893,261,906	75,327	9,693.8	65,297	0	0	16.20	13.86	0.00
017	RS EMP	834,899.30	122,622.59	712,276.71	5,335,523	0	0.0	294	0	0	15.65	13.35	0.00
022	RSW-RS	164,741,952.50	23,797,080.71	140,944,871.79	1,040,548,864	57,326	18,903.3	66,719	0	0	15.83	13.55	0.00
028	AORH-W ON	18,730.69	2,804.68	15,926.01	124,331	74,519	0.0	6	0	0	15.07	12.81	0.00
030	RSW-ONPK	204,447.33	30,260.10	174,187.23	1,345,923	816,621	0.0	65	0	0	15.19	12.94	0.00
032	RS LM-ON	224,727.82	33,630.66	191,097.16	1,464,907	901,440	0.0	76	0	0	15.34	13.05	0.00
034	AORH-ON	1,947.44	301.35	1,646.09	13,446	8,338	0.0	2	0	0	14.48	12.24	0.00
036	RS-TOD-ON	14,955.91	2,328.10	12,627.81	97,760	57,012	0.0	4	0	0	15.30	12.92	0.00
093	OL 175 MV	106,810.08	11,440.79	95,369.29	463,943	0	0.0	0	519	547	23.02	20.56	63.52
094	OL 100 HP	2,695,345.84	212,811.27	2,482,534.57	8,807,879	0	0.0	0	17,079	18,389	30.60	28.19	51,389.48
095	OL 400 MV	26,852.11	3,420.31	23,431.80	139,362	0	0.0	0	53	73	19.27	16.81	0.00
097	OL 200 HP	362,755.16	39,635.57	323,119.59	1,621,059	0	0.0	0	1,224	1,600	22.38	19.93	9,737.54
098	OL 400 HP	98,325.64	12,511.49	85,814.15	509,983	0	0.0	0	110	255	19.28	16.83	3,769.74
099	OL175 MVP	1,147.42	108.79	1,038.63	4,396	0	0.0	0	3	5	26.10	23.63	0.00
103	OL 250 HP	939.00	93.59	845.41	3,782	0	0.0	0	2	3	24.83	22.35	0.00
107	OL 200HPF	427,934.95	41,760.67	386,174.28	1,703,540	0	0.0	0	1,188	1,681	25.12	22.67	11,820.59
109	OL400 HPF	1,578,744.74	195,865.75	1,382,878.99	7,980,559	0	0.0	0	1,680	3,978	19.78	17.33	35,402.82
110	OL 250 MH	55,103.73	5,232.85	49,870.88	211,842	0	0.0	0	93	176	26.01	23.54	2,111.44
111	OL100 HPP	189,801.77	8,709.56	181,092.21	363,171	0	0.0	0	209	758	52.26	49.86	1,536.45
113	OL 150 HP	3,279,376.86	304,881.88	2,974,494.98	12,717,214	0	0.0	0	16,481	18,442	25.79	23.39	133,107.31
116	OL 400 MH	379,042.67	43,901.62	335,141.05	1,761,583	0	0.0	0	292	929	21.52	19.02	9,736.23
120	OL 250HPP	963.12	62.55	900.57	2,526	0	0.0	0	2	2	38.13	35.65	0.00
122	OL150 HPP	27,004.55	1,186.46	25,818.09	48,280	0	0.0	0	16	68	55.93	53.48	0.00
126	OL 400HPP	1,939.32	149.64	1,789.68	6,075	0	0.0	0	2	3	31.92	29.46	0.00



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Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
130	OL 250MON	2,223.21	217.29	2,005.92	7,499	0	0.0	0	6	6	29.65	26.75	23.37
131	OL 1000MH	82,083.98	11,323.23	70,760.75	474,688	0	0.0	0	50	109	17.29	14.91	972.26
136	OL 400MON	5,453.81	535.97	4,917.84	21,533	0	0.0	0	4	11	25.33	22.84	67.32
150	55W LEDOL	876,650.95	58,510.14	818,140.81	2,169,507	0	0.0	0	7,097	7,810	40.41	37.71	37,111.97
152	175WLEDOL	101.87	13.80	88.07	428	0	0.0	0	0	0	23.80	20.58	0.00
160	64W LEDOL	1,472.91	47.56	1,425.35	1,709	0	0.0	0	5	5	86.19	83.40	0.00
165	146WLEDOL	11,922.78	753.82	11,168.96	22,883	0	0.0	0	12	28	52.10	48.81	248.47
166	297WLEDOL	9,020.19	968.16	8,052.03	28,553	0	0.0	0	5	17	31.59	28.20	37.78
204	GS-MTRD	216,611.13	22,763.31	193,847.82	931,259	0	0.0	368	0	0	23.26	20.82	0.00
211	GS SEC	29,805,208.54	3,380,256.79	26,424,951.75	143,272,087	150,362	234,907.7	22,614	0	0	20.80	18.44	0.00
212	GS-SEC M	853.44	80.86	772.58	3,285	0	0.0	1	0	0	25.98	23.52	0.00
213	GS-UMR	535,812.26	56,382.28	479,429.98	2,258,992	0	0.0	583	0	0	23.72	21.22	0.00
214	GS - AF	232,106.88	31,119.71	200,987.17	1,387,541	0	32,616.6	84	0	0	16.73	14.49	0.00
215	GS SEC	75,311,107.46	10,724,531.70	64,586,575.76	450,257,514	0	1,792,927.7	6,419	0	0	16.73	14.34	0.00
217	GS PRI	572,690.17	80,123.05	492,567.12	3,436,402	0	15,721.3	33	0	0	16.67	14.33	0.00
218	GS M SEC	33,555.95	4,543.27	29,012.68	206,174	0	685.6	1	0	0	16.28	14.07	0.00
220	GSCC PRI	805,431.83	124,592.87	680,838.96	5,208,460	0	14,292.4	41	0	0	15.46	13.07	0.00
223	GS LM ON	146,460.12	19,584.93	126,875.19	904,508	556,174	0.0	38	0	0	16.19	14.03	0.00
225	GS LM TOD	145,640.21	21,220.66	124,419.55	901,099	540,211	0.0	31	0	0	16.16	13.81	0.00
227	EXP GSTOD	1,561,626.15	196,762.18	1,364,863.97	8,206,003	6,775,512	0.0	498	0	0	19.03	16.63	0.00
229	GS-TOD	1,322,979.34	204,742.78	1,118,236.56	8,541,805	5,168,228	5,789.2	138	0	0	15.49	13.09	0.00
236	GSCC SUB	77,756.18	10,196.38	67,559.80	481,465	0	1,067.1	3	0	0	16.15	14.03	0.00
240	LGS SEC	43,400,801.29	7,057,680.15	36,343,121.14	293,063,278	0	809,195.0	352	0	0	14.81	12.40	0.00
242	LGS M SEC	1,014,953.47	171,469.79	843,483.68	7,112,400	0	16,942.0	7	0	0	14.27	11.86	0.00
244	LGS PRI	11,951,649.81	1,959,816.17	9,991,833.64	82,007,496	296,400	305,447.0	65	0	0	14.57	12.18	0.00
246	LGS M PRI	90,250.35	16,556.75	73,693.60	658,349	0	2,015.0	1	0	0	13.71	11.19	0.00
248	LGS SUB	1,419,414.01	329,457.42	1,089,956.59	13,810,210	0	33,807.0	7	0	0	10.28	7.89	0.00
251	LGS-LM-TD	274,918.15	50,674.86	224,243.29	1,797,841	1,029,724	0.0	7	0	0	15.29	12.47	0.00



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Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
256	LGSSECTOD	634,651.21	120,210.36	514,440.85	4,979,717	2,947,568	9,061.0	4	0	0	12.74	10.33	0.00
257	LGSPLITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
260	PS SEC	14,093,620.09	2,044,125.39	12,049,494.70	87,787,132	0	338,407.0	138	0	0	16.05	13.73	0.00
264	PS PRI	250,306.42	39,160.02	211,146.40	1,772,699	0	6,687.0	1	0	0	14.12	11.91	0.00
330	CS-IRP PR	4,120,457.12	669,383.56	3,451,073.56	28,111,741	0	98,167.0	5	0	0	14.66	12.28	0.00
331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
332	CS-IRP TR	1,703,912.29	411,864.67	1,292,047.62	17,117,313	0	47,418.0	1	0	0	9.95	7.55	0.00
333	CS-IRP	4,396,340.02	1,207,766.94	3,188,573.08	50,373,415	0	127,824.0	1	0	0	8.73	6.33	0.00
356	IGS SEC	1,789,451.00	361,712.92	1,427,738.08	15,295,393	0	31,286.0	4	0	0	11.70	9.33	0.00
358	IGS PRI	31,710,697.36	6,368,116.72	25,342,580.64	265,726,983	-143,500	593,017.6	33	0	0	11.93	9.54	0.00
359	IGS SUB	29,287,446.42	7,621,909.42	21,665,537.00	288,092,024	-35,829,000	647,414.0	16	0	0	10.17	7.52	0.00
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
371	IGS	95,098,427.27	29,582,863.93	65,515,563.34	1,231,430,601	0	1,824,722.0	4	0	0	7.72	5.32	0.00
372	IGS	17,533,004.17	5,268,379.80	12,264,624.37	218,524,207	0	341,614.0	1	0	0	8.02	5.61	0.00
528	SL	1,929,368.15	203,911.29	1,725,456.86	8,438,523	0	0.0	54	0	0	22.86	20.45	0.00
540	MW	257,293.55	43,144.65	214,148.90	1,813,803	0	2,834.4	9	0	0	14.19	11.81	0.00
Grand Total - Summary		702,685,902.26	124,934,507.27	577,751,394.99	5,391,297,797	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	95,326.80	14,155.51	81,171.29	612,215	0	0.0	46	0	0	15.57	13.26	0.00
	014	RSW-C	23,190.98	3,575.25	19,615.73	153,050	0	0.0	12	0	0	15.15	12.82	0.00
	015	RS	71,339,237.53	10,207,589.19	61,131,648.34	427,969,869	4,865	5,314.4	36,873	0	0	16.67	14.28	0.00
	022	RSW-RS	25,066,137.28	3,590,043.24	21,476,094.04	153,697,223	0	712.7	11,959	0	0	16.31	13.97	0.00
	036	RS-TOD-ON	1,418.58	141.78	1,276.80	5,853	3,456	0.0	2	0	0	24.24	21.81	0.00
	093	OL 175 MV	51,515.17	5,623.98	45,891.19	224,060	0	0.0	0	270	268	22.99	20.48	63.52
	094	OL 100 HP	1,022,157.13	81,096.90	941,060.23	3,363,916	0	0.0	0	6,647	7,021	30.39	27.98	15,657.87
	095	OL 400 MV	2,158.13	279.35	1,878.78	11,413	0	0.0	0	4	6	18.91	16.46	0.00
	097	OL 200 HP	68,926.29	7,705.53	61,220.76	316,508	0	0.0	0	293	314	21.78	19.34	1,032.63
	098	OL 400 HP	4,027.99	522.78	3,505.21	21,900	0	0.0	0	11	11	18.39	16.01	67.32
	107	OL 200HPF	57,921.24	5,852.37	52,068.87	238,484	0	0.0	0	195	236	24.29	21.83	971.29
	109	OL400 HPF	65,743.48	8,412.17	57,331.31	342,599	0	0.0	0	110	171	19.19	16.73	760.07
	110	OL 250 MH	4,565.09	453.39	4,111.70	18,792	0	0.0	0	15	16	24.29	21.88	0.00
	111	OL100 HPP	5,968.91	283.76	5,685.15	11,754	0	0.0	0	14	25	50.78	48.37	50.12
	113	OL 150 HP	885,440.83	82,839.40	802,601.43	3,467,781	0	0.0	0	4,640	5,044	25.53	23.14	32,047.38
	116	OL 400 MH	5,679.18	649.50	5,029.68	27,242	0	0.0	0	12	15	20.85	18.46	67.32
	122	OL150 HPP	763.88	34.79	729.09	1,419	0	0.0	0	2	2	53.83	51.38	0.00
	130	OL 250MON	719.07	68.05	651.02	2,368	0	0.0	0	2	2	30.37	27.49	23.37
	131	OL 1000MH	3,051.88	449.45	2,602.43	18,322	0	0.0	0	3	4	16.66	14.20	0.00
	136	OL 400MON	572.78	65.00	507.78	2,380	0	0.0	0	1	1	24.07	21.34	0.00
150	55W LEDOL	264,842.08	17,887.16	246,954.92	663,697	0	0.0	0	2,237	2,392	39.90	37.21	8,924.42	
152	175WLEDOL	101.87	13.80	88.07	428	0	0.0	0	0	0	23.80	20.58	0.00	
160	64W LEDOL	361.69	12.19	349.50	439	0	0.0	0	1	1	82.39	79.61	0.00	
165	146WLEDOL	642.97	40.78	602.19	1,253	0	0.0	0	1	2	51.31	48.06	0.00	
166	297WLEDOL	164.22	22.21	142.01	564	0	0.0	0	0	0	29.12	25.18	0.00	
Total 010			98,970,635.05	14,027,817.53	84,942,817.52	591,173,529	8,321	6,027.1	48,892	14,459	15,531	16.74	14.37	59,665.31
020	011	RSW-LMWH	242,907.59	36,991.76	205,915.83	1,610,265	0	0.0	81	0	0	15.08	12.79	0.00
	012	RSW-A	30,369.70	4,666.85	25,702.85	203,811	0	0.0	10	0	0	14.90	12.61	0.00
	013	RSW-B	2,804.28	446.68	2,357.60	18,651	0	0.0	1	0	0	15.04	12.64	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	014	RSW-C	9,715.67	1,368.09	8,347.58	68,722	0	0.0	2	0	0	14.14	12.15	0.00
	015	RS	73,410,432.78	10,698,299.31	62,712,133.47	465,283,188	70,462	4,379.4	28,422	0	0	15.78	13.48	0.00
	017	RS EMP	834,899.30	122,622.59	712,276.71	5,335,523	0	0.0	294	0	0	15.65	13.35	0.00
	022	RSW-RS	139,675,815.22	20,207,037.47	119,468,777.75	886,851,641	57,326	18,190.6	54,760	0	0	15.75	13.47	0.00
	028	AORH-W ON	18,730.69	2,804.68	15,926.01	124,331	74,519	0.0	6	0	0	15.07	12.81	0.00
	030	RSW-ONPK	204,447.33	30,260.10	174,187.23	1,345,923	816,621	0.0	65	0	0	15.19	12.94	0.00
	032	RS LM-ON	224,727.82	33,630.66	191,097.16	1,464,907	901,440	0.0	76	0	0	15.34	13.05	0.00
	034	AORH-ON	1,947.44	301.35	1,646.09	13,446	8,338	0.0	2	0	0	14.48	12.24	0.00
	036	RS-TOD-ON	13,537.33	2,186.32	11,351.01	91,907	53,556	0.0	2	0	0	14.73	12.35	0.00
	093	OL 175 MV	27,287.84	2,896.28	24,391.56	120,025	0	0.0	0	137	141	22.74	20.32	0.00
	094	OL 100 HP	1,411,819.99	111,772.23	1,300,047.76	4,619,530	0	0.0	0	9,095	9,659	30.56	28.14	30,183.29
	095	OL 400 MV	1,087.06	141.67	945.39	5,752	0	0.0	0	3	3	18.90	16.44	0.00
	097	OL 200 HP	111,586.08	12,494.33	99,091.75	512,267	0	0.0	0	471	507	21.78	19.34	1,720.75
	098	OL 400 HP	9,568.95	1,242.72	8,326.23	51,895	0	0.0	0	25	27	18.44	16.04	177.96
	107	OL 200HPF	84,097.31	8,346.00	75,751.31	341,314	0	0.0	0	299	338	24.64	22.19	2,385.69
	109	OL400 HPF	83,843.46	10,872.41	72,971.05	448,055	0	0.0	0	186	225	18.71	16.29	1,394.59
	110	OL 250 MH	6,423.21	649.96	5,773.25	26,097	0	0.0	0	20	22	24.61	22.12	57.91
	111	OL100 HPP	30,224.13	1,460.62	28,763.51	59,242	0	0.0	0	98	122	51.02	48.55	514.40
	113	OL 150 HP	1,873,300.97	176,153.39	1,697,147.58	7,352,417	0	0.0	0	9,880	10,683	25.48	23.08	65,382.27
	116	OL 400 MH	7,624.30	925.18	6,699.12	37,317	0	0.0	0	15	19	20.43	17.95	43.32
	120	OL 250HPP	475.02	31.26	443.76	1,264	0	0.0	0	1	1	37.58	35.11	0.00
	122	OL150 HPP	1,535.17	70.44	1,464.73	2,857	0	0.0	0	4	4	53.73	51.27	0.00
	126	OL 400HPP	633.35	50.17	583.18	2,031	0	0.0	0	1	1	31.18	28.71	0.00
	130	OL 250MON	1,120.26	118.53	1,001.73	3,896	0	0.0	0	3	3	28.75	25.71	0.00
	131	OL 1000MH	2,353.34	252.50	2,100.84	12,778	0	0.0	0	1	4	18.42	16.44	0.00
	136	OL 400MON	446.23	43.77	402.46	1,831	0	0.0	0	1	1	24.37	21.98	0.00
	150	55W LEDOL	511,416.90	34,151.81	477,265.09	1,266,988	0	0.0	0	4,225	4,560	40.36	37.67	22,052.05
	160	64W LEDOL	911.35	28.36	882.99	1,049	0	0.0	0	3	3	86.88	84.17	0.00
	165	146WLEDOL	603.37	48.17	555.20	1,323	0	0.0	0	1	2	45.61	41.97	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	211	GS SEC	7,155.09	1,121.43	6,033.66	36,632	0	0.0	4	0	0	19.53	16.47	0.00
Total 020			218,843,848.53	31,503,487.09	187,340,361.44	1,377,316,875	1,982,262	22,570.0	83,727	24,470	26,326	15.89	13.60	123,912.23
211	093	OL 175 MV	16,143.95	1,683.38	14,460.57	69,090	0	0.0	0	65	80	23.37	20.93	0.00
	094	OL 100 HP	175,010.67	13,335.79	161,674.88	551,754	0	0.0	0	947	1,146	31.72	29.30	3,756.54
	095	OL 400 MV	10,652.79	1,347.68	9,305.11	55,123	0	0.0	0	24	29	19.33	16.88	0.00
	097	OL 200 HP	101,532.89	10,907.25	90,625.64	444,477	0	0.0	0	274	437	22.84	20.39	3,342.36
	098	OL 400 HP	25,782.54	3,324.88	22,457.66	135,424	0	0.0	0	39	68	19.04	16.58	629.70
	099	OL175 MVP	920.23	87.39	832.84	3,527	0	0.0	0	2	4	26.09	23.61	0.00
	103	OL 250 HP	939.00	93.59	845.41	3,782	0	0.0	0	2	3	24.83	22.35	0.00
	107	OL 200HPF	149,981.11	14,456.19	135,524.92	590,780	0	0.0	0	381	581	25.39	22.94	4,170.65
	109	OL400 HPF	690,525.86	85,767.71	604,758.15	3,487,466	0	0.0	0	736	1,741	19.80	17.34	13,736.27
	110	OL 250 MH	20,750.47	1,955.10	18,795.37	78,847	0	0.0	0	38	66	26.32	23.84	885.09
	111	OL100 HPP	49,710.93	2,316.28	47,394.65	94,173	0	0.0	0	33	193	52.79	50.33	498.24
	113	OL 150 HP	333,076.10	29,654.76	303,421.34	1,232,413	0	0.0	0	1,386	1,769	27.03	24.62	18,752.72
	116	OL 400 MH	202,858.65	23,801.92	179,056.73	941,805	0	0.0	0	148	497	21.54	19.01	5,304.54
	122	OL150 HPP	3,996.12	175.13	3,820.99	7,122	0	0.0	0	1	10	56.11	53.65	0.00
	126	OL 400HPP	1,305.97	99.47	1,206.50	4,044	0	0.0	0	1	2	32.29	29.83	0.00
	130	OL 250MON	383.88	30.71	353.17	1,235	0	0.0	0	1	1	31.08	28.60	0.00
	131	OL 1000MH	40,708.16	5,465.54	35,242.62	233,479	0	0.0	0	26	54	17.44	15.09	702.98
	136	OL 400MON	4,434.80	427.20	4,007.60	17,322	0	0.0	0	2	9	25.60	23.14	67.32
	150	55W LEDOL	72,322.79	4,730.80	67,591.99	174,244	0	0.0	0	475	625	41.51	38.79	3,766.67
	165	146WLEDOL	5,349.49	341.36	5,008.13	10,404	0	0.0	0	6	13	51.42	48.14	0.00
	166	297WLEDOL	5,682.85	601.93	5,080.92	17,867	0	0.0	0	3	11	31.81	28.44	37.78
	204	GS-MTRD	200,698.91	22,171.78	178,527.13	910,608	0	0.0	308	0	0	22.04	19.61	0.00
	211	GS SEC	20,748,313.28	2,298,242.65	18,450,070.63	96,910,616	60,008	131,267.5	16,984	0	0	21.41	19.04	0.00
	212	GS-SEC M	853.44	80.86	772.58	3,285	0	0.0	1	0	0	25.98	23.52	0.00
	213	GS-UMR	416,607.23	42,236.39	374,370.84	1,765,593	0	0.0	432	0	0	23.60	21.20	0.00
	214	GS - AF	6,648.79	810.91	5,837.88	30,786	0	2,339.4	6	0	0	21.60	18.96	0.00
	215	GS SEC	35,706,457.19	5,188,597.60	30,517,859.59	214,316,650	0	827,654.1	3,099	0	0	16.66	14.24	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	217	GS PRI	186,446.91	25,628.69	160,818.22	1,187,905	0	4,270.6	10	0	0	15.70	13.54	0.00
	220	GSCC PRI	62,343.40	9,411.35	52,932.05	386,016	0	1,398.0	4	0	0	16.15	13.71	0.00
	223	GS LM ON	9,676.66	1,276.40	8,400.26	52,769	28,709	0.0	4	0	0	18.34	15.92	0.00
	225	GS LM TOD	2,851.08	325.55	2,525.53	14,047	8,093	0.0	2	0	0	20.30	17.98	0.00
	227	EXP GSTOD	1,032,130.42	128,628.74	903,501.68	5,346,207	4,403,341	0.0	361	0	0	19.31	16.90	0.00
	229	GS-TOD	630,588.32	97,056.30	533,532.02	4,004,087	2,290,032	5,789.2	56	0	0	15.75	13.32	0.00
	240	LGS SEC	12,115,946.01	2,055,486.50	10,060,459.51	84,461,748	0	202,687.0	99	0	0	14.34	11.91	0.00
	244	LGS PRI	2,064,640.62	391,038.73	1,673,601.89	16,223,146	0	37,441.0	10	0	0	12.73	10.32	0.00
	248	LGS SUB	592,881.42	125,779.11	467,102.31	5,556,016	0	16,619.0	4	0	0	10.67	8.41	0.00
	251	LGS-LM-TD	114,743.29	24,447.11	90,296.18	747,876	377,088	0.0	1	0	0	15.34	12.07	0.00
	256	LGSSECTOD	343,521.43	64,326.17	279,195.26	2,657,156	1,532,016	5,011.0	2	0	0	12.93	10.51	0.00
	356	IGS SEC	1,866,949.12	378,724.30	1,488,224.82	15,772,437	0	31,286.0	4	0	0	11.84	9.44	0.00
	358	IGS PRI	8,149,217.49	1,945,619.72	6,203,597.77	80,750,109	0	140,482.0	7	0	0	10.09	7.68	0.00
359	IGS SUB	14,354,965.50	5,361,327.54	8,993,637.96	190,954,967	-35,829,000	285,014.0	6	0	0	7.52	4.71	0.00	
Total 211			100,518,549.76	18,361,820.46	82,156,729.30	730,206,402	-27,129,713	1,691,258.8	21,400	4,590	7,339	13.77	11.25	55,650.86
212	015	RS	1,530.90	216.80	1,314.10	8,849	0	0.0	1	0	0	17.30	14.85	0.00
	093	OL 175 MV	2,512.83	261.87	2,250.96	10,773	0	0.0	0	12	12	23.33	20.89	0.00
	094	OL 100 HP	39,384.01	3,007.36	36,376.65	124,450	0	0.0	0	208	258	31.65	29.23	801.30
	095	OL 400 MV	4,772.31	604.41	4,167.90	24,665	0	0.0	0	8	13	19.35	16.90	0.00
	097	OL 200 HP	31,615.26	3,377.78	28,237.48	137,475	0	0.0	0	100	135	23.00	20.54	1,187.76
	098	OL 400 HP	12,429.47	1,607.17	10,822.30	65,006	0	0.0	0	15	32	19.12	16.65	360.60
	099	OL175 MVP	227.19	21.40	205.79	869	0	0.0	0	1	1	26.14	23.68	0.00
	107	OL 200HPF	60,617.18	5,872.28	54,744.90	238,194	0	0.0	0	156	238	25.45	22.98	1,764.36
	109	OL400 HPF	275,637.47	33,976.78	241,660.69	1,384,650	0	0.0	0	287	689	19.91	17.45	6,729.99
	110	OL 250 MH	14,141.09	1,282.04	12,859.05	51,752	0	0.0	0	10	42	27.32	24.85	1,033.80
	111	OL100 HPP	6,121.73	265.34	5,856.39	11,221	0	0.0	0	6	24	54.56	52.19	224.57
	113	OL 150 HP	96,623.50	8,460.92	88,162.58	349,379	0	0.0	0	358	500	27.66	25.23	7,271.25
	116	OL 400 MH	75,755.41	8,652.68	67,102.73	349,708	0	0.0	0	63	183	21.66	19.19	2,369.15
131	OL 1000MH	24,382.41	3,525.10	20,857.31	142,797	0	0.0	0	9	31	17.07	14.61	134.64	



American Electric Power
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TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	150	55W LEDOL	17,508.84	1,075.63	16,433.21	40,008	0	0.0	0	105	145	43.76	41.07	1,549.58
	160	64W LEDOL	199.87	7.01	192.86	221	0	0.0	0	1	1	90.44	87.27	0.00
	165	146WLEDOL	1,729.30	103.31	1,625.99	3,263	0	0.0	0	1	4	53.00	49.83	28.88
	166	297WLEDOL	190.75	19.22	171.53	598	0	0.0	0	0	0	31.90	28.68	0.00
	211	GS SEC	4,517,480.03	560,957.30	3,956,522.73	24,136,585	15,041	60,331.1	2,357	0	0	18.72	16.39	0.00
	215	GS SEC	23,088,947.20	3,209,495.78	19,879,451.42	136,640,500	0	587,188.1	2,116	0	0	16.90	14.55	0.00
	217	GS PRI	151,865.44	24,072.44	127,793.00	999,311	0	3,019.7	6	0	0	15.20	12.79	0.00
	220	GSCC PRI	88,500.58	14,472.44	74,028.14	641,943	0	1,140.0	1	0	0	13.79	11.53	0.00
	223	GS LM ON	126,874.83	17,293.43	109,581.40	782,737	473,625	0.0	31	0	0	16.21	14.00	0.00
	225	GS LM TOD	38,438.42	4,458.32	33,980.10	194,195	103,829	0.0	23	0	0	19.79	17.50	0.00
	227	EXP GSTOD	529,495.73	68,133.44	461,362.29	2,859,796	2,372,171	0.0	138	0	0	18.52	16.13	0.00
	229	GS-TOD	390,760.32	58,459.83	332,300.49	2,504,049	1,515,840	0.0	54	0	0	15.61	13.27	0.00
	240	LGS SEC	14,374,357.07	2,377,179.94	11,997,177.13	99,466,503	0	251,639.0	112	0	0	14.45	12.06	0.00
	242	LGS M SEC	189,361.98	31,399.25	157,962.73	1,325,044	0	3,266.0	1	0	0	14.29	11.92	0.00
	244	LGS PRI	872,075.47	156,962.59	715,112.88	6,682,843	0	17,872.0	5	0	0	13.05	10.70	0.00
	248	LGS SUB	263,494.42	64,867.46	198,626.96	2,614,830	0	5,811.0	1	0	0	10.08	7.60	0.00
251	LGS-LM-TD	146,320.22	24,250.89	122,069.33	978,179	561,420	0.0	4	0	0	14.96	12.48	0.00	
358	IGS PRI	1,067,502.58	239,738.32	827,764.26	9,716,174	0	18,210.0	2	0	0	10.99	8.52	0.00	
Total 212			46,510,853.81	6,924,078.53	39,586,775.28	292,486,567	5,041,926	948,476.9	4,852	1,340	2,309	15.90	13.53	23,455.88
213	093	OL 175 MV	1,110.93	112.99	997.94	4,753	0	0.0	0	6	6	23.37	21.00	0.00
	094	OL 100 HP	6,802.33	534.24	6,268.09	22,007	0	0.0	0	26	45	30.91	28.48	0.00
	095	OL 400 MV	1,483.39	189.38	1,294.01	7,690	0	0.0	0	3	4	19.29	16.83	0.00
	097	OL 200 HP	6,796.78	728.77	6,068.01	29,634	0	0.0	0	19	29	22.94	20.48	245.28
	098	OL 400 HP	4,240.75	534.25	3,706.50	21,500	0	0.0	0	4	11	19.72	17.24	216.60
	107	OL 200HPF	23,297.03	2,263.91	21,033.12	92,262	0	0.0	0	45	90	25.25	22.80	562.56
	109	OL400 HPF	167,988.22	20,396.77	147,591.45	836,163	0	0.0	0	94	418	20.09	17.65	5,387.67
	110	OL 250 MH	1,296.03	121.34	1,174.69	4,889	0	0.0	0	3	4	26.51	24.03	67.32
	111	OL100 HPP	7,411.50	348.72	7,062.78	14,194	0	0.0	0	4	29	52.22	49.76	0.00
	113	OL 150 HP	11,669.05	952.98	10,716.07	39,225	0	0.0	0	28	55	29.75	27.32	1,520.53



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	116	OL 400 MH	32,373.11	3,719.08	28,654.03	151,026	0	0.0	0	19	79	21.44	18.97	735.84
	131	OL 1000MH	849.86	110.91	738.95	4,549	0	0.0	0	1	1	18.68	16.24	67.32
	150	55W LEDOL	1,907.92	129.00	1,778.92	4,561	0	0.0	0	12	16	41.83	39.00	116.41
	165	146WLEDOL	1,362.34	110.64	1,251.70	2,814	0	0.0	0	1	2	48.41	44.48	51.29
	166	297WLEDOL	483.93	60.38	423.55	1,587	0	0.0	0	0	1	30.49	26.69	0.00
	211	GS SEC	448,605.86	52,674.51	395,931.35	2,327,949	0	6,097.0	252	0	0	19.27	17.01	0.00
	214	GS - AF	163,774.93	21,784.97	141,989.96	982,273	0	22,293.8	59	0	0	16.67	14.46	0.00
	215	GS SEC	3,378,992.45	455,760.02	2,923,232.43	20,205,138	0	81,281.6	222	0	0	16.72	14.47	0.00
	217	GS PRI	4,954.21	582.58	4,371.63	27,275	0	72.0	1	0	0	18.16	16.03	0.00
	223	GS LM ON	6,941.86	714.83	6,227.03	53,698	44,080	0.0	1	0	0	12.93	11.60	0.00
	240	LGS SEC	2,553,850.37	394,891.77	2,158,958.60	16,289,948	0	54,794.0	29	0	0	15.68	13.25	0.00
	244	LGS PRI	629,792.09	101,647.05	528,145.04	4,344,463	0	16,838.0	4	0	0	14.50	12.16	0.00
	260	PS SEC	14,093,620.09	2,044,125.39	12,049,494.70	87,787,132	0	338,407.0	138	0	0	16.05	13.73	0.00
	264	PS PRI	250,306.42	39,160.02	211,146.40	1,772,699	0	6,687.0	1	0	0	14.12	11.91	0.00
	358	IGS PRI	435,983.21	81,570.02	354,413.19	3,544,383	0	8,921.0	1	0	0	12.30	10.00	0.00
359	IGS SUB	272,990.75	45,596.71	227,394.04	1,879,428	0	5,974.0	1	0	0	14.53	12.10	0.00	
Total 213			22,508,885.41	3,268,821.23	19,240,064.18	140,451,240	44,080	541,365.4	708	265	790	16.03	13.70	8,970.82
216	093	OL 175 MV	6,434.26	674.91	5,759.35	27,530	0	0.0	0	22	32	23.37	20.92	0.00
	094	OL 100 HP	29,725.28	2,248.48	27,476.80	92,886	0	0.0	0	119	192	32.00	29.58	855.84
	095	OL 400 MV	5,208.28	666.76	4,541.52	26,995	0	0.0	0	8	14	19.29	16.82	0.00
	097	OL 200 HP	28,878.32	2,986.80	25,891.52	121,798	0	0.0	0	53	120	23.71	21.26	1,808.40
	098	OL 400 HP	41,529.37	5,180.22	36,349.15	210,214	0	0.0	0	15	104	19.76	17.29	2,317.56
	107	OL 200HPF	42,721.98	4,077.82	38,644.16	165,619	0	0.0	0	93	161	25.80	23.33	1,781.45
	109	OL400 HPF	194,857.28	24,044.54	170,812.74	978,101	0	0.0	0	199	485	19.92	17.46	4,999.99
	110	OL 250 MH	6,120.03	593.39	5,526.64	24,222	0	0.0	0	7	20	25.27	22.82	67.32
	111	OL100 HPP	65,388.22	2,863.16	62,525.06	124,780	0	0.0	0	33	267	52.40	50.11	249.12
	113	OL 150 HP	62,983.06	5,419.21	57,563.85	218,148	0	0.0	0	146	308	28.87	26.39	6,705.90
	116	OL 400 MH	39,654.94	4,440.54	35,214.40	182,550	0	0.0	0	22	97	21.72	19.29	1,216.06
	120	OL 250HPP	488.10	31.29	456.81	1,262	0	0.0	0	1	1	38.68	36.20	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	122	OL150 HPP	17,518.59	766.59	16,752.00	31,197	0	0.0	0	7	44	56.15	53.70	0.00
	131	OL 1000MH	7,118.81	1,025.33	6,093.48	41,528	0	0.0	0	7	9	17.14	14.67	67.32
	150	55W LEDOL	7,188.41	446.24	6,742.17	16,649	0	0.0	0	33	61	43.18	40.50	568.20
	165	146WLEDOL	2,235.31	109.56	2,125.75	3,826	0	0.0	0	1	5	58.42	55.56	168.30
	166	297WLEDOL	2,212.07	225.26	1,986.81	6,976	0	0.0	0	1	4	31.71	28.48	0.00
	204	GS-MTRD	12,316.52	371.28	11,945.24	11,601	0	0.0	49	0	0	106.17	102.97	0.00
	211	GS SEC	3,115,210.39	364,564.93	2,750,645.46	15,512,623	75,313	31,511.7	2,142	0	0	20.08	17.73	0.00
	213	GS-UMR	118,969.87	14,144.45	104,825.42	493,339	0	0.0	149	0	0	24.12	21.25	0.00
	214	GS - AF	61,683.16	8,523.83	53,159.33	374,482	0	7,983.4	20	0	0	16.47	14.20	0.00
	215	GS SEC	10,353,343.72	1,489,077.13	8,864,266.59	62,597,713	0	229,109.0	757	0	0	16.54	14.16	0.00
	217	GS PRI	100,733.96	11,363.63	89,370.33	455,554	0	5,535.5	4	0	0	22.11	19.62	0.00
	218	GS M SEC	33,555.95	4,543.27	29,012.68	206,174	0	685.6	1	0	0	16.28	14.07	0.00
	223	GS LM ON	2,966.77	300.27	2,666.50	15,304	9,760	0.0	2	0	0	19.39	17.42	0.00
	225	GS LM TOD	104,350.71	16,436.79	87,913.92	692,857	428,289	0.0	6	0	0	15.06	12.69	0.00
	229	GS-TOD	301,630.70	49,226.65	252,404.05	2,033,669	1,362,356	0.0	28	0	0	14.83	12.41	0.00
	240	LGS SEC	8,512,786.09	1,422,546.80	7,090,239.29	58,836,425	0	147,631.0	62	0	0	14.47	12.05	0.00
	242	LGS M SEC	825,591.49	140,070.54	685,520.95	5,787,356	0	13,676.0	6	0	0	14.27	11.85	0.00
	244	LGS PRI	567,384.40	102,698.38	464,686.02	4,132,663	0	12,732.0	4	0	0	13.73	11.24	0.00
	246	LGS M PRI	90,250.35	16,556.75	73,693.60	658,349	0	2,015.0	1	0	0	13.71	11.19	0.00
	251	LGS-LM-TD	12,434.25	1,958.67	10,475.58	71,077	90,816	0.0	1	0	0	17.49	14.74	0.00
256	LGSSECTOD	291,129.78	55,884.19	235,245.59	2,322,561	1,415,552	4,050.0	2	0	0	12.53	10.13	0.00	
358	IGS PRI	2,644,352.97	572,987.11	2,071,365.86	23,501,511	0	47,278.0	4	0	0	11.25	8.81	0.00	
540	MW	257,293.55	43,144.65	214,148.90	1,813,803	0	2,834.4	9	0	0	14.19	11.81	0.00	
Total 216			27,966,246.94	4,370,199.42	23,596,047.52	181,791,342	3,382,086	505,041.6	3,247	767	1,923	15.38	12.98	20,805.46
221	093	OL 175 MV	1,393.77	143.67	1,250.10	5,949	0	0.0	0	7	7	23.43	21.01	0.00
	094	OL 100 HP	8,901.43	694.36	8,207.07	28,315	0	0.0	0	30	58	31.44	28.98	134.64
	095	OL 400 MV	1,121.48	144.24	977.24	5,813	0	0.0	0	2	3	19.29	16.81	0.00
	097	OL 200 HP	7,874.97	859.36	7,015.61	34,913	0	0.0	0	9	34	22.56	20.09	179.70
	098	OL 400 HP	746.57	99.47	647.10	4,044	0	0.0	0	1	2	18.46	16.00	0.00



American Electric Power
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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	107	OL 200HPF	7,772.80	742.63	7,030.17	30,784	0	0.0	0	14	31	25.25	22.84	160.59
	109	OL400 HPF	75,108.81	9,303.79	65,805.02	377,738	0	0.0	0	45	187	19.88	17.42	1,759.68
	110	OL 250 MH	1,807.81	177.63	1,630.18	7,243	0	0.0	0	1	6	24.96	22.51	0.00
	111	OL100 HPP	1,545.52	73.50	1,472.02	2,964	0	0.0	0	1	6	52.14	49.66	0.00
	113	OL 150 HP	8,930.74	769.76	8,160.98	31,833	0	0.0	0	22	45	28.05	25.64	754.06
	116	OL 400 MH	14,304.08	1,619.91	12,684.17	68,133	0	0.0	0	12	37	20.99	18.62	0.00
	131	OL 1000MH	2,841.15	381.39	2,459.76	16,642	0	0.0	0	2	4	17.07	14.78	0.00
	150	55W LEDOL	1,150.71	68.22	1,082.49	2,560	0	0.0	0	6	9	44.95	42.28	134.64
	166	297WLEDOL	286.37	39.16	247.21	961	0	0.0	0	0	0	29.80	25.72	0.00
	204	GS-MTRD	1,987.72	220.10	1,767.62	9,040	0	0.0	3	0	0	21.99	19.55	0.00
	211	GS SEC	700,541.40	79,107.54	621,433.86	3,349,698	0	3,838.0	563	0	0	20.91	18.55	0.00
	215	GS SEC	1,987,958.45	280,852.59	1,707,105.86	11,818,008	0	46,743.0	143	0	0	16.82	14.44	0.00
	217	GS PRI	125,810.84	18,423.42	107,387.42	763,442	0	2,814.5	11	0	0	16.48	14.07	0.00
	220	GSCC PRI	188,805.45	30,027.15	158,778.30	1,272,633	0	2,577.8	11	0	0	14.84	12.48	0.00
	240	LGS SEC	4,039,882.50	555,175.73	3,484,706.77	23,299,214	0	106,782.0	35	0	0	17.34	14.96	0.00
	244	LGS PRI	2,921,943.35	497,347.46	2,424,595.89	21,184,962	0	67,853.0	15	0	0	13.79	11.44	0.00
	248	LGS SUB	295,672.15	73,016.51	222,655.64	2,890,806	0	6,580.0	1	0	0	10.23	7.70	0.00
	331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
	332	CS-IRP TR	1,703,912.29	411,864.67	1,292,047.62	17,117,313	0	47,418.0	1	0	0	9.95	7.55	0.00
	358	IGS PRI	7,887,435.84	1,756,610.06	6,130,825.78	72,409,912	0	139,544.0	10	0	0	10.89	8.47	0.00
359	IGS SUB	8,656,543.67	1,040,382.68	7,616,160.99	45,194,067	0	204,517.0	5	0	0	19.15	16.85	0.00	
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00	
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00	
371	IGS	95,098,427.27	29,582,863.93	65,515,563.34	1,231,430,601	0	1,824,722.0	4	0	0	7.72	5.32	0.00	
372	IGS	17,533,004.17	5,268,379.80	12,264,624.37	218,524,207	0	341,614.0	1	0	0	8.02	5.61	0.00	
Total 221			150,442,116.13	40,167,676.83	110,274,439.30	1,810,472,995	-10,248,000	2,882,671.1	805	152	429	8.31	6.09	3,123.31
222	097	OL 200 HP	619.89	51.45	568.44	2,587	0	0.0	0	2	3	23.96	21.97	28.66
	107	OL 200HPF	251.97	25.40	226.57	1,028	0	0.0	0	1	1	24.51	22.04	0.00
	109	OL400 HPF	3,354.72	430.41	2,924.31	17,124	0	0.0	0	5	8	19.59	17.08	48.00



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12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
222	113	OL 150 HP	1,903.41	149.14	1,754.27	6,291	0	0.0	0	5	9	30.26	27.89	269.28
	211	GS SEC	61,840.89	7,352.54	54,488.35	324,860	0	1,149.9	24	0	0	19.04	16.77	0.00
	215	GS SEC	352,309.46	44,735.12	307,574.34	2,128,995	0	8,677.2	25	0	0	16.55	14.45	0.00
	220	GSCC PRI	32,906.44	4,826.52	28,079.92	213,561	0	606.0	2	0	0	15.41	13.15	0.00
	240	LGS SEC	1,360,739.33	206,699.64	1,154,039.69	8,693,702	0	29,845.0	7	0	0	15.65	13.27	0.00
	244	LGS PRI	360,818.59	65,232.12	295,586.47	2,936,122	0	5,892.0	1	0	0	12.29	10.07	0.00
	251	LGS-LM-TD	1,420.39	18.19	1,402.20	709	400	0.0	1	0	0	200.34	197.77	0.00
	356	IGS SEC	-77,498.12	-17,011.38	-60,486.74	-477,044	0	0.0	0	0	0	16.25	12.68	0.00
	358	IGS PRI	988,789.32	208,432.60	780,356.72	9,164,672	0	18,830.0	1	0	0	10.79	8.51	0.00
Total 222			3,087,456.29	520,941.75	2,566,514.54	23,012,607	400	65,000.1	62	13	21	13.42	11.15	345.94
230	094	OL 100 HP	938.24	73.36	864.88	3,055	0	0.0	0	5	6	30.71	28.31	0.00
	095	OL 400 MV	368.67	46.82	321.85	1,911	0	0.0	0	1	1	19.29	16.84	0.00
	097	OL 200 HP	4,924.68	524.30	4,400.38	21,400	0	0.0	0	3	21	23.01	20.56	192.00
	107	OL 200HPF	1,023.24	98.89	924.35	4,052	0	0.0	0	3	4	25.25	22.81	24.00
	109	OL400 HPF	12,486.32	1,523.07	10,963.25	62,281	0	0.0	0	12	31	20.05	17.60	384.60
	113	OL 150 HP	4,570.13	411.87	4,158.26	16,870	0	0.0	0	14	24	27.09	24.65	269.28
	116	OL 400 MH	793.00	92.81	700.19	3,802	0	0.0	0	1	2	20.86	18.42	0.00
	150	55W LEDOL	313.30	21.28	292.02	800	0	0.0	0	3	3	39.16	36.50	0.00
	211	GS SEC	60,762.24	6,537.98	54,224.26	292,263	0	551.3	49	0	0	20.79	18.55	0.00
	215	GS SEC	365,095.56	45,205.72	319,889.84	2,090,941	0	10,342.0	51	0	0	17.46	15.30	0.00
	217	GS PRI	2,878.81	52.29	2,826.52	2,915	0	9.0	2	0	0	98.76	96.96	0.00
	220	GSCC PRI	432,875.96	65,855.41	367,020.55	2,694,307	0	8,570.6	24	0	0	16.07	13.62	0.00
	236	GSCC SUB	77,756.18	10,196.38	67,559.80	481,465	0	1,067.1	3	0	0	16.15	14.03	0.00
	240	LGS SEC	443,239.92	45,699.77	397,540.15	2,015,738	0	15,817.0	7	0	0	21.99	19.72	0.00
	244	LGS PRI	4,534,995.29	644,889.84	3,890,105.45	26,503,297	296,400	146,819.0	25	0	0	17.11	14.68	0.00
	248	LGS SUB	267,366.02	65,794.34	201,571.68	2,748,558	0	4,797.0	1	0	0	9.73	7.33	0.00
	257	LGS PRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
	330	CS-IRP PR	4,120,457.12	669,383.56	3,451,073.56	28,111,741	0	98,167.0	5	0	0	14.66	12.28	0.00
333	CS-IRP	4,396,340.02	1,207,766.94	3,188,573.08	50,373,415	0	127,824.0	1	0	0	8.73	6.33	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
												Incl Fuel	Excl Fuel	Facility Charge	
230	358	IGS PRI	10,537,415.95	1,563,158.89	8,974,257.06	66,640,222	-143,500	219,752.6	8	0	0	15.81	13.47	0.00	
	359	IGS SUB	6,002,946.50	1,174,602.49	4,828,344.01	50,063,562	0	151,909.0	4	0	0	11.99	9.64	0.00	
Total 230			31,644,048.90	5,562,569.21	26,081,479.69	234,998,105	1,897,700	793,068.6	182	42	92	13.47	11.10	869.88	
400	093	OL 175 MV	411.33	43.71	367.62	1,763	0	0.0	0	1	2	23.33	20.85	0.00	
	094	OL 100 HP	606.76	48.55	558.21	1,966	0	0.0	0	2	4	30.86	28.39	0.00	
	107	OL 200HPF	251.09	25.18	225.91	1,023	0	0.0	0	1	1	24.54	22.08	0.00	
	109	OL400 HPF	9,199.12	1,138.10	8,061.02	46,382	0	0.0	0	7	23	19.83	17.38	201.96	
	111	OL100 HPP	23,430.83	1,098.18	22,332.65	44,843	0	0.0	0	19	92	52.25	49.80	0.00	
	113	OL 150 HP	879.07	70.45	808.62	2,857	0	0.0	0	2	4	30.77	28.30	134.64	
	122	OL150 HPP	3,190.79	139.51	3,051.28	5,685	0	0.0	0	2	8	56.13	53.67	0.00	
	131	OL 1000MH	778.37	113.01	665.36	4,593	0	0.0	0	1	1	16.95	14.49	0.00	
	204	GS-MTRD	1,607.98	0.15	1,607.83	10	0	0.0	0.0	8	0	0	16,079.80	16,078.30	0.00
	211	GS SEC	145,299.36	9,697.91	135,601.45	380,861	0	161.2	240	0	0	38.15	35.60	0.00	
	213	GS-UMR	235.16	1.44	233.72	60	0	0.0	0.0	1	0	0	391.93	389.53	0.00
	215	GS SEC	78,003.43	10,807.74	67,195.69	459,569	0	1,932.7	6	0	0	16.97	14.62	0.00	
528	SL	1,929,368.15	203,911.29	1,725,456.86	8,438,523	0	0.0	54	0	0	22.86	20.45	0.00		
Total 400			2,193,261.44	227,095.22	1,966,166.22	9,388,135	0	2,093.9	309	35	135	23.36	20.94	336.60	
Grand Total			702,685,902.26	124,934,507.27	577,751,394.99	5,391,297,797	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
011	RSW-LMWH	338,234.39	51,147.27	287,087.12	2,222,480	0	0.0	127	0	0	15.22	12.92	0.00
012	RSW-A	30,369.70	4,666.85	25,702.85	203,811	0	0.0	10	0	0	14.90	12.61	0.00
013	RSW-B	2,804.28	446.68	2,357.60	18,651	0	0.0	1	0	0	15.04	12.64	0.00
014	RSW-C	32,906.65	4,943.34	27,963.31	221,772	0	0.0	15	0	0	14.84	12.61	0.00
015	RS	144,751,201.21	20,906,105.30	123,845,095.91	893,261,906	75,327	9,693.8	65,297	0	0	16.20	13.86	0.00
017	RS EMP	834,899.30	122,622.59	712,276.71	5,335,523	0	0.0	294	0	0	15.65	13.35	0.00
022	RSW-RS	164,741,952.50	23,797,080.71	140,944,871.79	1,040,548,864	57,326	18,903.3	66,719	0	0	15.83	13.55	0.00
028	AORH-W ON	18,730.69	2,804.68	15,926.01	124,331	74,519	0.0	6	0	0	15.07	12.81	0.00
030	RSW-ONPK	204,447.33	30,260.10	174,187.23	1,345,923	816,621	0.0	65	0	0	15.19	12.94	0.00
032	RS LM-ON	224,727.82	33,630.66	191,097.16	1,464,907	901,440	0.0	76	0	0	15.34	13.05	0.00
034	AORH-ON	1,947.44	301.35	1,646.09	13,446	8,338	0.0	2	0	0	14.48	12.24	0.00
036	RS-TOD-ON	14,955.91	2,328.10	12,627.81	97,760	57,012	0.0	4	0	0	15.30	12.92	0.00
093	OL 175 MV	106,810.08	11,440.79	95,369.29	463,943	0	0.0	0	519	547	23.02	20.56	63.52
094	OL 100 HP	2,695,345.84	212,811.27	2,482,534.57	8,807,879	0	0.0	0	17,079	18,389	30.60	28.19	51,389.48
095	OL 400 MV	26,852.11	3,420.31	23,431.80	139,362	0	0.0	0	53	73	19.27	16.81	0.00
097	OL 200 HP	362,755.16	39,635.57	323,119.59	1,621,059	0	0.0	0	1,224	1,600	22.38	19.93	9,737.54
098	OL 400 HP	98,325.64	12,511.49	85,814.15	509,983	0	0.0	0	110	255	19.28	16.83	3,769.74
099	OL175 MVP	1,147.42	108.79	1,038.63	4,396	0	0.0	0	3	5	26.10	23.63	0.00
103	OL 250 HP	939.00	93.59	845.41	3,782	0	0.0	0	2	3	24.83	22.35	0.00
107	OL 200HPF	427,934.95	41,760.67	386,174.28	1,703,540	0	0.0	0	1,188	1,681	25.12	22.67	11,820.59
109	OL400 HPF	1,578,744.74	195,865.75	1,382,878.99	7,980,559	0	0.0	0	1,680	3,978	19.78	17.33	35,402.82
110	OL 250 MH	55,103.73	5,232.85	49,870.88	211,842	0	0.0	0	93	176	26.01	23.54	2,111.44
111	OL100 HPP	189,801.77	8,709.56	181,092.21	363,171	0	0.0	0	209	758	52.26	49.86	1,536.45
113	OL 150 HP	3,279,376.86	304,881.88	2,974,494.98	12,717,214	0	0.0	0	16,481	18,442	25.79	23.39	133,107.31
116	OL 400 MH	379,042.67	43,901.62	335,141.05	1,761,583	0	0.0	0	292	929	21.52	19.02	9,736.23
120	OL 250HPP	963.12	62.55	900.57	2,526	0	0.0	0	2	2	38.13	35.65	0.00
122	OL150 HPP	27,004.55	1,186.46	25,818.09	48,280	0	0.0	0	16	68	55.93	53.48	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
126	OL 400HPP	1,939.32	149.64	1,789.68	6,075	0	0.0	0	2	3	31.92	29.46	0.00
130	OL 250MON	2,223.21	217.29	2,005.92	7,499	0	0.0	0	6	6	29.65	26.75	23.37
131	OL 1000MH	82,083.98	11,323.23	70,760.75	474,688	0	0.0	0	50	109	17.29	14.91	972.26
136	OL 400MON	5,453.81	535.97	4,917.84	21,533	0	0.0	0	4	11	25.33	22.84	67.32
150	55W LEDOL	876,650.95	58,510.14	818,140.81	2,169,507	0	0.0	0	7,097	7,810	40.41	37.71	37,111.97
152	175WLEDOL	101.87	13.80	88.07	428	0	0.0	0	0	0	23.80	20.58	0.00
160	64W LEDOL	1,472.91	47.56	1,425.35	1,709	0	0.0	0	5	5	86.19	83.40	0.00
165	146WLEDOL	11,922.78	753.82	11,168.96	22,883	0	0.0	0	12	28	52.10	48.81	248.47
166	297WLEDOL	9,020.19	968.16	8,052.03	28,553	0	0.0	0	5	17	31.59	28.20	37.78
204	GS-MTRD	216,611.13	22,763.31	193,847.82	931,259	0	0.0	368	0	0	23.26	20.82	0.00
211	GS SEC	29,805,208.54	3,380,256.79	26,424,951.75	143,272,087	150,362	234,907.7	22,614	0	0	20.80	18.44	0.00
212	GS-SEC M	853.44	80.86	772.58	3,285	0	0.0	1	0	0	25.98	23.52	0.00
213	GS-UMR	535,812.26	56,382.28	479,429.98	2,258,992	0	0.0	583	0	0	23.72	21.22	0.00
214	GS - AF	232,106.88	31,119.71	200,987.17	1,387,541	0	32,616.6	84	0	0	16.73	14.49	0.00
215	GS SEC	75,311,107.46	10,724,531.70	64,586,575.76	450,257,514	0	1,792,927.7	6,419	0	0	16.73	14.34	0.00
217	GS PRI	572,690.17	80,123.05	492,567.12	3,436,402	0	15,721.3	33	0	0	16.67	14.33	0.00
218	GS M SEC	33,555.95	4,543.27	29,012.68	206,174	0	685.6	1	0	0	16.28	14.07	0.00
220	GSCC PRI	805,431.83	124,592.87	680,838.96	5,208,460	0	14,292.4	41	0	0	15.46	13.07	0.00
223	GS LM ON	146,460.12	19,584.93	126,875.19	904,508	556,174	0.0	38	0	0	16.19	14.03	0.00
225	GS LM TOD	145,640.21	21,220.66	124,419.55	901,099	540,211	0.0	31	0	0	16.16	13.81	0.00
227	EXP GSTOD	1,561,626.15	196,762.18	1,364,863.97	8,206,003	6,775,512	0.0	498	0	0	19.03	16.63	0.00
229	GS-TOD	1,322,979.34	204,742.78	1,118,236.56	8,541,805	5,168,228	5,789.2	138	0	0	15.49	13.09	0.00
236	GSCC SUB	77,756.18	10,196.38	67,559.80	481,465	0	1,067.1	3	0	0	16.15	14.03	0.00
240	LGS SEC	43,400,801.29	7,057,680.15	36,343,121.14	293,063,278	0	809,195.0	352	0	0	14.81	12.40	0.00
242	LGS M SEC	1,014,953.47	171,469.79	843,483.68	7,112,400	0	16,942.0	7	0	0	14.27	11.86	0.00
244	LGS PRI	11,951,649.81	1,959,816.17	9,991,833.64	82,007,496	296,400	305,447.0	65	0	0	14.57	12.18	0.00
246	LGS M PRI	90,250.35	16,556.75	73,693.60	658,349	0	2,015.0	1	0	0	13.71	11.19	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
248	LGS SUB	1,419,414.01	329,457.42	1,089,956.59	13,810,210	0	33,807.0	7	0	0	10.28	7.89	0.00
251	LGS-LM-TD	274,918.15	50,674.86	224,243.29	1,797,841	1,029,724	0.0	7	0	0	15.29	12.47	0.00
256	LGSSECTOD	634,651.21	120,210.36	514,440.85	4,979,717	2,947,568	9,061.0	4	0	0	12.74	10.33	0.00
257	LGSPLITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
260	PS SEC	14,093,620.09	2,044,125.39	12,049,494.70	87,787,132	0	338,407.0	138	0	0	16.05	13.73	0.00
264	PS PRI	250,306.42	39,160.02	211,146.40	1,772,699	0	6,687.0	1	0	0	14.12	11.91	0.00
330	CS-IRP PR	4,120,457.12	669,383.56	3,451,073.56	28,111,741	0	98,167.0	5	0	0	14.66	12.28	0.00
331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
332	CS-IRP TR	1,703,912.29	411,864.67	1,292,047.62	17,117,313	0	47,418.0	1	0	0	9.95	7.55	0.00
333	CS-IRP	4,396,340.02	1,207,766.94	3,188,573.08	50,373,415	0	127,824.0	1	0	0	8.73	6.33	0.00
356	IGS SEC	1,789,451.00	361,712.92	1,427,738.08	15,295,393	0	31,286.0	4	0	0	11.70	9.33	0.00
358	IGS PRI	31,710,697.36	6,368,116.72	25,342,580.64	265,726,983	-143,500	593,017.6	33	0	0	11.93	9.54	0.00
359	IGS SUB	29,287,446.42	7,621,909.42	21,665,537.00	288,092,024	-35,829,000	647,414.0	16	0	0	10.17	7.52	0.00
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
371	IGS	95,098,427.27	29,582,863.93	65,515,563.34	1,231,430,601	0	1,824,722.0	4	0	0	7.72	5.32	0.00
372	IGS	17,533,004.17	5,268,379.80	12,264,624.37	218,524,207	0	341,614.0	1	0	0	8.02	5.61	0.00
528	SL	1,929,368.15	203,911.29	1,725,456.86	8,438,523	0	0.0	54	0	0	22.86	20.45	0.00
540	MW	257,293.55	43,144.65	214,148.90	1,813,803	0	2,834.4	9	0	0	14.19	11.81	0.00
KY - Summary		702,685,902.26	124,934,507.27	577,751,394.99	5,391,297,797	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	95,326.80	14,155.51	81,171.29	612,215	0	0.0	46	0	0	15.57	13.26	0.00
	014	RSW-C	23,190.98	3,575.25	19,615.73	153,050	0	0.0	12	0	0	15.15	12.82	0.00
	015	RS	71,339,237.53	10,207,589.19	61,131,648.34	427,969,869	4,865	5,314.4	36,873	0	0	16.67	14.28	0.00
	022	RSW-RS	25,066,137.28	3,590,043.24	21,476,094.04	153,697,223	0	712.7	11,959	0	0	16.31	13.97	0.00
	036	RS-TOD-ON	1,418.58	141.78	1,276.80	5,853	3,456	0.0	2	0	0	24.24	21.81	0.00
	093	OL 175 MV	51,515.17	5,623.98	45,891.19	224,060	0	0.0	0	270	268	22.99	20.48	63.52
	094	OL 100 HP	1,022,157.13	81,096.90	941,060.23	3,363,916	0	0.0	0	6,647	7,021	30.39	27.98	15,657.87
	095	OL 400 MV	2,158.13	279.35	1,878.78	11,413	0	0.0	0	4	6	18.91	16.46	0.00
	097	OL 200 HP	68,926.29	7,705.53	61,220.76	316,508	0	0.0	0	293	314	21.78	19.34	1,032.63
	098	OL 400 HP	4,027.99	522.78	3,505.21	21,900	0	0.0	0	11	11	18.39	16.01	67.32
	107	OL 200HPF	57,921.24	5,852.37	52,068.87	238,484	0	0.0	0	195	236	24.29	21.83	971.29
	109	OL400 HPF	65,743.48	8,412.17	57,331.31	342,599	0	0.0	0	110	171	19.19	16.73	760.07
	110	OL 250 MH	4,565.09	453.39	4,111.70	18,792	0	0.0	0	15	16	24.29	21.88	0.00
	111	OL100 HPP	5,968.91	283.76	5,685.15	11,754	0	0.0	0	14	25	50.78	48.37	50.12
	113	OL 150 HP	885,440.83	82,839.40	802,601.43	3,467,781	0	0.0	0	4,640	5,044	25.53	23.14	32,047.38
	116	OL 400 MH	5,679.18	649.50	5,029.68	27,242	0	0.0	0	12	15	20.85	18.46	67.32
	122	OL150 HPP	763.88	34.79	729.09	1,419	0	0.0	0	2	2	53.83	51.38	0.00
	130	OL 250MON	719.07	68.05	651.02	2,368	0	0.0	0	2	2	30.37	27.49	23.37
	131	OL 1000MH	3,051.88	449.45	2,602.43	18,322	0	0.0	0	3	4	16.66	14.20	0.00
	136	OL 400MON	572.78	65.00	507.78	2,380	0	0.0	0	1	1	24.07	21.34	0.00
150	55W LEDOL	264,842.08	17,887.16	246,954.92	663,697	0	0.0	0	2,237	2,392	39.90	37.21	8,924.42	
152	175WLEDOL	101.87	13.80	88.07	428	0	0.0	0	0	0	23.80	20.58	0.00	
160	64W LEDOL	361.69	12.19	349.50	439	0	0.0	0	1	1	82.39	79.61	0.00	
165	146WLEDOL	642.97	40.78	602.19	1,253	0	0.0	0	1	2	51.31	48.06	0.00	
166	297WLEDOL	164.22	22.21	142.01	564	0	0.0	0	0	0	29.12	25.18	0.00	
010 - Summary			98,970,635.05	14,027,817.53	84,942,817.52	591,173,529	8,321	6,027.1	48,892	14,459	15,531	16.74	14.37	59,665.31
020	011	RSW-LMWH	242,907.59	36,991.76	205,915.83	1,610,265	0	0.0	81	0	0	15.08	12.79	0.00
	012	RSW-A	30,369.70	4,666.85	25,702.85	203,811	0	0.0	10	0	0	14.90	12.61	0.00
	013	RSW-B	2,804.28	446.68	2,357.60	18,651	0	0.0	1	0	0	15.04	12.64	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	014	RSW-C	9,715.67	1,368.09	8,347.58	68,722	0	0.0	2	0	0	14.14	12.15	0.00
	015	RS	73,410,432.78	10,698,299.31	62,712,133.47	465,283,188	70,462	4,379.4	28,422	0	0	15.78	13.48	0.00
	017	RS EMP	834,899.30	122,622.59	712,276.71	5,335,523	0	0.0	294	0	0	15.65	13.35	0.00
	022	RSW-RS	139,675,815.22	20,207,037.47	119,468,777.75	886,851,641	57,326	18,190.6	54,760	0	0	15.75	13.47	0.00
	028	AORH-W ON	18,730.69	2,804.68	15,926.01	124,331	74,519	0.0	6	0	0	15.07	12.81	0.00
	030	RSW-ONPK	204,447.33	30,260.10	174,187.23	1,345,923	816,621	0.0	65	0	0	15.19	12.94	0.00
	032	RS LM-ON	224,727.82	33,630.66	191,097.16	1,464,907	901,440	0.0	76	0	0	15.34	13.05	0.00
	034	AORH-ON	1,947.44	301.35	1,646.09	13,446	8,338	0.0	2	0	0	14.48	12.24	0.00
	036	RS-TOD-ON	13,537.33	2,186.32	11,351.01	91,907	53,556	0.0	2	0	0	14.73	12.35	0.00
	093	OL 175 MV	27,287.84	2,896.28	24,391.56	120,025	0	0.0	0	137	141	22.74	20.32	0.00
	094	OL 100 HP	1,411,819.99	111,772.23	1,300,047.76	4,619,530	0	0.0	0	9,095	9,659	30.56	28.14	30,183.29
	095	OL 400 MV	1,087.06	141.67	945.39	5,752	0	0.0	0	3	3	18.90	16.44	0.00
	097	OL 200 HP	111,586.08	12,494.33	99,091.75	512,267	0	0.0	0	471	507	21.78	19.34	1,720.75
	098	OL 400 HP	9,568.95	1,242.72	8,326.23	51,895	0	0.0	0	25	27	18.44	16.04	177.96
	107	OL 200HPF	84,097.31	8,346.00	75,751.31	341,314	0	0.0	0	299	338	24.64	22.19	2,385.69
	109	OL400 HPF	83,843.46	10,872.41	72,971.05	448,055	0	0.0	0	186	225	18.71	16.29	1,394.59
	110	OL 250 MH	6,423.21	649.96	5,773.25	26,097	0	0.0	0	20	22	24.61	22.12	57.91
	111	OL100 HPP	30,224.13	1,460.62	28,763.51	59,242	0	0.0	0	98	122	51.02	48.55	514.40
	113	OL 150 HP	1,873,300.97	176,153.39	1,697,147.58	7,352,417	0	0.0	0	9,880	10,683	25.48	23.08	65,382.27
	116	OL 400 MH	7,624.30	925.18	6,699.12	37,317	0	0.0	0	15	19	20.43	17.95	43.32
	120	OL 250HPP	475.02	31.26	443.76	1,264	0	0.0	0	1	1	37.58	35.11	0.00
	122	OL150 HPP	1,535.17	70.44	1,464.73	2,857	0	0.0	0	4	4	53.73	51.27	0.00
	126	OL 400HPP	633.35	50.17	583.18	2,031	0	0.0	0	1	1	31.18	28.71	0.00
	130	OL 250MON	1,120.26	118.53	1,001.73	3,896	0	0.0	0	3	3	28.75	25.71	0.00
	131	OL 1000MH	2,353.34	252.50	2,100.84	12,778	0	0.0	0	1	4	18.42	16.44	0.00
	136	OL 400MON	446.23	43.77	402.46	1,831	0	0.0	0	1	1	24.37	21.98	0.00
	150	55W LEDOL	511,416.90	34,151.81	477,265.09	1,266,988	0	0.0	0	4,225	4,560	40.36	37.67	22,052.05
	160	64W LEDOL	911.35	28.36	882.99	1,049	0	0.0	0	3	3	86.88	84.17	0.00
	165	146WLEDOL	603.37	48.17	555.20	1,323	0	0.0	0	1	2	45.61	41.97	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	211	GS SEC	7,155.09	1,121.43	6,033.66	36,632	0	0.0	4	0	0	19.53	16.47	0.00
020 - Summary			218,843,848.53	31,503,487.09	187,340,361.44	1,377,316,875	1,982,262	22,570.0	83,727	24,470	26,326	15.89	13.60	123,912.23
211	093	OL 175 MV	16,143.95	1,683.38	14,460.57	69,090	0	0.0	0	65	80	23.37	20.93	0.00
	094	OL 100 HP	175,010.67	13,335.79	161,674.88	551,754	0	0.0	0	947	1,146	31.72	29.30	3,756.54
	095	OL 400 MV	10,652.79	1,347.68	9,305.11	55,123	0	0.0	0	24	29	19.33	16.88	0.00
	097	OL 200 HP	101,532.89	10,907.25	90,625.64	444,477	0	0.0	0	274	437	22.84	20.39	3,342.36
	098	OL 400 HP	25,782.54	3,324.88	22,457.66	135,424	0	0.0	0	39	68	19.04	16.58	629.70
	099	OL175 MVP	920.23	87.39	832.84	3,527	0	0.0	0	2	4	26.09	23.61	0.00
	103	OL 250 HP	939.00	93.59	845.41	3,782	0	0.0	0	2	3	24.83	22.35	0.00
	107	OL 200HPF	149,981.11	14,456.19	135,524.92	590,780	0	0.0	0	381	581	25.39	22.94	4,170.65
	109	OL400 HPF	690,525.86	85,767.71	604,758.15	3,487,466	0	0.0	0	736	1,741	19.80	17.34	13,736.27
	110	OL 250 MH	20,750.47	1,955.10	18,795.37	78,847	0	0.0	0	38	66	26.32	23.84	885.09
	111	OL100 HPP	49,710.93	2,316.28	47,394.65	94,173	0	0.0	0	33	193	52.79	50.33	498.24
	113	OL 150 HP	333,076.10	29,654.76	303,421.34	1,232,413	0	0.0	0	1,386	1,769	27.03	24.62	18,752.72
	116	OL 400 MH	202,858.65	23,801.92	179,056.73	941,805	0	0.0	0	148	497	21.54	19.01	5,304.54
	122	OL150 HPP	3,996.12	175.13	3,820.99	7,122	0	0.0	0	1	10	56.11	53.65	0.00
	126	OL 400HPP	1,305.97	99.47	1,206.50	4,044	0	0.0	0	1	2	32.29	29.83	0.00
	130	OL 250MON	383.88	30.71	353.17	1,235	0	0.0	0	1	1	31.08	28.60	0.00
	131	OL 1000MH	40,708.16	5,465.54	35,242.62	233,479	0	0.0	0	26	54	17.44	15.09	702.98
	136	OL 400MON	4,434.80	427.20	4,007.60	17,322	0	0.0	0	2	9	25.60	23.14	67.32
	150	55W LEDOL	72,322.79	4,730.80	67,591.99	174,244	0	0.0	0	475	625	41.51	38.79	3,766.67
	165	146WLEDOL	5,349.49	341.36	5,008.13	10,404	0	0.0	0	6	13	51.42	48.14	0.00
	166	297WLEDOL	5,682.85	601.93	5,080.92	17,867	0	0.0	0	3	11	31.81	28.44	37.78
	204	GS-MTRD	200,698.91	22,171.78	178,527.13	910,608	0	0.0	308	0	0	22.04	19.61	0.00
	211	GS SEC	20,748,313.28	2,298,242.65	18,450,070.63	96,910,616	60,008	131,267.5	16,984	0	0	21.41	19.04	0.00
	212	GS-SEC M	853.44	80.86	772.58	3,285	0	0.0	1	0	0	25.98	23.52	0.00
	213	GS-UMR	416,607.23	42,236.39	374,370.84	1,765,593	0	0.0	432	0	0	23.60	21.20	0.00
	214	GS - AF	6,648.79	810.91	5,837.88	30,786	0	2,339.4	6	0	0	21.60	18.96	0.00
	215	GS SEC	35,706,457.19	5,188,597.60	30,517,859.59	214,316,650	0	827,654.1	3,099	0	0	16.66	14.24	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	217	GS PRI	186,446.91	25,628.69	160,818.22	1,187,905	0	4,270.6	10	0	0	15.70	13.54	0.00
	220	GSCC PRI	62,343.40	9,411.35	52,932.05	386,016	0	1,398.0	4	0	0	16.15	13.71	0.00
	223	GS LM ON	9,676.66	1,276.40	8,400.26	52,769	28,709	0.0	4	0	0	18.34	15.92	0.00
	225	GS LM TOD	2,851.08	325.55	2,525.53	14,047	8,093	0.0	2	0	0	20.30	17.98	0.00
	227	EXP GSTOD	1,032,130.42	128,628.74	903,501.68	5,346,207	4,403,341	0.0	361	0	0	19.31	16.90	0.00
	229	GS-TOD	630,588.32	97,056.30	533,532.02	4,004,087	2,290,032	5,789.2	56	0	0	15.75	13.32	0.00
	240	LGS SEC	12,115,946.01	2,055,486.50	10,060,459.51	84,461,748	0	202,687.0	99	0	0	14.34	11.91	0.00
	244	LGS PRI	2,064,640.62	391,038.73	1,673,601.89	16,223,146	0	37,441.0	10	0	0	12.73	10.32	0.00
	248	LGS SUB	592,881.42	125,779.11	467,102.31	5,556,016	0	16,619.0	4	0	0	10.67	8.41	0.00
	251	LGS-LM-TD	114,743.29	24,447.11	90,296.18	747,876	377,088	0.0	1	0	0	15.34	12.07	0.00
	256	LGSSECTOD	343,521.43	64,326.17	279,195.26	2,657,156	1,532,016	5,011.0	2	0	0	12.93	10.51	0.00
	356	IGS SEC	1,866,949.12	378,724.30	1,488,224.82	15,772,437	0	31,286.0	4	0	0	11.84	9.44	0.00
	358	IGS PRI	8,149,217.49	1,945,619.72	6,203,597.77	80,750,109	0	140,482.0	7	0	0	10.09	7.68	0.00
359	IGS SUB	14,354,965.50	5,361,327.54	8,993,637.96	190,954,967	-35,829,000	285,014.0	6	0	0	7.52	4.71	0.00	
211 - Summary			100,518,549.76	18,361,820.46	82,156,729.30	730,206,402	-27,129,713	1,691,258.8	21,400	4,590	7,339	13.77	11.25	55,650.86
212	015	RS	1,530.90	216.80	1,314.10	8,849	0	0.0	1	0	0	17.30	14.85	0.00
	093	OL 175 MV	2,512.83	261.87	2,250.96	10,773	0	0.0	0	12	12	23.33	20.89	0.00
	094	OL 100 HP	39,384.01	3,007.36	36,376.65	124,450	0	0.0	0	208	258	31.65	29.23	801.30
	095	OL 400 MV	4,772.31	604.41	4,167.90	24,665	0	0.0	0	8	13	19.35	16.90	0.00
	097	OL 200 HP	31,615.26	3,377.78	28,237.48	137,475	0	0.0	0	100	135	23.00	20.54	1,187.76
	098	OL 400 HP	12,429.47	1,607.17	10,822.30	65,006	0	0.0	0	15	32	19.12	16.65	360.60
	099	OL175 MVP	227.19	21.40	205.79	869	0	0.0	0	1	1	26.14	23.68	0.00
	107	OL 200HPF	60,617.18	5,872.28	54,744.90	238,194	0	0.0	0	156	238	25.45	22.98	1,764.36
	109	OL400 HPF	275,637.47	33,976.78	241,660.69	1,384,650	0	0.0	0	287	689	19.91	17.45	6,729.99
	110	OL 250 MH	14,141.09	1,282.04	12,859.05	51,752	0	0.0	0	10	42	27.32	24.85	1,033.80
	111	OL100 HPP	6,121.73	265.34	5,856.39	11,221	0	0.0	0	6	24	54.56	52.19	224.57
	113	OL 150 HP	96,623.50	8,460.92	88,162.58	349,379	0	0.0	0	358	500	27.66	25.23	7,271.25
	116	OL 400 MH	75,755.41	8,652.68	67,102.73	349,708	0	0.0	0	63	183	21.66	19.19	2,369.15
131	OL 1000MH	24,382.41	3,525.10	20,857.31	142,797	0	0.0	0	9	31	17.07	14.61	134.64	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	150	55W LEDOL	17,508.84	1,075.63	16,433.21	40,008	0	0.0	0	105	145	43.76	41.07	1,549.58
	160	64W LEDOL	199.87	7.01	192.86	221	0	0.0	0	1	1	90.44	87.27	0.00
	165	146WLEDOL	1,729.30	103.31	1,625.99	3,263	0	0.0	0	1	4	53.00	49.83	28.88
	166	297WLEDOL	190.75	19.22	171.53	598	0	0.0	0	0	0	31.90	28.68	0.00
	211	GS SEC	4,517,480.03	560,957.30	3,956,522.73	24,136,585	15,041	60,331.1	2,357	0	0	18.72	16.39	0.00
	215	GS SEC	23,088,947.20	3,209,495.78	19,879,451.42	136,640,500	0	587,188.1	2,116	0	0	16.90	14.55	0.00
	217	GS PRI	151,865.44	24,072.44	127,793.00	999,311	0	3,019.7	6	0	0	15.20	12.79	0.00
	220	GSCC PRI	88,500.58	14,472.44	74,028.14	641,943	0	1,140.0	1	0	0	13.79	11.53	0.00
	223	GS LM ON	126,874.83	17,293.43	109,581.40	782,737	473,625	0.0	31	0	0	16.21	14.00	0.00
	225	GS LM TOD	38,438.42	4,458.32	33,980.10	194,195	103,829	0.0	23	0	0	19.79	17.50	0.00
	227	EXP GSTOD	529,495.73	68,133.44	461,362.29	2,859,796	2,372,171	0.0	138	0	0	18.52	16.13	0.00
	229	GS-TOD	390,760.32	58,459.83	332,300.49	2,504,049	1,515,840	0.0	54	0	0	15.61	13.27	0.00
	240	LGS SEC	14,374,357.07	2,377,179.94	11,997,177.13	99,466,503	0	251,639.0	112	0	0	14.45	12.06	0.00
	242	LGS M SEC	189,361.98	31,399.25	157,962.73	1,325,044	0	3,266.0	1	0	0	14.29	11.92	0.00
	244	LGS PRI	872,075.47	156,962.59	715,112.88	6,682,843	0	17,872.0	5	0	0	13.05	10.70	0.00
	248	LGS SUB	263,494.42	64,867.46	198,626.96	2,614,830	0	5,811.0	1	0	0	10.08	7.60	0.00
251	LGS-LM-TD	146,320.22	24,250.89	122,069.33	978,179	561,420	0.0	4	0	0	14.96	12.48	0.00	
358	IGS PRI	1,067,502.58	239,738.32	827,764.26	9,716,174	0	18,210.0	2	0	0	10.99	8.52	0.00	
212 - Summary			46,510,853.81	6,924,078.53	39,586,775.28	292,486,567	5,041,926	948,476.9	4,852	1,340	2,309	15.90	13.53	23,455.88
213	093	OL 175 MV	1,110.93	112.99	997.94	4,753	0	0.0	0	6	6	23.37	21.00	0.00
	094	OL 100 HP	6,802.33	534.24	6,268.09	22,007	0	0.0	0	26	45	30.91	28.48	0.00
	095	OL 400 MV	1,483.39	189.38	1,294.01	7,690	0	0.0	0	3	4	19.29	16.83	0.00
	097	OL 200 HP	6,796.78	728.77	6,068.01	29,634	0	0.0	0	19	29	22.94	20.48	245.28
	098	OL 400 HP	4,240.75	534.25	3,706.50	21,500	0	0.0	0	4	11	19.72	17.24	216.60
	107	OL 200HPF	23,297.03	2,263.91	21,033.12	92,262	0	0.0	0	45	90	25.25	22.80	562.56
	109	OL400 HPF	167,988.22	20,396.77	147,591.45	836,163	0	0.0	0	94	418	20.09	17.65	5,387.67
	110	OL 250 MH	1,296.03	121.34	1,174.69	4,889	0	0.0	0	3	4	26.51	24.03	67.32
	111	OL100 HPP	7,411.50	348.72	7,062.78	14,194	0	0.0	0	4	29	52.22	49.76	0.00
113	OL 150 HP	11,669.05	952.98	10,716.07	39,225	0	0.0	0	28	55	29.75	27.32	1,520.53	



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State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	116	OL 400 MH	32,373.11	3,719.08	28,654.03	151,026	0	0.0	0	19	79	21.44	18.97	735.84
	131	OL 1000MH	849.86	110.91	738.95	4,549	0	0.0	0	1	1	18.68	16.24	67.32
	150	55W LEDOL	1,907.92	129.00	1,778.92	4,561	0	0.0	0	12	16	41.83	39.00	116.41
	165	146WLEDOL	1,362.34	110.64	1,251.70	2,814	0	0.0	0	1	2	48.41	44.48	51.29
	166	297WLEDOL	483.93	60.38	423.55	1,587	0	0.0	0	0	1	30.49	26.69	0.00
	211	GS SEC	448,605.86	52,674.51	395,931.35	2,327,949	0	6,097.0	252	0	0	19.27	17.01	0.00
	214	GS - AF	163,774.93	21,784.97	141,989.96	982,273	0	22,293.8	59	0	0	16.67	14.46	0.00
	215	GS SEC	3,378,992.45	455,760.02	2,923,232.43	20,205,138	0	81,281.6	222	0	0	16.72	14.47	0.00
	217	GS PRI	4,954.21	582.58	4,371.63	27,275	0	72.0	1	0	0	18.16	16.03	0.00
	223	GS LM ON	6,941.86	714.83	6,227.03	53,698	44,080	0.0	1	0	0	12.93	11.60	0.00
	240	LGS SEC	2,553,850.37	394,891.77	2,158,958.60	16,289,948	0	54,794.0	29	0	0	15.68	13.25	0.00
	244	LGS PRI	629,792.09	101,647.05	528,145.04	4,344,463	0	16,838.0	4	0	0	14.50	12.16	0.00
	260	PS SEC	14,093,620.09	2,044,125.39	12,049,494.70	87,787,132	0	338,407.0	138	0	0	16.05	13.73	0.00
	264	PS PRI	250,306.42	39,160.02	211,146.40	1,772,699	0	6,687.0	1	0	0	14.12	11.91	0.00
	358	IGS PRI	435,983.21	81,570.02	354,413.19	3,544,383	0	8,921.0	1	0	0	12.30	10.00	0.00
359	IGS SUB	272,990.75	45,596.71	227,394.04	1,879,428	0	5,974.0	1	0	0	14.53	12.10	0.00	
213 - Summary			22,508,885.41	3,268,821.23	19,240,064.18	140,451,240	44,080	541,365.4	708	265	790	16.03	13.70	8,970.82
216	093	OL 175 MV	6,434.26	674.91	5,759.35	27,530	0	0.0	0	22	32	23.37	20.92	0.00
	094	OL 100 HP	29,725.28	2,248.48	27,476.80	92,886	0	0.0	0	119	192	32.00	29.58	855.84
	095	OL 400 MV	5,208.28	666.76	4,541.52	26,995	0	0.0	0	8	14	19.29	16.82	0.00
	097	OL 200 HP	28,878.32	2,986.80	25,891.52	121,798	0	0.0	0	53	120	23.71	21.26	1,808.40
	098	OL 400 HP	41,529.37	5,180.22	36,349.15	210,214	0	0.0	0	15	104	19.76	17.29	2,317.56
	107	OL 200HPF	42,721.98	4,077.82	38,644.16	165,619	0	0.0	0	93	161	25.80	23.33	1,781.45
	109	OL400 HPF	194,857.28	24,044.54	170,812.74	978,101	0	0.0	0	199	485	19.92	17.46	4,999.99
	110	OL 250 MH	6,120.03	593.39	5,526.64	24,222	0	0.0	0	7	20	25.27	22.82	67.32
	111	OL100 HPP	65,388.22	2,863.16	62,525.06	124,780	0	0.0	0	33	267	52.40	50.11	249.12
	113	OL 150 HP	62,983.06	5,419.21	57,563.85	218,148	0	0.0	0	146	308	28.87	26.39	6,705.90
	116	OL 400 MH	39,654.94	4,440.54	35,214.40	182,550	0	0.0	0	22	97	21.72	19.29	1,216.06
120	OL 250HPP	488.10	31.29	456.81	1,262	0	0.0	0	1	1	38.68	36.20	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	122	OL150 HPP	17,518.59	766.59	16,752.00	31,197	0	0.0	0	7	44	56.15	53.70	0.00
	131	OL 1000MH	7,118.81	1,025.33	6,093.48	41,528	0	0.0	0	7	9	17.14	14.67	67.32
	150	55W LEDOL	7,188.41	446.24	6,742.17	16,649	0	0.0	0	33	61	43.18	40.50	568.20
	165	146WLEDOL	2,235.31	109.56	2,125.75	3,826	0	0.0	0	1	5	58.42	55.56	168.30
	166	297WLEDOL	2,212.07	225.26	1,986.81	6,976	0	0.0	0	1	4	31.71	28.48	0.00
	204	GS-MTRD	12,316.52	371.28	11,945.24	11,601	0	0.0	49	0	0	106.17	102.97	0.00
	211	GS SEC	3,115,210.39	364,564.93	2,750,645.46	15,512,623	75,313	31,511.7	2,142	0	0	20.08	17.73	0.00
	213	GS-UMR	118,969.87	14,144.45	104,825.42	493,339	0	0.0	149	0	0	24.12	21.25	0.00
	214	GS - AF	61,683.16	8,523.83	53,159.33	374,482	0	7,983.4	20	0	0	16.47	14.20	0.00
	215	GS SEC	10,353,343.72	1,489,077.13	8,864,266.59	62,597,713	0	229,109.0	757	0	0	16.54	14.16	0.00
	217	GS PRI	100,733.96	11,363.63	89,370.33	455,554	0	5,535.5	4	0	0	22.11	19.62	0.00
	218	GS M SEC	33,555.95	4,543.27	29,012.68	206,174	0	685.6	1	0	0	16.28	14.07	0.00
	223	GS LM ON	2,966.77	300.27	2,666.50	15,304	9,760	0.0	2	0	0	19.39	17.42	0.00
	225	GS LM TOD	104,350.71	16,436.79	87,913.92	692,857	428,289	0.0	6	0	0	15.06	12.69	0.00
	229	GS-TOD	301,630.70	49,226.65	252,404.05	2,033,669	1,362,356	0.0	28	0	0	14.83	12.41	0.00
	240	LGS SEC	8,512,786.09	1,422,546.80	7,090,239.29	58,836,425	0	147,631.0	62	0	0	14.47	12.05	0.00
	242	LGS M SEC	825,591.49	140,070.54	685,520.95	5,787,356	0	13,676.0	6	0	0	14.27	11.85	0.00
	244	LGS PRI	567,384.40	102,698.38	464,686.02	4,132,663	0	12,732.0	4	0	0	13.73	11.24	0.00
	246	LGS M PRI	90,250.35	16,556.75	73,693.60	658,349	0	2,015.0	1	0	0	13.71	11.19	0.00
	251	LGS-LM-TD	12,434.25	1,958.67	10,475.58	71,077	90,816	0.0	1	0	0	17.49	14.74	0.00
256	LGSSECTOD	291,129.78	55,884.19	235,245.59	2,322,561	1,415,552	4,050.0	2	0	0	12.53	10.13	0.00	
358	IGS PRI	2,644,352.97	572,987.11	2,071,365.86	23,501,511	0	47,278.0	4	0	0	11.25	8.81	0.00	
540	MW	257,293.55	43,144.65	214,148.90	1,813,803	0	2,834.4	9	0	0	14.19	11.81	0.00	
216 - Summary			27,966,246.94	4,370,199.42	23,596,047.52	181,791,342	3,382,086	505,041.6	3,247	767	1,923	15.38	12.98	20,805.46
221	093	OL 175 MV	1,393.77	143.67	1,250.10	5,949	0	0.0	0	7	7	23.43	21.01	0.00
	094	OL 100 HP	8,901.43	694.36	8,207.07	28,315	0	0.0	0	30	58	31.44	28.98	134.64
	095	OL 400 MV	1,121.48	144.24	977.24	5,813	0	0.0	0	2	3	19.29	16.81	0.00
	097	OL 200 HP	7,874.97	859.36	7,015.61	34,913	0	0.0	0	9	34	22.56	20.09	179.70
	098	OL 400 HP	746.57	99.47	647.10	4,044	0	0.0	0	1	2	18.46	16.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	107	OL 200HPF	7,772.80	742.63	7,030.17	30,784	0	0.0	0	14	31	25.25	22.84	160.59
	109	OL400 HPF	75,108.81	9,303.79	65,805.02	377,738	0	0.0	0	45	187	19.88	17.42	1,759.68
	110	OL 250 MH	1,807.81	177.63	1,630.18	7,243	0	0.0	0	1	6	24.96	22.51	0.00
	111	OL100 HPP	1,545.52	73.50	1,472.02	2,964	0	0.0	0	1	6	52.14	49.66	0.00
	113	OL 150 HP	8,930.74	769.76	8,160.98	31,833	0	0.0	0	22	45	28.05	25.64	754.06
	116	OL 400 MH	14,304.08	1,619.91	12,684.17	68,133	0	0.0	0	12	37	20.99	18.62	0.00
	131	OL 1000MH	2,841.15	381.39	2,459.76	16,642	0	0.0	0	2	4	17.07	14.78	0.00
	150	55W LEDOL	1,150.71	68.22	1,082.49	2,560	0	0.0	0	6	9	44.95	42.28	134.64
	166	297WLEDOL	286.37	39.16	247.21	961	0	0.0	0	0	0	29.80	25.72	0.00
	204	GS-MTRD	1,987.72	220.10	1,767.62	9,040	0	0.0	3	0	0	21.99	19.55	0.00
	211	GS SEC	700,541.40	79,107.54	621,433.86	3,349,698	0	3,838.0	563	0	0	20.91	18.55	0.00
	215	GS SEC	1,987,958.45	280,852.59	1,707,105.86	11,818,008	0	46,743.0	143	0	0	16.82	14.44	0.00
	217	GS PRI	125,810.84	18,423.42	107,387.42	763,442	0	2,814.5	11	0	0	16.48	14.07	0.00
	220	GSCC PRI	188,805.45	30,027.15	158,778.30	1,272,633	0	2,577.8	11	0	0	14.84	12.48	0.00
	240	LGS SEC	4,039,882.50	555,175.73	3,484,706.77	23,299,214	0	106,782.0	35	0	0	17.34	14.96	0.00
	244	LGS PRI	2,921,943.35	497,347.46	2,424,595.89	21,184,962	0	67,853.0	15	0	0	13.79	11.44	0.00
	248	LGS SUB	295,672.15	73,016.51	222,655.64	2,890,806	0	6,580.0	1	0	0	10.23	7.70	0.00
	331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
	332	CS-IRP TR	1,703,912.29	411,864.67	1,292,047.62	17,117,313	0	47,418.0	1	0	0	9.95	7.55	0.00
	358	IGS PRI	7,887,435.84	1,756,610.06	6,130,825.78	72,409,912	0	139,544.0	10	0	0	10.89	8.47	0.00
	359	IGS SUB	8,656,543.67	1,040,382.68	7,616,160.99	45,194,067	0	204,517.0	5	0	0	19.15	16.85	0.00
	360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
	370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
	371	IGS	95,098,427.27	29,582,863.93	65,515,563.34	1,231,430,601	0	1,824,722.0	4	0	0	7.72	5.32	0.00
	372	IGS	17,533,004.17	5,268,379.80	12,264,624.37	218,524,207	0	341,614.0	1	0	0	8.02	5.61	0.00
221 - Summary			150,442,116.13	40,167,676.83	110,274,439.30	1,810,472,995	-10,248,000	2,882,671.1	805	152	429	8.31	6.09	3,123.31
222	097	OL 200 HP	619.89	51.45	568.44	2,587	0	0.0	0	2	3	23.96	21.97	28.66
	107	OL 200HPF	251.97	25.40	226.57	1,028	0	0.0	0	1	1	24.51	22.04	0.00
	109	OL400 HPF	3,354.72	430.41	2,924.31	17,124	0	0.0	0	5	8	19.59	17.08	48.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
222	113	OL 150 HP	1,903.41	149.14	1,754.27	6,291	0	0.0	0	5	9	30.26	27.89	269.28
	211	GS SEC	61,840.89	7,352.54	54,488.35	324,860	0	1,149.9	24	0	0	19.04	16.77	0.00
	215	GS SEC	352,309.46	44,735.12	307,574.34	2,128,995	0	8,677.2	25	0	0	16.55	14.45	0.00
	220	GSCC PRI	32,906.44	4,826.52	28,079.92	213,561	0	606.0	2	0	0	15.41	13.15	0.00
	240	LGS SEC	1,360,739.33	206,699.64	1,154,039.69	8,693,702	0	29,845.0	7	0	0	15.65	13.27	0.00
	244	LGS PRI	360,818.59	65,232.12	295,586.47	2,936,122	0	5,892.0	1	0	0	12.29	10.07	0.00
	251	LGS-LM-TD	1,420.39	18.19	1,402.20	709	400	0.0	1	0	0	200.34	197.77	0.00
	356	IGS SEC	-77,498.12	-17,011.38	-60,486.74	-477,044	0	0.0	0	0	0	16.25	12.68	0.00
	358	IGS PRI	988,789.32	208,432.60	780,356.72	9,164,672	0	18,830.0	1	0	0	10.79	8.51	0.00
222 - Summary			3,087,456.29	520,941.75	2,566,514.54	23,012,607	400	65,000.1	62	13	21	13.42	11.15	345.94
230	094	OL 100 HP	938.24	73.36	864.88	3,055	0	0.0	0	5	6	30.71	28.31	0.00
	095	OL 400 MV	368.67	46.82	321.85	1,911	0	0.0	0	1	1	19.29	16.84	0.00
	097	OL 200 HP	4,924.68	524.30	4,400.38	21,400	0	0.0	0	3	21	23.01	20.56	192.00
	107	OL 200HPF	1,023.24	98.89	924.35	4,052	0	0.0	0	3	4	25.25	22.81	24.00
	109	OL400 HPF	12,486.32	1,523.07	10,963.25	62,281	0	0.0	0	12	31	20.05	17.60	384.60
	113	OL 150 HP	4,570.13	411.87	4,158.26	16,870	0	0.0	0	14	24	27.09	24.65	269.28
	116	OL 400 MH	793.00	92.81	700.19	3,802	0	0.0	0	1	2	20.86	18.42	0.00
	150	55W LEDOL	313.30	21.28	292.02	800	0	0.0	0	3	3	39.16	36.50	0.00
	211	GS SEC	60,762.24	6,537.98	54,224.26	292,263	0	551.3	49	0	0	20.79	18.55	0.00
	215	GS SEC	365,095.56	45,205.72	319,889.84	2,090,941	0	10,342.0	51	0	0	17.46	15.30	0.00
	217	GS PRI	2,878.81	52.29	2,826.52	2,915	0	9.0	2	0	0	98.76	96.96	0.00
	220	GSCC PRI	432,875.96	65,855.41	367,020.55	2,694,307	0	8,570.6	24	0	0	16.07	13.62	0.00
	236	GSCC SUB	77,756.18	10,196.38	67,559.80	481,465	0	1,067.1	3	0	0	16.15	14.03	0.00
	240	LGS SEC	443,239.92	45,699.77	397,540.15	2,015,738	0	15,817.0	7	0	0	21.99	19.72	0.00
	244	LGS PRI	4,534,995.29	644,889.84	3,890,105.45	26,503,297	296,400	146,819.0	25	0	0	17.11	14.68	0.00
	248	LGS SUB	267,366.02	65,794.34	201,571.68	2,748,558	0	4,797.0	1	0	0	9.73	7.33	0.00
	257	LGS PRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
	330	CS-IRP PR	4,120,457.12	669,383.56	3,451,073.56	28,111,741	0	98,167.0	5	0	0	14.66	12.28	0.00
	333	CS-IRP	4,396,340.02	1,207,766.94	3,188,573.08	50,373,415	0	127,824.0	1	0	0	8.73	6.33	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	358	IGS PRI	10,537,415.95	1,563,158.89	8,974,257.06	66,640,222	-143,500	219,752.6	8	0	0	15.81	13.47	0.00
	359	IGS SUB	6,002,946.50	1,174,602.49	4,828,344.01	50,063,562	0	151,909.0	4	0	0	11.99	9.64	0.00
230 - Summary			31,644,048.90	5,562,569.21	26,081,479.69	234,998,105	1,897,700	793,068.6	182	42	92	13.47	11.10	869.88
400	093	OL 175 MV	411.33	43.71	367.62	1,763	0	0.0	0	1	2	23.33	20.85	0.00
	094	OL 100 HP	606.76	48.55	558.21	1,966	0	0.0	0	2	4	30.86	28.39	0.00
	107	OL 200HPF	251.09	25.18	225.91	1,023	0	0.0	0	1	1	24.54	22.08	0.00
	109	OL400 HPF	9,199.12	1,138.10	8,061.02	46,382	0	0.0	0	7	23	19.83	17.38	201.96
	111	OL100 HPP	23,430.83	1,098.18	22,332.65	44,843	0	0.0	0	19	92	52.25	49.80	0.00
	113	OL 150 HP	879.07	70.45	808.62	2,857	0	0.0	0	2	4	30.77	28.30	134.64
	122	OL150 HPP	3,190.79	139.51	3,051.28	5,685	0	0.0	0	2	8	56.13	53.67	0.00
	131	OL 1000MH	778.37	113.01	665.36	4,593	0	0.0	0	1	1	16.95	14.49	0.00
	204	GS-MTRD	1,607.98	0.15	1,607.83	10	0	0.0	8	0	0	16,079.80	16,078.30	0.00
	211	GS SEC	145,299.36	9,697.91	135,601.45	380,861	0	161.2	240	0	0	38.15	35.60	0.00
	213	GS-UMR	235.16	1.44	233.72	60	0	0.0	1	0	0	391.93	389.53	0.00
	215	GS SEC	78,003.43	10,807.74	67,195.69	459,569	0	1,932.7	6	0	0	16.97	14.62	0.00
	528	SL	1,929,368.15	203,911.29	1,725,456.86	8,438,523	0	0.0	54	0	0	22.86	20.45	0.00
400 - Summary			2,193,261.44	227,095.22	1,966,166.22	9,388,135	0	2,093.9	309	35	135	23.36	20.94	336.60
KY - Summary			702,685,902.26	124,934,507.27	577,751,394.99	5,391,297,797	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL
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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL
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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE - ALL REVENUE CLASSES
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED AND ACCRUED - MCSR0162 - FINAL

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Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
011	RSW-LMWH	335,288.03	50,293.60	284,994.43	2,204,263	0	0.0	127	0	0	15.21	12.93	0.00
012	RSW-A	30,290.97	4,635.15	25,655.82	203,375	0	0.0	10	0	0	14.89	12.62	0.00
013	RSW-B	2,773.28	438.26	2,335.02	18,451	0	0.0	1	0	0	15.03	12.66	0.00
014	RSW-C	32,825.57	4,911.48	27,914.09	221,399	0	0.0	15	0	0	14.83	12.61	0.00
015	RS	143,726,682.22	20,616,399.45	123,110,282.77	887,404,779	75,327	9,693.8	65,297	0	0	16.20	13.87	0.00
017	RS EMP	833,540.09	121,964.15	711,575.94	5,328,755	0	0.0	294	0	0	15.64	13.35	0.00
022	RSW-RS	163,866,069.07	23,524,923.75	140,341,145.32	1,035,687,458	57,326	18,903.3	66,719	0	0	15.82	13.55	0.00
028	AORH-W ON	18,646.91	2,774.85	15,872.06	123,763	74,519	0.0	6	0	0	15.07	12.82	0.00
030	RSW-ONPK	202,424.86	29,670.69	172,754.17	1,333,449	816,621	0.0	65	0	0	15.18	12.96	0.00
032	RS LM-ON	223,410.01	33,197.50	190,212.51	1,456,670	901,440	0.0	76	0	0	15.34	13.06	0.00
034	AORH-ON	1,976.87	308.16	1,668.71	13,646	8,338	0.0	2	0	0	14.49	12.23	0.00
036	RS-TOD-ON	14,187.74	2,128.34	12,059.40	92,624	57,012	0.0	4	0	0	15.32	13.02	0.00
093	OL 175 MV	106,378.38	11,317.88	95,060.50	461,792	0	0.0	0	519	547	23.04	20.59	63.52
094	OL 100 HP	2,686,203.08	210,594.32	2,475,608.76	8,770,111	0	0.0	0	17,079	18,389	30.63	28.23	51,389.48
095	OL 400 MV	26,596.60	3,354.24	23,242.36	137,890	0	0.0	0	53	73	19.29	16.86	0.00
097	OL 200 HP	359,932.79	38,942.89	320,989.90	1,606,373	0	0.0	0	1,224	1,600	22.41	19.98	9,737.54
098	OL 400 HP	97,454.16	12,278.47	85,175.69	505,074	0	0.0	0	110	255	19.30	16.86	3,769.74
099	OL175 MVP	1,130.23	105.44	1,024.79	4,320	0	0.0	0	3	5	26.16	23.72	0.00
103	OL 250 HP	922.88	90.43	832.45	3,708	0	0.0	0	2	3	24.89	22.45	0.00
107	OL 200HPF	424,276.26	40,979.18	383,297.08	1,686,409	0	0.0	0	1,188	1,681	25.16	22.73	11,820.59
109	OL400 HPF	1,565,368.45	192,370.03	1,372,998.42	7,904,710	0	0.0	0	1,680	3,978	19.80	17.37	35,402.82
110	OL 250 MH	54,563.84	5,125.65	49,438.19	209,399	0	0.0	0	93	176	26.06	23.61	2,111.44
111	OL100 HPP	189,692.18	8,658.28	181,033.90	362,674	0	0.0	0	209	758	52.30	49.92	1,536.45
113	OL 150 HP	3,281,895.29	304,191.96	2,977,703.33	12,730,831	0	0.0	0	16,481	18,442	25.78	23.39	133,107.31
116	OL 400 MH	373,697.42	42,681.03	331,016.39	1,733,458	0	0.0	0	292	929	21.56	19.10	9,736.23
120	OL 250HPP	947.59	60.32	887.27	2,475	0	0.0	0	2	2	38.29	35.85	0.00
122	OL150 HPP	26,827.85	1,166.73	25,661.12	47,872	0	0.0	0	16	68	56.04	53.60	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2022

Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
126	OL 400HPP	1,919.63	146.35	1,773.28	6,000	0	0.0	0	2	3	31.99	29.55	0.00
130	OL 250MON	2,068.88	194.27	1,874.61	6,889	0	0.0	0	6	6	30.03	27.21	23.37
131	OL 1000MH	83,844.56	11,717.45	72,127.11	487,104	0	0.0	0	50	109	17.21	14.81	972.26
136	OL 400MON	5,383.20	522.14	4,861.06	21,208	0	0.0	0	4	11	25.38	22.92	67.32
150	55W LEDOL	833,865.92	53,734.14	780,131.78	2,043,729	0	0.0	0	7,097	7,810	40.80	38.17	37,111.97
152	175WLEDOL	99.40	13.35	86.05	416	0	0.0	0	0	0	23.89	20.69	0.00
160	64W LEDOL	1,407.04	44.11	1,362.93	1,617	0	0.0	0	5	5	87.02	84.29	0.00
165	146WLEDOL	10,350.51	624.58	9,725.93	19,406	0	0.0	0	12	28	53.34	50.12	248.47
166	297WLEDOL	8,080.23	847.72	7,232.51	25,313	0	0.0	0	5	17	31.92	28.57	37.78
204	GS-MTRD	215,431.03	22,487.49	192,943.54	925,487	0	0.0	368	0	0	23.28	20.85	0.00
211	GS SEC	29,551,475.35	3,324,167.33	26,227,308.02	142,048,369	150,362	234,907.7	22,614	0	0	20.80	18.46	0.00
212	GS-SEC M	846.93	79.22	767.71	3,250	0	0.0	1	0	0	26.06	23.62	0.00
213	GS-UMR	532,155.41	55,613.65	476,541.76	2,243,935	0	0.0	583	0	0	23.72	21.24	0.00
214	GS - AF	231,209.02	30,858.07	200,350.95	1,382,670	0	32,616.6	84	0	0	16.72	14.49	0.00
215	GS SEC	74,791,719.62	10,587,364.83	64,204,354.79	447,462,414	0	1,792,927.7	6,419	0	0	16.71	14.35	0.00
217	GS PRI	570,102.49	79,239.85	490,862.64	3,420,760	0	15,721.3	33	0	0	16.67	14.35	0.00
218	GS M SEC	34,263.75	4,699.47	29,564.28	211,280	0	685.6	1	0	0	16.22	13.99	0.00
220	GSCC PRI	790,264.20	121,701.68	668,562.52	5,142,740	0	14,292.4	41	0	0	15.37	13.00	0.00
223	GS LM ON	146,755.86	19,598.70	127,157.16	907,121	556,174	0.0	38	0	0	16.18	14.02	0.00
225	GS LM TOD	145,319.10	21,085.95	124,233.15	898,874	540,211	0.0	31	0	0	16.17	13.82	0.00
227	EXP GSTOD	1,557,299.50	195,551.09	1,361,748.41	8,190,418	6,775,512	0.0	498	0	0	19.01	16.63	0.00
229	GS-TOD	1,314,635.67	202,354.28	1,112,281.39	8,492,440	5,168,228	5,789.2	138	0	0	15.48	13.10	0.00
236	GSCC SUB	78,061.16	10,252.56	67,808.60	483,350	0	1,067.1	3	0	0	16.15	14.03	0.00
240	LGS SEC	43,058,959.65	6,961,381.02	36,097,578.63	291,060,168	0	809,195.0	352	0	0	14.79	12.40	0.00
242	LGS M SEC	1,008,074.92	169,380.61	838,694.31	7,068,880	0	16,942.0	7	0	0	14.26	11.86	0.00
244	LGS PRI	11,867,999.39	1,939,997.07	9,928,002.32	81,642,650	296,400	305,447.0	65	0	0	14.54	12.16	0.00
246	LGS M PRI	90,943.02	16,700.98	74,242.04	662,940	0	2,015.0	1	0	0	13.72	11.20	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
											Incl Fuel	Excl Fuel	Facility Charge
248	LGS SUB	1,463,760.79	343,626.72	1,120,134.07	14,234,375	0	33,807.0	7	0	0	10.28	7.87	0.00
251	LGS-LM-TD	271,353.10	49,751.66	221,601.44	1,777,436	1,029,724	0.0	7	0	0	15.27	12.47	0.00
256	LGSSECTOD	632,765.80	119,153.14	513,612.66	4,960,528	2,947,568	9,061.0	4	0	0	12.76	10.35	0.00
257	LGSPRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
260	PS SEC	14,037,375.76	2,027,150.32	12,010,225.44	87,508,342	0	338,407.0	138	0	0	16.04	13.72	0.00
264	PS PRI	248,086.32	38,437.93	209,648.39	1,758,000	0	6,687.0	1	0	0	14.11	11.93	0.00
330	CS-IRP PR	4,120,905.91	668,868.71	3,452,037.20	28,108,101	0	98,167.0	5	0	0	14.66	12.28	0.00
331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
332	CS-IRP TR	1,700,944.12	410,859.12	1,290,085.00	17,094,000	0	47,418.0	1	0	0	9.95	7.55	0.00
333	CS-IRP	4,381,285.97	1,200,957.18	3,180,328.79	50,208,000	0	127,824.0	1	0	0	8.73	6.33	0.00
356	IGS SEC	1,845,120.58	371,002.87	1,474,117.71	15,585,840	0	31,286.0	4	0	0	11.84	9.46	0.00
358	IGS PRI	31,468,366.80	6,280,091.96	25,188,274.84	263,730,410	-143,500	593,017.6	33	0	0	11.93	9.55	0.00
359	IGS SUB	28,450,362.88	7,227,852.79	21,222,510.09	277,580,735	-35,829,000	647,414.0	16	0	0	10.25	7.65	0.00
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
371	IGS	95,066,351.25	29,569,176.73	65,497,174.52	1,231,098,000	0	1,824,722.0	4	0	0	7.72	5.32	0.00
372	IGS	17,181,240.44	5,155,175.37	12,026,065.07	216,024,000	0	341,614.0	1	0	0	7.95	5.57	0.00
528	SL	1,928,885.79	203,812.12	1,725,073.67	8,436,096	0	0.0	54	0	0	22.86	20.45	0.00
540	MW	255,677.76	42,634.48	213,043.28	1,805,276	0	2,834.4	9	0	0	14.16	11.80	0.00
Grand Total - Summary		698,011,927.90	123,421,392.59	574,590,535.31	5,358,481,005	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	95,252.34	14,103.64	81,148.70	612,112	0	0.0	46	0	0	15.56	13.26	0.00
	014	RSW-C	22,949.71	3,508.09	19,441.62	151,522	0	0.0	12	0	0	15.15	12.83	0.00
	015	RS	70,846,247.34	10,073,021.91	60,773,225.43	425,201,196	4,865	5,314.4	36,873	0	0	16.66	14.29	0.00
	022	RSW-RS	24,954,991.53	3,555,362.93	21,399,628.60	153,099,157	0	712.7	11,959	0	0	16.30	13.98	0.00
	036	RS-TOD-ON	1,425.20	142.41	1,282.79	5,879	3,456	0.0	2	0	0	24.24	21.82	0.00
	093	OL 175 MV	51,381.98	5,578.01	45,803.97	223,401	0	0.0	0	270	268	23.00	20.50	63.52
	094	OL 100 HP	1,018,886.99	80,277.85	938,609.14	3,350,202	0	0.0	0	6,647	7,021	30.41	28.02	15,657.87
	095	OL 400 MV	2,151.75	277.25	1,874.50	11,376	0	0.0	0	4	6	18.91	16.48	0.00
	097	OL 200 HP	68,427.38	7,577.63	60,849.75	313,820	0	0.0	0	293	314	21.80	19.39	1,032.63
	098	OL 400 HP	4,027.31	521.50	3,505.81	21,904	0	0.0	0	11	11	18.39	16.01	67.32
	107	OL 200HPF	57,518.80	5,758.46	51,760.34	236,512	0	0.0	0	195	236	24.32	21.88	971.29
	109	OL400 HPF	65,184.63	8,258.56	56,926.07	339,311	0	0.0	0	110	171	19.21	16.78	760.07
	110	OL 250 MH	4,604.44	458.47	4,145.97	18,984	0	0.0	0	15	16	24.25	21.84	0.00
	111	OL100 HPP	6,046.11	288.59	5,757.52	11,920	0	0.0	0	14	25	50.72	48.30	50.12
	113	OL 150 HP	887,567.73	82,898.32	804,669.41	3,478,391	0	0.0	0	4,640	5,044	25.52	23.13	32,047.38
	116	OL 400 MH	5,700.93	651.54	5,049.39	27,374	0	0.0	0	12	15	20.83	18.45	67.32
	122	OL150 HPP	758.71	34.31	724.40	1,408	0	0.0	0	2	2	53.89	51.45	0.00
	130	OL 250MON	660.56	59.74	600.82	2,148	0	0.0	0	2	2	30.75	27.97	23.37
	131	OL 1000MH	3,028.99	442.54	2,586.45	18,160	0	0.0	0	3	4	16.68	14.24	0.00
	136	OL 400MON	567.05	63.93	503.12	2,352	0	0.0	0	1	1	24.11	21.39	0.00
150	55W LEDOL	252,170.19	16,457.79	235,712.40	626,089	0	0.0	0	2,237	2,392	40.28	37.65	8,924.42	
152	175WLEDOL	99.40	13.35	86.05	416	0	0.0	0	0	0	23.89	20.69	0.00	
160	64W LEDOL	339.11	11.00	328.11	407	0	0.0	0	1	1	83.32	80.62	0.00	
165	146WLEDOL	580.27	35.32	544.95	1,106	0	0.0	0	1	2	52.47	49.27	0.00	
166	297WLEDOL	88.57	12.47	76.10	302	0	0.0	0	0	0	29.33	25.20	0.00	
Total 010			98,350,657.02	13,855,815.61	84,494,841.41	587,755,449	8,321	6,027.1	48,892	14,459	15,531	16.73	14.38	59,665.31
020	011	RSW-LMWH	240,035.69	36,189.96	203,845.73	1,592,151	0	0.0	81	0	0	15.08	12.80	0.00
	012	RSW-A	30,290.97	4,635.15	25,655.82	203,375	0	0.0	10	0	0	14.89	12.62	0.00
	013	RSW-B	2,773.28	438.26	2,335.02	18,451	0	0.0	1	0	0	15.03	12.66	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	014	RSW-C	9,875.86	1,403.39	8,472.47	69,877	0	0.0	2	0	0	14.13	12.12	0.00
	015	RS	72,878,923.21	10,543,165.68	62,335,757.53	462,194,857	70,462	4,379.4	28,422	0	0	15.77	13.49	0.00
	017	RS EMP	833,540.09	121,964.15	711,575.94	5,328,755	0	0.0	294	0	0	15.64	13.35	0.00
	022	RSW-RS	138,911,077.54	19,969,560.82	118,941,516.72	882,588,301	57,326	18,190.6	54,760	0	0	15.74	13.48	0.00
	028	AORH-W ON	18,646.91	2,774.85	15,872.06	123,763	74,519	0.0	6	0	0	15.07	12.82	0.00
	030	RSW-ONPK	202,424.86	29,670.69	172,754.17	1,333,449	816,621	0.0	65	0	0	15.18	12.96	0.00
	032	RS LM-ON	223,410.01	33,197.50	190,212.51	1,456,670	901,440	0.0	76	0	0	15.34	13.06	0.00
	034	AORH-ON	1,976.87	308.16	1,668.71	13,646	8,338	0.0	2	0	0	14.49	12.23	0.00
	036	RS-TOD-ON	12,762.54	1,985.93	10,776.61	86,745	53,556	0.0	2	0	0	14.71	12.42	0.00
	093	OL 175 MV	27,190.78	2,866.92	24,323.86	119,531	0	0.0	0	137	141	22.75	20.35	0.00
	094	OL 100 HP	1,406,951.25	110,595.60	1,296,355.65	4,599,402	0	0.0	0	9,095	9,659	30.59	28.19	30,183.29
	095	OL 400 MV	1,076.48	138.72	937.76	5,688	0	0.0	0	3	3	18.93	16.49	0.00
	097	OL 200 HP	110,724.24	12,275.11	98,449.13	507,599	0	0.0	0	471	507	21.81	19.40	1,720.75
	098	OL 400 HP	9,536.25	1,231.55	8,304.70	51,715	0	0.0	0	25	27	18.44	16.06	177.96
	107	OL 200HPF	83,389.89	8,190.16	75,199.73	337,867	0	0.0	0	299	338	24.68	22.26	2,385.69
	109	OL400 HPF	83,445.98	10,748.24	72,697.74	445,725	0	0.0	0	186	225	18.72	16.31	1,394.59
	110	OL 250 MH	6,325.85	629.59	5,696.26	25,600	0	0.0	0	20	22	24.71	22.25	57.91
	111	OL100 HPP	29,931.82	1,427.73	28,504.09	58,481	0	0.0	0	98	122	51.18	48.74	514.40
	113	OL 150 HP	1,874,778.37	175,755.16	1,699,023.21	7,360,142	0	0.0	0	9,880	10,683	25.47	23.08	65,382.27
	116	OL 400 MH	7,539.95	904.08	6,635.87	36,831	0	0.0	0	15	19	20.47	18.02	43.32
	120	OL 250HPP	467.62	30.16	437.46	1,239	0	0.0	0	1	1	37.74	35.31	0.00
	122	OL150 HPP	1,517.71	68.66	1,449.05	2,816	0	0.0	0	4	4	53.90	51.46	0.00
	126	OL 400HPP	625.49	48.81	576.68	2,000	0	0.0	0	1	1	31.27	28.83	0.00
	130	OL 250MON	1,032.74	105.14	927.60	3,537	0	0.0	0	3	3	29.20	26.23	0.00
	131	OL 1000MH	3,030.33	442.77	2,587.56	18,160	0	0.0	0	1	4	16.69	14.25	0.00
	136	OL 400MON	438.21	42.06	396.15	1,792	0	0.0	0	1	1	24.45	22.11	0.00
	150	55W LEDOL	486,660.51	31,386.25	455,274.26	1,194,167	0	0.0	0	4,225	4,560	40.75	38.12	22,052.05
	160	64W LEDOL	887.28	27.07	860.21	1,015	0	0.0	0	3	3	87.42	84.75	0.00
	165	146WLEDOL	505.76	39.70	466.06	1,095	0	0.0	0	1	2	46.19	42.56	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	211	GS SEC	6,102.26	897.92	5,204.34	30,668	0	0.0	4	0	0	19.90	16.97	0.00
Total 020			217,507,896.60	31,103,145.94	186,404,750.66	1,369,815,110	1,982,262	22,570.0	83,727	24,470	26,326	15.88	13.61	123,912.23
211	093	OL 175 MV	16,025.08	1,655.85	14,369.23	68,502	0	0.0	0	65	80	23.39	20.98	0.00
	094	OL 100 HP	174,350.24	13,188.99	161,161.25	549,160	0	0.0	0	947	1,146	31.75	29.35	3,756.54
	095	OL 400 MV	10,578.02	1,327.18	9,250.84	54,693	0	0.0	0	24	29	19.34	16.91	0.00
	097	OL 200 HP	100,731.61	10,711.92	90,019.69	440,420	0	0.0	0	274	437	22.87	20.44	3,342.36
	098	OL 400 HP	25,605.82	3,275.98	22,329.84	134,382	0	0.0	0	39	68	19.05	16.62	629.70
	099	OL175 MVP	904.12	84.34	819.78	3,456	0	0.0	0	2	4	26.16	23.72	0.00
	103	OL 250 HP	922.88	90.43	832.45	3,708	0	0.0	0	2	3	24.89	22.45	0.00
	107	OL 200HPF	148,857.24	14,206.31	134,650.93	585,498	0	0.0	0	381	581	25.42	23.00	4,170.65
	109	OL400 HPF	684,856.50	84,270.32	600,586.18	3,455,326	0	0.0	0	736	1,741	19.82	17.38	13,736.27
	110	OL 250 MH	20,490.43	1,906.18	18,584.25	77,691	0	0.0	0	38	66	26.37	23.92	885.09
	111	OL100 HPP	49,180.47	2,260.34	46,920.13	92,897	0	0.0	0	33	193	52.94	50.51	498.24
	113	OL 150 HP	332,936.74	29,510.76	303,425.98	1,231,640	0	0.0	0	1,386	1,769	27.03	24.64	18,752.72
	116	OL 400 MH	198,725.99	22,895.54	175,830.45	919,969	0	0.0	0	148	497	21.60	19.11	5,304.54
	122	OL150 HPP	3,959.74	171.54	3,788.20	7,040	0	0.0	0	1	10	56.25	53.81	0.00
	126	OL 400HPP	1,294.14	97.54	1,196.60	4,000	0	0.0	0	1	2	32.35	29.92	0.00
	130	OL 250MON	375.58	29.39	346.19	1,204	0	0.0	0	1	1	31.19	28.75	0.00
	131	OL 1000MH	42,259.01	5,799.47	36,459.54	243,496	0	0.0	0	26	54	17.36	14.97	702.98
	136	OL 400MON	4,377.94	416.15	3,961.79	17,064	0	0.0	0	2	9	25.66	23.22	67.32
	150	55W LEDOL	68,447.06	4,308.13	64,138.93	163,084	0	0.0	0	475	625	41.97	39.33	3,766.67
	165	146WLEDOL	4,752.38	291.41	4,460.97	9,060	0	0.0	0	6	13	52.45	49.24	0.00
	166	297WLEDOL	4,950.42	508.41	4,442.01	15,351	0	0.0	0	3	11	32.25	28.94	37.78
	204	GS-MTRD	199,418.21	21,899.91	177,518.30	904,925	0	0.0	308	0	0	22.04	19.62	0.00
	211	GS SEC	20,576,923.09	2,261,434.89	18,315,488.20	96,112,786	60,008	131,267.5	16,984	0	0	21.41	19.06	0.00
	212	GS-SEC M	846.93	79.22	767.71	3,250	0	0.0	1	0	0	26.06	23.62	0.00
	213	GS-UMR	413,373.11	41,609.64	371,763.47	1,751,775	0	0.0	432	0	0	23.60	21.22	0.00
	214	GS - AF	6,621.30	802.72	5,818.58	30,573	0	2,339.4	6	0	0	21.66	19.03	0.00
	215	GS SEC	35,429,572.05	5,117,414.34	30,312,157.71	212,801,349	0	827,654.1	3,099	0	0	16.65	14.24	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	217	GS PRI	187,450.59	25,718.12	161,732.47	1,194,600	0	4,270.6	10	0	0	15.69	13.54	0.00
	220	GSCC PRI	60,492.52	8,960.54	51,531.98	374,400	0	1,398.0	4	0	0	16.16	13.76	0.00
	223	GS LM ON	9,720.77	1,284.69	8,436.08	53,081	28,709	0.0	4	0	0	18.31	15.89	0.00
	225	GS LM TOD	2,854.37	325.81	2,528.56	14,058	8,093	0.0	2	0	0	20.30	17.99	0.00
	227	EXP GSTOD	1,028,342.16	127,684.74	900,657.42	5,332,235	4,403,341	0.0	361	0	0	19.29	16.89	0.00
	229	GS-TOD	626,798.48	95,985.95	530,812.53	3,982,268	2,290,032	5,789.2	56	0	0	15.74	13.33	0.00
	240	LGS SEC	12,031,651.51	2,029,951.91	10,001,699.60	83,942,636	0	202,687.0	99	0	0	14.33	11.91	0.00
	244	LGS PRI	2,030,004.91	381,027.85	1,648,977.06	15,991,250	0	37,441.0	10	0	0	12.69	10.31	0.00
	248	LGS SUB	643,619.96	142,560.27	501,059.69	6,033,750	0	16,619.0	4	0	0	10.67	8.30	0.00
	251	LGS-LM-TD	97,068.72	20,299.38	76,769.34	636,288	377,088	0.0	1	0	0	15.26	12.07	0.00
	256	LGSSECTOD	341,444.80	63,413.51	278,031.29	2,638,608	1,532,016	5,011.0	2	0	0	12.94	10.54	0.00
	356	IGS SEC	1,845,120.58	371,002.87	1,474,117.71	15,585,840	0	31,286.0	4	0	0	11.84	9.46	0.00
	358	IGS PRI	8,094,827.90	1,928,393.21	6,166,434.69	80,362,800	0	140,482.0	7	0	0	10.07	7.67	0.00
359	IGS SUB	13,473,616.34	4,977,079.14	8,496,537.20	180,655,650	-35,829,000	285,014.0	6	0	0	7.46	4.70	0.00	
Total 211			98,994,349.71	17,813,934.89	81,180,414.82	716,479,763	-27,129,713	1,691,258.8	21,400	4,590	7,339	13.82	11.33	55,650.86
212	015	RS	1,511.67	211.86	1,299.81	8,726	0	0.0	1	0	0	17.32	14.90	0.00
	093	OL 175 MV	2,495.92	257.53	2,238.39	10,691	0	0.0	0	12	12	23.35	20.94	0.00
	094	OL 100 HP	39,248.02	2,976.20	36,271.82	123,907	0	0.0	0	208	258	31.68	29.27	801.30
	095	OL 400 MV	4,730.09	593.72	4,136.37	24,421	0	0.0	0	8	13	19.37	16.94	0.00
	097	OL 200 HP	31,339.65	3,315.66	28,023.99	136,099	0	0.0	0	100	135	23.03	20.59	1,187.76
	098	OL 400 HP	12,249.04	1,560.71	10,688.33	63,958	0	0.0	0	15	32	19.15	16.71	360.60
	099	OL175 MVP	226.11	21.10	205.01	864	0	0.0	0	1	1	26.17	23.73	0.00
	107	OL 200HPF	60,071.98	5,760.31	54,311.67	235,722	0	0.0	0	156	238	25.48	23.04	1,764.36
	109	OL400 HPF	272,673.26	33,233.50	239,439.76	1,367,891	0	0.0	0	287	689	19.93	17.50	6,729.99
	110	OL 250 MH	13,973.42	1,250.69	12,722.73	51,019	0	0.0	0	10	42	27.39	24.94	1,033.80
	111	OL100 HPP	6,168.35	267.43	5,900.92	11,308	0	0.0	0	6	24	54.55	52.18	224.57
	113	OL 150 HP	96,544.27	8,412.70	88,131.57	348,990	0	0.0	0	358	500	27.66	25.25	7,271.25
	116	OL 400 MH	74,707.63	8,418.42	66,289.21	344,198	0	0.0	0	63	183	21.70	19.26	2,369.15
131	OL 1000MH	24,051.49	3,433.21	20,618.28	140,698	0	0.0	0	9	31	17.09	14.65	134.64	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	150	55W LEDOL	16,571.49	976.90	15,594.59	37,396	0	0.0	0	105	145	44.31	41.70	1,549.58
	160	64W LEDOL	180.65	6.04	174.61	195	0	0.0	0	1	1	92.64	89.54	0.00
	165	146WLEDOL	1,560.91	89.33	1,471.58	2,887	0	0.0	0	1	4	54.07	50.97	28.88
	166	297WLEDOL	186.58	18.66	167.92	583	0	0.0	0	0	0	32.00	28.80	0.00
	211	GS SEC	4,472,224.46	550,356.12	3,921,868.34	23,900,728	15,041	60,331.1	2,357	0	0	18.71	16.41	0.00
	215	GS SEC	22,922,568.75	3,166,283.91	19,756,284.84	135,762,368	0	587,188.1	2,116	0	0	16.88	14.55	0.00
	217	GS PRI	150,694.99	23,791.84	126,903.15	993,480	0	3,019.7	6	0	0	15.17	12.77	0.00
	220	GSCC PRI	87,098.86	14,084.75	73,014.11	633,600	0	1,140.0	1	0	0	13.75	11.52	0.00
	223	GS LM ON	126,314.21	17,113.02	109,201.19	779,792	473,625	0.0	31	0	0	16.20	14.00	0.00
	225	GS LM TOD	38,786.98	4,517.82	34,269.16	196,091	103,829	0.0	23	0	0	19.78	17.48	0.00
	227	EXP GSTOD	528,957.34	67,866.35	461,090.99	2,858,183	2,372,171	0.0	138	0	0	18.51	16.13	0.00
	229	GS-TOD	386,369.30	57,289.73	329,079.57	2,477,733	1,515,840	0.0	54	0	0	15.59	13.28	0.00
	240	LGS SEC	14,275,682.89	2,346,975.26	11,928,707.63	98,858,212	0	251,639.0	112	0	0	14.44	12.07	0.00
	242	LGS M SEC	188,215.21	31,006.42	157,208.79	1,316,800	0	3,266.0	1	0	0	14.29	11.94	0.00
	244	LGS PRI	871,241.72	156,397.42	714,844.30	6,679,800	0	17,872.0	5	0	0	13.04	10.70	0.00
	248	LGS SUB	259,945.80	63,530.54	196,415.26	2,585,625	0	5,811.0	1	0	0	10.05	7.60	0.00
251	LGS-LM-TD	145,830.09	24,100.01	121,730.08	974,660	561,420	0.0	4	0	0	14.96	12.49	0.00	
358	IGS PRI	1,053,071.50	235,222.94	817,848.56	9,618,960	0	18,210.0	2	0	0	10.95	8.50	0.00	
Total 212			46,165,492.63	6,829,340.10	39,336,152.53	290,545,585	5,041,926	948,476.9	4,852	1,340	2,309	15.89	13.54	23,455.88
213	093	OL 175 MV	1,110.75	112.56	998.19	4,751	0	0.0	0	6	6	23.38	21.01	0.00
	094	OL 100 HP	6,799.80	531.63	6,268.17	21,998	0	0.0	0	26	45	30.91	28.49	0.00
	095	OL 400 MV	1,465.19	184.90	1,280.29	7,584	0	0.0	0	3	4	19.32	16.88	0.00
	097	OL 200 HP	6,739.17	715.74	6,023.43	29,348	0	0.0	0	19	29	22.96	20.52	245.28
	098	OL 400 HP	4,169.60	516.92	3,652.68	21,102	0	0.0	0	4	11	19.76	17.31	216.60
	107	OL 200HPF	23,045.20	2,212.95	20,832.25	91,112	0	0.0	0	45	90	25.29	22.86	562.56
	109	OL400 HPF	166,999.06	20,126.29	146,872.77	830,608	0	0.0	0	94	418	20.11	17.68	5,387.67
	110	OL 250 MH	1,275.96	117.52	1,158.44	4,801	0	0.0	0	3	4	26.58	24.13	67.32
	111	OL100 HPP	7,345.91	341.91	7,004.00	14,036	0	0.0	0	4	29	52.34	49.90	0.00
	113	OL 150 HP	11,618.29	940.96	10,677.33	39,002	0	0.0	0	28	55	29.79	27.38	1,520.53



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	116	OL 400 MH	32,055.04	3,642.88	28,412.16	149,347	0	0.0	0	19	79	21.46	19.02	735.84
	131	OL 1000MH	848.33	110.54	737.79	4,540	0	0.0	0	1	1	18.69	16.25	67.32
	150	55W LEDOL	1,712.68	108.45	1,604.23	4,012	0	0.0	0	12	16	42.69	39.99	116.41
	165	146WLEDOL	852.78	70.04	782.74	1,722	0	0.0	0	1	2	49.52	45.46	51.29
	166	297WLEDOL	461.67	57.48	404.19	1,509	0	0.0	0	0	1	30.59	26.79	0.00
	211	GS SEC	445,826.92	52,036.46	393,790.46	2,315,608	0	6,097.0	252	0	0	19.25	17.01	0.00
	214	GS - AF	163,419.93	21,664.45	141,755.48	980,907	0	22,293.8	59	0	0	16.66	14.45	0.00
	215	GS SEC	3,395,452.73	457,864.28	2,937,588.45	20,311,202	0	81,281.6	222	0	0	16.72	14.46	0.00
	217	GS PRI	4,990.07	591.79	4,398.28	27,540	0	72.0	1	0	0	18.12	15.97	0.00
	223	GS LM ON	7,589.89	865.39	6,724.50	57,920	44,080	0.0	1	0	0	13.10	11.61	0.00
	240	LGS SEC	2,522,409.77	386,947.35	2,135,462.42	16,103,704	0	54,794.0	29	0	0	15.66	13.26	0.00
	244	LGS PRI	629,625.76	101,785.22	527,840.54	4,358,680	0	16,838.0	4	0	0	14.45	12.11	0.00
	260	PS SEC	14,037,375.76	2,027,150.32	12,010,225.44	87,508,342	0	338,407.0	138	0	0	16.04	13.72	0.00
	264	PS PRI	248,086.32	38,437.93	209,648.39	1,758,000	0	6,687.0	1	0	0	14.11	11.93	0.00
	358	IGS PRI	433,210.48	80,340.83	352,869.65	3,516,600	0	8,921.0	1	0	0	12.32	10.03	0.00
359	IGS SUB	269,719.67	44,941.17	224,778.50	1,865,500	0	5,974.0	1	0	0	14.46	12.05	0.00	
Total 213			22,424,206.73	3,242,415.96	19,181,790.77	140,029,475	44,080	541,365.4	708	265	790	16.01	13.70	8,970.82
216	093	OL 175 MV	6,380.20	662.29	5,717.91	27,261	0	0.0	0	22	32	23.40	20.97	0.00
	094	OL 100 HP	29,614.59	2,224.27	27,390.32	92,467	0	0.0	0	119	192	32.03	29.62	855.84
	095	OL 400 MV	5,129.54	647.45	4,482.09	26,544	0	0.0	0	8	14	19.32	16.89	0.00
	097	OL 200 HP	28,626.50	2,930.99	25,695.51	120,579	0	0.0	0	53	120	23.74	21.31	1,808.40
	098	OL 400 HP	41,126.94	5,074.27	36,052.67	208,013	0	0.0	0	15	104	19.77	17.33	2,317.56
	107	OL 200HPF	42,164.27	3,972.09	38,192.18	163,106	0	0.0	0	93	161	25.85	23.42	1,781.45
	109	OL400 HPF	193,203.86	23,620.00	169,583.86	968,713	0	0.0	0	199	485	19.94	17.51	4,999.99
	110	OL 250 MH	6,089.82	586.98	5,502.84	24,080	0	0.0	0	7	20	25.29	22.85	67.32
	111	OL100 HPP	66,197.51	2,917.14	63,280.37	126,600	0	0.0	0	33	267	52.29	49.98	249.12
	113	OL 150 HP	62,269.05	5,294.99	56,974.06	215,249	0	0.0	0	146	308	28.93	26.47	6,705.90
	116	OL 400 MH	39,811.08	4,451.11	35,359.97	183,483	0	0.0	0	22	97	21.70	19.27	1,216.06
	120	OL 250HPP	479.97	30.16	449.81	1,236	0	0.0	0	1	1	38.83	36.39	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	122	OL150 HPP	17,424.15	755.04	16,669.11	30,976	0	0.0	0	7	44	56.25	53.81	0.00
	131	OL 1000MH	6,977.07	988.20	5,988.87	40,622	0	0.0	0	7	9	17.18	14.74	67.32
	150	55W LEDOL	6,914.68	415.38	6,499.30	15,839	0	0.0	0	33	61	43.66	41.03	568.20
	165	146WLEDOL	2,098.41	98.78	1,999.63	3,536	0	0.0	0	1	5	59.34	56.55	168.30
	166	297WLEDOL	2,123.28	213.70	1,909.58	6,665	0	0.0	0	1	4	31.86	28.65	0.00
	204	GS-MTRD	12,323.66	371.14	11,952.52	11,601	0	0.0	49	0	0	106.23	103.03	0.00
	211	GS SEC	3,086,592.37	357,810.19	2,728,782.18	15,360,977	75,313	31,511.7	2,142	0	0	20.09	17.76	0.00
	213	GS-UMR	118,548.08	14,002.57	104,545.51	492,100	0	0.0	149	0	0	24.09	21.24	0.00
	214	GS - AF	61,167.79	8,390.90	52,776.89	371,190	0	7,983.4	20	0	0	16.48	14.22	0.00
	215	GS SEC	10,270,367.06	1,467,226.93	8,803,140.13	62,134,105	0	229,109.0	757	0	0	16.53	14.17	0.00
	217	GS PRI	99,704.49	11,143.06	88,561.43	450,150	0	5,535.5	4	0	0	22.15	19.67	0.00
	218	GS M SEC	34,263.75	4,699.47	29,564.28	211,280	0	685.6	1	0	0	16.22	13.99	0.00
	223	GS LM ON	3,130.99	335.60	2,795.39	16,328	9,760	0.0	2	0	0	19.18	17.12	0.00
	225	GS LM TOD	103,677.75	16,242.32	87,435.43	688,725	428,289	0.0	6	0	0	15.05	12.70	0.00
	229	GS-TOD	301,467.89	49,078.60	252,389.29	2,032,439	1,362,356	0.0	28	0	0	14.83	12.42	0.00
	240	LGS SEC	8,460,040.15	1,404,815.22	7,055,224.93	58,472,868	0	147,631.0	62	0	0	14.47	12.07	0.00
	242	LGS M SEC	819,859.71	138,374.19	681,485.52	5,752,080	0	13,676.0	6	0	0	14.25	11.85	0.00
	244	LGS PRI	560,682.21	100,783.80	459,898.41	4,089,400	0	12,732.0	4	0	0	13.71	11.25	0.00
	246	LGS M PRI	90,943.02	16,700.98	74,242.04	662,940	0	2,015.0	1	0	0	13.72	11.20	0.00
	251	LGS-LM-TD	27,157.81	5,338.13	21,819.68	165,888	90,816	0.0	1	0	0	16.37	13.15	0.00
256	LGSSECTOD	291,321.00	55,739.63	235,581.37	2,321,920	1,415,552	4,050.0	2	0	0	12.55	10.15	0.00	
358	IGS PRI	2,605,391.92	561,083.91	2,044,308.01	23,224,800	0	47,278.0	4	0	0	11.22	8.80	0.00	
540	MW	255,677.76	42,634.48	213,043.28	1,805,276	0	2,834.4	9	0	0	14.16	11.80	0.00	
Total 216			27,758,948.33	4,309,653.96	23,449,294.37	180,519,036	3,382,086	505,041.6	3,247	767	1,923	15.38	12.99	20,805.46
221	093	OL 175 MV	1,389.47	142.54	1,246.93	5,927	0	0.0	0	7	7	23.44	21.04	0.00
	094	OL 100 HP	8,818.36	679.95	8,138.41	27,998	0	0.0	0	30	58	31.50	29.07	134.64
	095	OL 400 MV	1,099.40	138.83	960.57	5,688	0	0.0	0	2	3	19.33	16.89	0.00
	097	OL 200 HP	7,803.84	842.42	6,961.42	34,549	0	0.0	0	9	34	22.59	20.15	179.70
	098	OL 400 HP	739.20	97.54	641.66	4,000	0	0.0	0	1	2	18.48	16.04	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	107	OL 200HPF	7,709.33	730.87	6,978.46	30,520	0	0.0	0	14	31	25.26	22.87	160.59
	109	OL400 HPF	74,125.72	9,061.51	65,064.21	372,267	0	0.0	0	45	187	19.91	17.48	1,759.68
	110	OL 250 MH	1,803.92	176.22	1,627.70	7,224	0	0.0	0	1	6	24.97	22.53	0.00
	111	OL100 HPP	1,520.32	70.86	1,449.46	2,904	0	0.0	0	1	6	52.35	49.91	0.00
	113	OL 150 HP	8,875.71	757.10	8,118.61	31,585	0	0.0	0	22	45	28.10	25.70	754.06
	116	OL 400 MH	14,365.49	1,625.09	12,740.40	68,464	0	0.0	0	12	37	20.98	18.61	0.00
	131	OL 1000MH	2,879.23	390.03	2,489.20	16,888	0	0.0	0	2	4	17.05	14.74	0.00
	150	55W LEDOL	1,083.98	60.92	1,023.06	2,367	0	0.0	0	6	9	45.80	43.22	134.64
	166	297WLEDOL	269.71	37.00	232.71	903	0	0.0	0	0	0	29.87	25.77	0.00
	204	GS-MTRD	1,968.26	216.22	1,752.04	8,949	0	0.0	3	0	0	21.99	19.58	0.00
	211	GS SEC	698,910.78	78,641.60	620,269.18	3,343,658	0	3,838.0	563	0	0	20.90	18.55	0.00
	215	GS SEC	1,979,232.66	278,263.56	1,700,969.10	11,775,084	0	46,743.0	143	0	0	16.81	14.45	0.00
	217	GS PRI	124,009.12	17,905.49	106,103.63	751,030	0	2,814.5	11	0	0	16.51	14.13	0.00
	220	GSCC PRI	187,036.08	29,526.78	157,509.30	1,262,390	0	2,577.8	11	0	0	14.82	12.48	0.00
	240	LGS SEC	4,015,647.11	551,833.50	3,463,813.61	23,265,316	0	106,782.0	35	0	0	17.26	14.89	0.00
	244	LGS PRI	2,939,132.27	503,559.64	2,435,572.63	21,410,550	0	67,853.0	15	0	0	13.73	11.38	0.00
	248	LGS SUB	295,081.13	72,744.14	222,336.99	2,884,000	0	6,580.0	1	0	0	10.23	7.71	0.00
	331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
	332	CS-IRP TR	1,700,944.12	410,859.12	1,290,085.00	17,094,000	0	47,418.0	1	0	0	9.95	7.55	0.00
	358	IGS PRI	7,706,205.07	1,693,473.04	6,012,732.03	70,833,600	0	139,544.0	10	0	0	10.88	8.49	0.00
359	IGS SUB	8,717,463.50	1,035,612.98	7,681,850.52	45,089,185	0	204,517.0	5	0	0	19.33	17.04	0.00	
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00	
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00	
371	IGS	95,066,351.25	29,569,176.73	65,497,174.52	1,231,098,000	0	1,824,722.0	4	0	0	7.72	5.32	0.00	
372	IGS	17,181,240.44	5,155,175.37	12,026,065.07	216,024,000	0	341,614.0	1	0	0	7.95	5.57	0.00	
Total 221			149,912,110.29	39,970,087.15	109,942,023.14	1,806,042,246	-10,248,000	2,882,671.1	805	152	429	8.30	6.09	3,123.31
222	097	OL 200 HP	645.11	55.63	589.48	2,707	0	0.0	0	2	3	23.83	21.78	28.66
	107	OL 200HPF	248.69	24.70	223.99	1,012	0	0.0	0	1	1	24.57	22.13	0.00
	109	OL400 HPF	3,310.15	419.76	2,890.39	16,869	0	0.0	0	5	8	19.62	17.13	48.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
222	113	OL 150 HP	1,895.90	147.60	1,748.30	6,270	0	0.0	0	5	9	30.24	27.88	269.28
	211	GS SEC	61,653.32	7,303.68	54,349.64	324,272	0	1,149.9	24	0	0	19.01	16.76	0.00
	215	GS SEC	355,364.28	45,215.25	310,149.03	2,147,016	0	8,677.2	25	0	0	16.55	14.45	0.00
	220	GSCC PRI	32,971.38	4,842.83	28,128.55	214,200	0	606.0	2	0	0	15.39	13.13	0.00
	240	LGS SEC	1,314,168.40	195,847.57	1,118,320.83	8,415,520	0	29,845.0	7	0	0	15.62	13.29	0.00
	244	LGS PRI	352,000.57	62,649.94	289,350.63	2,877,600	0	5,892.0	1	0	0	12.23	10.06	0.00
	251	LGS-LM-TD	1,296.48	14.14	1,282.34	600	400	0.0	1	0	0	216.08	213.72	0.00
	358	IGS PRI	993,466.01	215,080.94	778,385.07	9,374,400	0	18,830.0	1	0	0	10.60	8.30	0.00
Total 222			3,117,020.29	531,602.04	2,585,418.25	23,380,466	400	65,000.1	62	13	21	13.33	11.06	345.94
230	094	OL 100 HP	935.03	72.60	862.43	3,041	0	0.0	0	5	6	30.75	28.36	0.00
	095	OL 400 MV	366.13	46.19	319.94	1,896	0	0.0	0	1	1	19.31	16.87	0.00
	097	OL 200 HP	4,895.29	517.79	4,377.50	21,252	0	0.0	0	3	21	23.03	20.60	192.00
	107	OL 200HPF	1,022.21	98.64	923.57	4,048	0	0.0	0	3	4	25.25	22.82	24.00
	109	OL400 HPF	12,437.13	1,510.61	10,926.52	62,000	0	0.0	0	12	31	20.06	17.62	384.60
	113	OL 150 HP	4,540.87	405.71	4,135.16	16,746	0	0.0	0	14	24	27.12	24.69	269.28
	116	OL 400 MH	791.31	92.37	698.94	3,792	0	0.0	0	1	2	20.87	18.43	0.00
	150	55W LEDOL	305.33	20.32	285.01	775	0	0.0	0	3	3	39.40	36.78	0.00
	211	GS SEC	60,909.42	6,564.95	54,344.47	293,613	0	551.3	49	0	0	20.74	18.51	0.00
	215	GS SEC	361,943.09	44,483.06	317,460.03	2,075,741	0	10,342.0	51	0	0	17.44	15.29	0.00
	217	GS PRI	3,253.23	89.55	3,163.68	3,960	0	9.0	2	0	0	82.15	79.89	0.00
	220	GSCC PRI	422,665.36	64,286.78	358,378.58	2,658,150	0	8,570.6	24	0	0	15.90	13.48	0.00
	236	GSCC SUB	78,061.16	10,252.56	67,808.60	483,350	0	1,067.1	3	0	0	16.15	14.03	0.00
	240	LGS SEC	439,359.82	45,010.21	394,349.61	2,001,912	0	15,817.0	7	0	0	21.95	19.70	0.00
	244	LGS PRI	4,485,311.95	633,793.20	3,851,518.75	26,235,370	296,400	146,819.0	25	0	0	17.10	14.68	0.00
	248	LGS SUB	265,113.90	64,791.77	200,322.13	2,731,000	0	4,797.0	1	0	0	9.71	7.34	0.00
	257	LGS PRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
	330	CS-IRP PR	4,120,905.91	668,868.71	3,452,037.20	28,108,101	0	98,167.0	5	0	0	14.66	12.28	0.00
	333	CS-IRP	4,381,285.97	1,200,957.18	3,180,328.79	50,208,000	0	127,824.0	1	0	0	8.73	6.33	0.00
	358	IGS PRI	10,582,193.92	1,566,497.09	9,015,696.83	66,799,250	-143,500	219,752.6	8	0	0	15.84	13.50	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	359	IGS SUB	5,989,563.37	1,170,219.50	4,819,343.87	49,970,400	0	151,909.0	4	0	0	11.99	9.64	0.00
Total 230			31,592,362.15	5,539,211.99	26,053,150.16	234,547,907	1,897,700	793,068.6	182	42	92	13.47	11.11	869.88
400	093	OL 175 MV	404.20	42.18	362.02	1,728	0	0.0	0	1	2	23.39	20.95	0.00
	094	OL 100 HP	598.80	47.23	551.57	1,936	0	0.0	0	2	4	30.93	28.49	0.00
	107	OL 200HPF	248.65	24.69	223.96	1,012	0	0.0	0	1	1	24.57	22.13	0.00
	109	OL400 HPF	9,132.16	1,121.24	8,010.92	46,000	0	0.0	0	7	23	19.85	17.42	201.96
	111	OL100 HPP	23,301.69	1,084.28	22,217.41	44,528	0	0.0	0	19	92	52.33	49.90	0.00
	113	OL 150 HP	868.36	68.66	799.70	2,816	0	0.0	0	2	4	30.84	28.40	134.64
	122	OL150 HPP	3,167.54	137.18	3,030.36	5,632	0	0.0	0	2	8	56.24	53.81	0.00
	131	OL 1000MH	770.11	110.69	659.42	4,540	0	0.0	0	1	1	16.96	14.52	0.00
	204	GS-MTRD	1,720.90	0.22	1,720.68	12	0	0.0	8	0	0	14,340.83	14,339.00	0.00
	211	GS SEC	142,332.73	9,121.52	133,211.21	366,059	0	161.2	240	0	0	38.88	36.39	0.00
	213	GS-UMR	234.22	1.44	232.78	60	0	0.0	1	0	0	390.37	387.97	0.00
	215	GS SEC	77,219.00	10,613.50	66,605.50	455,549	0	1,932.7	6	0	0	16.95	14.62	0.00
528	SL	1,928,885.79	203,812.12	1,725,073.67	8,436,096	0	0.0	54	0	0	22.86	20.45	0.00	
Total 400			2,188,884.15	226,184.95	1,962,699.20	9,365,968	0	2,093.9	309	35	135	23.37	20.96	336.60
Grand Total			698,011,927.90	123,421,392.59	574,590,535.31	5,358,481,005	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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State : KY

December 2022

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
011	RSW-LMWH	335,288.03	50,293.60	284,994.43	2,204,263	0	0.0	127	0	0	15.21	12.93	0.00
012	RSW-A	30,290.97	4,635.15	25,655.82	203,375	0	0.0	10	0	0	14.89	12.62	0.00
013	RSW-B	2,773.28	438.26	2,335.02	18,451	0	0.0	1	0	0	15.03	12.66	0.00
014	RSW-C	32,825.57	4,911.48	27,914.09	221,399	0	0.0	15	0	0	14.83	12.61	0.00
015	RS	143,726,682.22	20,616,399.45	123,110,282.77	887,404,779	75,327	9,693.8	65,297	0	0	16.20	13.87	0.00
017	RS EMP	833,540.09	121,964.15	711,575.94	5,328,755	0	0.0	294	0	0	15.64	13.35	0.00
022	RSW-RS	163,866,069.07	23,524,923.75	140,341,145.32	1,035,687,458	57,326	18,903.3	66,719	0	0	15.82	13.55	0.00
028	AORH-W ON	18,646.91	2,774.85	15,872.06	123,763	74,519	0.0	6	0	0	15.07	12.82	0.00
030	RSW-ONPK	202,424.86	29,670.69	172,754.17	1,333,449	816,621	0.0	65	0	0	15.18	12.96	0.00
032	RS LM-ON	223,410.01	33,197.50	190,212.51	1,456,670	901,440	0.0	76	0	0	15.34	13.06	0.00
034	AORH-ON	1,976.87	308.16	1,668.71	13,646	8,338	0.0	2	0	0	14.49	12.23	0.00
036	RS-TOD-ON	14,187.74	2,128.34	12,059.40	92,624	57,012	0.0	4	0	0	15.32	13.02	0.00
093	OL 175 MV	106,378.38	11,317.88	95,060.50	461,792	0	0.0	0	519	547	23.04	20.59	63.52
094	OL 100 HP	2,686,203.08	210,594.32	2,475,608.76	8,770,111	0	0.0	0	17,079	18,389	30.63	28.23	51,389.48
095	OL 400 MV	26,596.60	3,354.24	23,242.36	137,890	0	0.0	0	53	73	19.29	16.86	0.00
097	OL 200 HP	359,932.79	38,942.89	320,989.90	1,606,373	0	0.0	0	1,224	1,600	22.41	19.98	9,737.54
098	OL 400 HP	97,454.16	12,278.47	85,175.69	505,074	0	0.0	0	110	255	19.30	16.86	3,769.74
099	OL175 MVP	1,130.23	105.44	1,024.79	4,320	0	0.0	0	3	5	26.16	23.72	0.00
103	OL 250 HP	922.88	90.43	832.45	3,708	0	0.0	0	2	3	24.89	22.45	0.00
107	OL 200HPF	424,276.26	40,979.18	383,297.08	1,686,409	0	0.0	0	1,188	1,681	25.16	22.73	11,820.59
109	OL400 HPF	1,565,368.45	192,370.03	1,372,998.42	7,904,710	0	0.0	0	1,680	3,978	19.80	17.37	35,402.82
110	OL 250 MH	54,563.84	5,125.65	49,438.19	209,399	0	0.0	0	93	176	26.06	23.61	2,111.44
111	OL100 HPP	189,692.18	8,658.28	181,033.90	362,674	0	0.0	0	209	758	52.30	49.92	1,536.45
113	OL 150 HP	3,281,895.29	304,191.96	2,977,703.33	12,730,831	0	0.0	0	16,481	18,442	25.78	23.39	133,107.31
116	OL 400 MH	373,697.42	42,681.03	331,016.39	1,733,458	0	0.0	0	292	929	21.56	19.10	9,736.23
120	OL 250HPP	947.59	60.32	887.27	2,475	0	0.0	0	2	2	38.29	35.85	0.00
122	OL150 HPP	26,827.85	1,166.73	25,661.12	47,872	0	0.0	0	16	68	56.04	53.60	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

Prepared: 01/08/2023 01:02:18 AM

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State : KY

December 2022

Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
126	OL 400HPP	1,919.63	146.35	1,773.28	6,000	0	0.0	0	2	3	31.99	29.55	0.00
130	OL 250MON	2,068.88	194.27	1,874.61	6,889	0	0.0	0	6	6	30.03	27.21	23.37
131	OL 1000MH	83,844.56	11,717.45	72,127.11	487,104	0	0.0	0	50	109	17.21	14.81	972.26
136	OL 400MON	5,383.20	522.14	4,861.06	21,208	0	0.0	0	4	11	25.38	22.92	67.32
150	55W LEDOL	833,865.92	53,734.14	780,131.78	2,043,729	0	0.0	0	7,097	7,810	40.80	38.17	37,111.97
152	175WLEDOL	99.40	13.35	86.05	416	0	0.0	0	0	0	23.89	20.69	0.00
160	64W LEDOL	1,407.04	44.11	1,362.93	1,617	0	0.0	0	5	5	87.02	84.29	0.00
165	146WLEDOL	10,350.51	624.58	9,725.93	19,406	0	0.0	0	12	28	53.34	50.12	248.47
166	297WLEDOL	8,080.23	847.72	7,232.51	25,313	0	0.0	0	5	17	31.92	28.57	37.78
204	GS-MTRD	215,431.03	22,487.49	192,943.54	925,487	0	0.0	368	0	0	23.28	20.85	0.00
211	GS SEC	29,551,475.35	3,324,167.33	26,227,308.02	142,048,369	150,362	234,907.7	22,614	0	0	20.80	18.46	0.00
212	GS-SEC M	846.93	79.22	767.71	3,250	0	0.0	1	0	0	26.06	23.62	0.00
213	GS-UMR	532,155.41	55,613.65	476,541.76	2,243,935	0	0.0	583	0	0	23.72	21.24	0.00
214	GS - AF	231,209.02	30,858.07	200,350.95	1,382,670	0	32,616.6	84	0	0	16.72	14.49	0.00
215	GS SEC	74,791,719.62	10,587,364.83	64,204,354.79	447,462,414	0	1,792,927.7	6,419	0	0	16.71	14.35	0.00
217	GS PRI	570,102.49	79,239.85	490,862.64	3,420,760	0	15,721.3	33	0	0	16.67	14.35	0.00
218	GS M SEC	34,263.75	4,699.47	29,564.28	211,280	0	685.6	1	0	0	16.22	13.99	0.00
220	GSCC PRI	790,264.20	121,701.68	668,562.52	5,142,740	0	14,292.4	41	0	0	15.37	13.00	0.00
223	GS LM ON	146,755.86	19,598.70	127,157.16	907,121	556,174	0.0	38	0	0	16.18	14.02	0.00
225	GS LM TOD	145,319.10	21,085.95	124,233.15	898,874	540,211	0.0	31	0	0	16.17	13.82	0.00
227	EXP GSTOD	1,557,299.50	195,551.09	1,361,748.41	8,190,418	6,775,512	0.0	498	0	0	19.01	16.63	0.00
229	GS-TOD	1,314,635.67	202,354.28	1,112,281.39	8,492,440	5,168,228	5,789.2	138	0	0	15.48	13.10	0.00
236	GSCC SUB	78,061.16	10,252.56	67,808.60	483,350	0	1,067.1	3	0	0	16.15	14.03	0.00
240	LGS SEC	43,058,959.65	6,961,381.02	36,097,578.63	291,060,168	0	809,195.0	352	0	0	14.79	12.40	0.00
242	LGS M SEC	1,008,074.92	169,380.61	838,694.31	7,068,880	0	16,942.0	7	0	0	14.26	11.86	0.00
244	LGS PRI	11,867,999.39	1,939,997.07	9,928,002.32	81,642,650	296,400	305,447.0	65	0	0	14.54	12.16	0.00
246	LGS M PRI	90,943.02	16,700.98	74,242.04	662,940	0	2,015.0	1	0	0	13.72	11.20	0.00



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Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization			
										Incl Fuel	Excl Fuel	Facility Charge	
248	LGS SUB	1,463,760.79	343,626.72	1,120,134.07	14,234,375	0	33,807.0	7	0	0	10.28	7.87	0.00
251	LGS-LM-TD	271,353.10	49,751.66	221,601.44	1,777,436	1,029,724	0.0	7	0	0	15.27	12.47	0.00
256	LGSSECTOD	632,765.80	119,153.14	513,612.66	4,960,528	2,947,568	9,061.0	4	0	0	12.76	10.35	0.00
257	LGSPRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
260	PS SEC	14,037,375.76	2,027,150.32	12,010,225.44	87,508,342	0	338,407.0	138	0	0	16.04	13.72	0.00
264	PS PRI	248,086.32	38,437.93	209,648.39	1,758,000	0	6,687.0	1	0	0	14.11	11.93	0.00
330	CS-IRP PR	4,120,905.91	668,868.71	3,452,037.20	28,108,101	0	98,167.0	5	0	0	14.66	12.28	0.00
331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
332	CS-IRP TR	1,700,944.12	410,859.12	1,290,085.00	17,094,000	0	47,418.0	1	0	0	9.95	7.55	0.00
333	CS-IRP	4,381,285.97	1,200,957.18	3,180,328.79	50,208,000	0	127,824.0	1	0	0	8.73	6.33	0.00
356	IGS SEC	1,845,120.58	371,002.87	1,474,117.71	15,585,840	0	31,286.0	4	0	0	11.84	9.46	0.00
358	IGS PRI	31,468,366.80	6,280,091.96	25,188,274.84	263,730,410	-143,500	593,017.6	33	0	0	11.93	9.55	0.00
359	IGS SUB	28,450,362.88	7,227,852.79	21,222,510.09	277,580,735	-35,829,000	647,414.0	16	0	0	10.25	7.65	0.00
360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
371	IGS	95,066,351.25	29,569,176.73	65,497,174.52	1,231,098,000	0	1,824,722.0	4	0	0	7.72	5.32	0.00
372	IGS	17,181,240.44	5,155,175.37	12,026,065.07	216,024,000	0	341,614.0	1	0	0	7.95	5.57	0.00
528	SL	1,928,885.79	203,812.12	1,725,073.67	8,436,096	0	0.0	54	0	0	22.86	20.45	0.00
540	MW	255,677.76	42,634.48	213,043.28	1,805,276	0	2,834.4	9	0	0	14.16	11.80	0.00
KY - Summary		698,011,927.90	123,421,392.59	574,590,535.31	5,358,481,005	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



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Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



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December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
010	011	RSW-LMWH	95,252.34	14,103.64	81,148.70	612,112	0	0.0	46	0	0	15.56	13.26	0.00
	014	RSW-C	22,949.71	3,508.09	19,441.62	151,522	0	0.0	12	0	0	15.15	12.83	0.00
	015	RS	70,846,247.34	10,073,021.91	60,773,225.43	425,201,196	4,865	5,314.4	36,873	0	0	16.66	14.29	0.00
	022	RSW-RS	24,954,991.53	3,555,362.93	21,399,628.60	153,099,157	0	712.7	11,959	0	0	16.30	13.98	0.00
	036	RS-TOD-ON	1,425.20	142.41	1,282.79	5,879	3,456	0.0	2	0	0	24.24	21.82	0.00
	093	OL 175 MV	51,381.98	5,578.01	45,803.97	223,401	0	0.0	0	270	268	23.00	20.50	63.52
	094	OL 100 HP	1,018,886.99	80,277.85	938,609.14	3,350,202	0	0.0	0	6,647	7,021	30.41	28.02	15,657.87
	095	OL 400 MV	2,151.75	277.25	1,874.50	11,376	0	0.0	0	4	6	18.91	16.48	0.00
	097	OL 200 HP	68,427.38	7,577.63	60,849.75	313,820	0	0.0	0	293	314	21.80	19.39	1,032.63
	098	OL 400 HP	4,027.31	521.50	3,505.81	21,904	0	0.0	0	11	11	18.39	16.01	67.32
	107	OL 200HPF	57,518.80	5,758.46	51,760.34	236,512	0	0.0	0	195	236	24.32	21.88	971.29
	109	OL400 HPF	65,184.63	8,258.56	56,926.07	339,311	0	0.0	0	110	171	19.21	16.78	760.07
	110	OL 250 MH	4,604.44	458.47	4,145.97	18,984	0	0.0	0	15	16	24.25	21.84	0.00
	111	OL100 HPP	6,046.11	288.59	5,757.52	11,920	0	0.0	0	14	25	50.72	48.30	50.12
	113	OL 150 HP	887,567.73	82,898.32	804,669.41	3,478,391	0	0.0	0	4,640	5,044	25.52	23.13	32,047.38
	116	OL 400 MH	5,700.93	651.54	5,049.39	27,374	0	0.0	0	12	15	20.83	18.45	67.32
	122	OL150 HPP	758.71	34.31	724.40	1,408	0	0.0	0	2	2	53.89	51.45	0.00
	130	OL 250MON	660.56	59.74	600.82	2,148	0	0.0	0	2	2	30.75	27.97	23.37
	131	OL 1000MH	3,028.99	442.54	2,586.45	18,160	0	0.0	0	3	4	16.68	14.24	0.00
	136	OL 400MON	567.05	63.93	503.12	2,352	0	0.0	0	1	1	24.11	21.39	0.00
150	55W LEDOL	252,170.19	16,457.79	235,712.40	626,089	0	0.0	0	2,237	2,392	40.28	37.65	8,924.42	
152	175WLEDOL	99.40	13.35	86.05	416	0	0.0	0	0	0	23.89	20.69	0.00	
160	64W LEDOL	339.11	11.00	328.11	407	0	0.0	0	1	1	83.32	80.62	0.00	
165	146WLEDOL	580.27	35.32	544.95	1,106	0	0.0	0	1	2	52.47	49.27	0.00	
166	297WLEDOL	88.57	12.47	76.10	302	0	0.0	0	0	0	29.33	25.20	0.00	
010 - Summary			98,350,657.02	13,855,815.61	84,494,841.41	587,755,449	8,321	6,027.1	48,892	14,459	15,531	16.73	14.38	59,665.31
020	011	RSW-LMWH	240,035.69	36,189.96	203,845.73	1,592,151	0	0.0	81	0	0	15.08	12.80	0.00
	012	RSW-A	30,290.97	4,635.15	25,655.82	203,375	0	0.0	10	0	0	14.89	12.62	0.00
	013	RSW-B	2,773.28	438.26	2,335.02	18,451	0	0.0	1	0	0	15.03	12.66	0.00



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December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
020	014	RSW-C	9,875.86	1,403.39	8,472.47	69,877	0	0.0	2	0	0	14.13	12.12	0.00
	015	RS	72,878,923.21	10,543,165.68	62,335,757.53	462,194,857	70,462	4,379.4	28,422	0	0	15.77	13.49	0.00
	017	RS EMP	833,540.09	121,964.15	711,575.94	5,328,755	0	0.0	294	0	0	15.64	13.35	0.00
	022	RSW-RS	138,911,077.54	19,969,560.82	118,941,516.72	882,588,301	57,326	18,190.6	54,760	0	0	15.74	13.48	0.00
	028	AORH-W ON	18,646.91	2,774.85	15,872.06	123,763	74,519	0.0	6	0	0	15.07	12.82	0.00
	030	RSW-ONPK	202,424.86	29,670.69	172,754.17	1,333,449	816,621	0.0	65	0	0	15.18	12.96	0.00
	032	RS LM-ON	223,410.01	33,197.50	190,212.51	1,456,670	901,440	0.0	76	0	0	15.34	13.06	0.00
	034	AORH-ON	1,976.87	308.16	1,668.71	13,646	8,338	0.0	2	0	0	14.49	12.23	0.00
	036	RS-TOD-ON	12,762.54	1,985.93	10,776.61	86,745	53,556	0.0	2	0	0	14.71	12.42	0.00
	093	OL 175 MV	27,190.78	2,866.92	24,323.86	119,531	0	0.0	0	137	141	22.75	20.35	0.00
	094	OL 100 HP	1,406,951.25	110,595.60	1,296,355.65	4,599,402	0	0.0	0	9,095	9,659	30.59	28.19	30,183.29
	095	OL 400 MV	1,076.48	138.72	937.76	5,688	0	0.0	0	3	3	18.93	16.49	0.00
	097	OL 200 HP	110,724.24	12,275.11	98,449.13	507,599	0	0.0	0	471	507	21.81	19.40	1,720.75
	098	OL 400 HP	9,536.25	1,231.55	8,304.70	51,715	0	0.0	0	25	27	18.44	16.06	177.96
	107	OL 200HPF	83,389.89	8,190.16	75,199.73	337,867	0	0.0	0	299	338	24.68	22.26	2,385.69
	109	OL400 HPF	83,445.98	10,748.24	72,697.74	445,725	0	0.0	0	186	225	18.72	16.31	1,394.59
	110	OL 250 MH	6,325.85	629.59	5,696.26	25,600	0	0.0	0	20	22	24.71	22.25	57.91
	111	OL100 HPP	29,931.82	1,427.73	28,504.09	58,481	0	0.0	0	98	122	51.18	48.74	514.40
	113	OL 150 HP	1,874,778.37	175,755.16	1,699,023.21	7,360,142	0	0.0	0	9,880	10,683	25.47	23.08	65,382.27
	116	OL 400 MH	7,539.95	904.08	6,635.87	36,831	0	0.0	0	15	19	20.47	18.02	43.32
	120	OL 250HPP	467.62	30.16	437.46	1,239	0	0.0	0	1	1	37.74	35.31	0.00
	122	OL150 HPP	1,517.71	68.66	1,449.05	2,816	0	0.0	0	4	4	53.90	51.46	0.00
	126	OL 400HPP	625.49	48.81	576.68	2,000	0	0.0	0	1	1	31.27	28.83	0.00
	130	OL 250MON	1,032.74	105.14	927.60	3,537	0	0.0	0	3	3	29.20	26.23	0.00
	131	OL 1000MH	3,030.33	442.77	2,587.56	18,160	0	0.0	0	1	4	16.69	14.25	0.00
	136	OL 400MON	438.21	42.06	396.15	1,792	0	0.0	0	1	1	24.45	22.11	0.00
	150	55W LEDOL	486,660.51	31,386.25	455,274.26	1,194,167	0	0.0	0	4,225	4,560	40.75	38.12	22,052.05
	160	64W LEDOL	887.28	27.07	860.21	1,015	0	0.0	0	3	3	87.42	84.75	0.00
	165	146WLEDOL	505.76	39.70	466.06	1,095	0	0.0	0	1	2	46.19	42.56	0.00



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												Incl Fuel	Excl Fuel	Facility Charge
020	211	GS SEC	6,102.26	897.92	5,204.34	30,668	0	0.0	4	0	0	19.90	16.97	0.00
020 - Summary			217,507,896.60	31,103,145.94	186,404,750.66	1,369,815,110	1,982,262	22,570.0	83,727	24,470	26,326	15.88	13.61	123,912.23
211	093	OL 175 MV	16,025.08	1,655.85	14,369.23	68,502	0	0.0	0	65	80	23.39	20.98	0.00
	094	OL 100 HP	174,350.24	13,188.99	161,161.25	549,160	0	0.0	0	947	1,146	31.75	29.35	3,756.54
	095	OL 400 MV	10,578.02	1,327.18	9,250.84	54,693	0	0.0	0	24	29	19.34	16.91	0.00
	097	OL 200 HP	100,731.61	10,711.92	90,019.69	440,420	0	0.0	0	274	437	22.87	20.44	3,342.36
	098	OL 400 HP	25,605.82	3,275.98	22,329.84	134,382	0	0.0	0	39	68	19.05	16.62	629.70
	099	OL175 MVP	904.12	84.34	819.78	3,456	0	0.0	0	2	4	26.16	23.72	0.00
	103	OL 250 HP	922.88	90.43	832.45	3,708	0	0.0	0	2	3	24.89	22.45	0.00
	107	OL 200HPF	148,857.24	14,206.31	134,650.93	585,498	0	0.0	0	381	581	25.42	23.00	4,170.65
	109	OL400 HPF	684,856.50	84,270.32	600,586.18	3,455,326	0	0.0	0	736	1,741	19.82	17.38	13,736.27
	110	OL 250 MH	20,490.43	1,906.18	18,584.25	77,691	0	0.0	0	38	66	26.37	23.92	885.09
	111	OL100 HPP	49,180.47	2,260.34	46,920.13	92,897	0	0.0	0	33	193	52.94	50.51	498.24
	113	OL 150 HP	332,936.74	29,510.76	303,425.98	1,231,640	0	0.0	0	1,386	1,769	27.03	24.64	18,752.72
	116	OL 400 MH	198,725.99	22,895.54	175,830.45	919,969	0	0.0	0	148	497	21.60	19.11	5,304.54
	122	OL150 HPP	3,959.74	171.54	3,788.20	7,040	0	0.0	0	1	10	56.25	53.81	0.00
	126	OL 400HPP	1,294.14	97.54	1,196.60	4,000	0	0.0	0	1	2	32.35	29.92	0.00
	130	OL 250MON	375.58	29.39	346.19	1,204	0	0.0	0	1	1	31.19	28.75	0.00
	131	OL 1000MH	42,259.01	5,799.47	36,459.54	243,496	0	0.0	0	26	54	17.36	14.97	702.98
	136	OL 400MON	4,377.94	416.15	3,961.79	17,064	0	0.0	0	2	9	25.66	23.22	67.32
	150	55W LEDOL	68,447.06	4,308.13	64,138.93	163,084	0	0.0	0	475	625	41.97	39.33	3,766.67
	165	146WLEDOL	4,752.38	291.41	4,460.97	9,060	0	0.0	0	6	13	52.45	49.24	0.00
	166	297WLEDOL	4,950.42	508.41	4,442.01	15,351	0	0.0	0	3	11	32.25	28.94	37.78
	204	GS-MTRD	199,418.21	21,899.91	177,518.30	904,925	0	0.0	308	0	0	22.04	19.62	0.00
	211	GS SEC	20,576,923.09	2,261,434.89	18,315,488.20	96,112,786	60,008	131,267.5	16,984	0	0	21.41	19.06	0.00
	212	GS-SEC M	846.93	79.22	767.71	3,250	0	0.0	1	0	0	26.06	23.62	0.00
	213	GS-UMR	413,373.11	41,609.64	371,763.47	1,751,775	0	0.0	432	0	0	23.60	21.22	0.00
	214	GS - AF	6,621.30	802.72	5,818.58	30,573	0	2,339.4	6	0	0	21.66	19.03	0.00
	215	GS SEC	35,429,572.05	5,117,414.34	30,312,157.71	212,801,349	0	827,654.1	3,099	0	0	16.65	14.24	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
211	217	GS PRI	187,450.59	25,718.12	161,732.47	1,194,600	0	4,270.6	10	0	0	15.69	13.54	0.00
	220	GSCC PRI	60,492.52	8,960.54	51,531.98	374,400	0	1,398.0	4	0	0	16.16	13.76	0.00
	223	GS LM ON	9,720.77	1,284.69	8,436.08	53,081	28,709	0.0	4	0	0	18.31	15.89	0.00
	225	GS LM TOD	2,854.37	325.81	2,528.56	14,058	8,093	0.0	2	0	0	20.30	17.99	0.00
	227	EXP GSTOD	1,028,342.16	127,684.74	900,657.42	5,332,235	4,403,341	0.0	361	0	0	19.29	16.89	0.00
	229	GS-TOD	626,798.48	95,985.95	530,812.53	3,982,268	2,290,032	5,789.2	56	0	0	15.74	13.33	0.00
	240	LGS SEC	12,031,651.51	2,029,951.91	10,001,699.60	83,942,636	0	202,687.0	99	0	0	14.33	11.91	0.00
	244	LGS PRI	2,030,004.91	381,027.85	1,648,977.06	15,991,250	0	37,441.0	10	0	0	12.69	10.31	0.00
	248	LGS SUB	643,619.96	142,560.27	501,059.69	6,033,750	0	16,619.0	4	0	0	10.67	8.30	0.00
	251	LGS-LM-TD	97,068.72	20,299.38	76,769.34	636,288	377,088	0.0	1	0	0	15.26	12.07	0.00
	256	LGSSECTOD	341,444.80	63,413.51	278,031.29	2,638,608	1,532,016	5,011.0	2	0	0	12.94	10.54	0.00
	356	IGS SEC	1,845,120.58	371,002.87	1,474,117.71	15,585,840	0	31,286.0	4	0	0	11.84	9.46	0.00
	358	IGS PRI	8,094,827.90	1,928,393.21	6,166,434.69	80,362,800	0	140,482.0	7	0	0	10.07	7.67	0.00
359	IGS SUB	13,473,616.34	4,977,079.14	8,496,537.20	180,655,650	-35,829,000	285,014.0	6	0	0	7.46	4.70	0.00	
211 - Summary			98,994,349.71	17,813,934.89	81,180,414.82	716,479,763	-27,129,713	1,691,258.8	21,400	4,590	7,339	13.82	11.33	55,650.86
212	015	RS	1,511.67	211.86	1,299.81	8,726	0	0.0	1	0	0	17.32	14.90	0.00
	093	OL 175 MV	2,495.92	257.53	2,238.39	10,691	0	0.0	0	12	12	23.35	20.94	0.00
	094	OL 100 HP	39,248.02	2,976.20	36,271.82	123,907	0	0.0	0	208	258	31.68	29.27	801.30
	095	OL 400 MV	4,730.09	593.72	4,136.37	24,421	0	0.0	0	8	13	19.37	16.94	0.00
	097	OL 200 HP	31,339.65	3,315.66	28,023.99	136,099	0	0.0	0	100	135	23.03	20.59	1,187.76
	098	OL 400 HP	12,249.04	1,560.71	10,688.33	63,958	0	0.0	0	15	32	19.15	16.71	360.60
	099	OL175 MVP	226.11	21.10	205.01	864	0	0.0	0	1	1	26.17	23.73	0.00
	107	OL 200HPF	60,071.98	5,760.31	54,311.67	235,722	0	0.0	0	156	238	25.48	23.04	1,764.36
	109	OL400 HPF	272,673.26	33,233.50	239,439.76	1,367,891	0	0.0	0	287	689	19.93	17.50	6,729.99
	110	OL 250 MH	13,973.42	1,250.69	12,722.73	51,019	0	0.0	0	10	42	27.39	24.94	1,033.80
	111	OL100 HPP	6,168.35	267.43	5,900.92	11,308	0	0.0	0	6	24	54.55	52.18	224.57
	113	OL 150 HP	96,544.27	8,412.70	88,131.57	348,990	0	0.0	0	358	500	27.66	25.25	7,271.25
	116	OL 400 MH	74,707.63	8,418.42	66,289.21	344,198	0	0.0	0	63	183	21.70	19.26	2,369.15
131	OL 1000MH	24,051.49	3,433.21	20,618.28	140,698	0	0.0	0	9	31	17.09	14.65	134.64	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
212	150	55W LEDOL	16,571.49	976.90	15,594.59	37,396	0	0.0	0	105	145	44.31	41.70	1,549.58
	160	64W LEDOL	180.65	6.04	174.61	195	0	0.0	0	1	1	92.64	89.54	0.00
	165	146WLEDOL	1,560.91	89.33	1,471.58	2,887	0	0.0	0	1	4	54.07	50.97	28.88
	166	297WLEDOL	186.58	18.66	167.92	583	0	0.0	0	0	0	32.00	28.80	0.00
	211	GS SEC	4,472,224.46	550,356.12	3,921,868.34	23,900,728	15,041	60,331.1	2,357	0	0	18.71	16.41	0.00
	215	GS SEC	22,922,568.75	3,166,283.91	19,756,284.84	135,762,368	0	587,188.1	2,116	0	0	16.88	14.55	0.00
	217	GS PRI	150,694.99	23,791.84	126,903.15	993,480	0	3,019.7	6	0	0	15.17	12.77	0.00
	220	GSCC PRI	87,098.86	14,084.75	73,014.11	633,600	0	1,140.0	1	0	0	13.75	11.52	0.00
	223	GS LM ON	126,314.21	17,113.02	109,201.19	779,792	473,625	0.0	31	0	0	16.20	14.00	0.00
	225	GS LM TOD	38,786.98	4,517.82	34,269.16	196,091	103,829	0.0	23	0	0	19.78	17.48	0.00
	227	EXP GSTOD	528,957.34	67,866.35	461,090.99	2,858,183	2,372,171	0.0	138	0	0	18.51	16.13	0.00
	229	GS-TOD	386,369.30	57,289.73	329,079.57	2,477,733	1,515,840	0.0	54	0	0	15.59	13.28	0.00
	240	LGS SEC	14,275,682.89	2,346,975.26	11,928,707.63	98,858,212	0	251,639.0	112	0	0	14.44	12.07	0.00
	242	LGS M SEC	188,215.21	31,006.42	157,208.79	1,316,800	0	3,266.0	1	0	0	14.29	11.94	0.00
	244	LGS PRI	871,241.72	156,397.42	714,844.30	6,679,800	0	17,872.0	5	0	0	13.04	10.70	0.00
	248	LGS SUB	259,945.80	63,530.54	196,415.26	2,585,625	0	5,811.0	1	0	0	10.05	7.60	0.00
251	LGS-LM-TD	145,830.09	24,100.01	121,730.08	974,660	561,420	0.0	4	0	0	14.96	12.49	0.00	
358	IGS PRI	1,053,071.50	235,222.94	817,848.56	9,618,960	0	18,210.0	2	0	0	10.95	8.50	0.00	
212 - Summary			46,165,492.63	6,829,340.10	39,336,152.53	290,545,585	5,041,926	948,476.9	4,852	1,340	2,309	15.89	13.54	23,455.88
213	093	OL 175 MV	1,110.75	112.56	998.19	4,751	0	0.0	0	6	6	23.38	21.01	0.00
	094	OL 100 HP	6,799.80	531.63	6,268.17	21,998	0	0.0	0	26	45	30.91	28.49	0.00
	095	OL 400 MV	1,465.19	184.90	1,280.29	7,584	0	0.0	0	3	4	19.32	16.88	0.00
	097	OL 200 HP	6,739.17	715.74	6,023.43	29,348	0	0.0	0	19	29	22.96	20.52	245.28
	098	OL 400 HP	4,169.60	516.92	3,652.68	21,102	0	0.0	0	4	11	19.76	17.31	216.60
	107	OL 200HPF	23,045.20	2,212.95	20,832.25	91,112	0	0.0	0	45	90	25.29	22.86	562.56
	109	OL400 HPF	166,999.06	20,126.29	146,872.77	830,608	0	0.0	0	94	418	20.11	17.68	5,387.67
	110	OL 250 MH	1,275.96	117.52	1,158.44	4,801	0	0.0	0	3	4	26.58	24.13	67.32
	111	OL100 HPP	7,345.91	341.91	7,004.00	14,036	0	0.0	0	4	29	52.34	49.90	0.00
	113	OL 150 HP	11,618.29	940.96	10,677.33	39,002	0	0.0	0	28	55	29.79	27.38	1,520.53



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
213	116	OL 400 MH	32,055.04	3,642.88	28,412.16	149,347	0	0.0	0	19	79	21.46	19.02	735.84
	131	OL 1000MH	848.33	110.54	737.79	4,540	0	0.0	0	1	1	18.69	16.25	67.32
	150	55W LEDOL	1,712.68	108.45	1,604.23	4,012	0	0.0	0	12	16	42.69	39.99	116.41
	165	146WLEDOL	852.78	70.04	782.74	1,722	0	0.0	0	1	2	49.52	45.46	51.29
	166	297WLEDOL	461.67	57.48	404.19	1,509	0	0.0	0	0	1	30.59	26.79	0.00
	211	GS SEC	445,826.92	52,036.46	393,790.46	2,315,608	0	6,097.0	252	0	0	19.25	17.01	0.00
	214	GS - AF	163,419.93	21,664.45	141,755.48	980,907	0	22,293.8	59	0	0	16.66	14.45	0.00
	215	GS SEC	3,395,452.73	457,864.28	2,937,588.45	20,311,202	0	81,281.6	222	0	0	16.72	14.46	0.00
	217	GS PRI	4,990.07	591.79	4,398.28	27,540	0	72.0	1	0	0	18.12	15.97	0.00
	223	GS LM ON	7,589.89	865.39	6,724.50	57,920	44,080	0.0	1	0	0	13.10	11.61	0.00
	240	LGS SEC	2,522,409.77	386,947.35	2,135,462.42	16,103,704	0	54,794.0	29	0	0	15.66	13.26	0.00
	244	LGS PRI	629,625.76	101,785.22	527,840.54	4,358,680	0	16,838.0	4	0	0	14.45	12.11	0.00
	260	PS SEC	14,037,375.76	2,027,150.32	12,010,225.44	87,508,342	0	338,407.0	138	0	0	16.04	13.72	0.00
	264	PS PRI	248,086.32	38,437.93	209,648.39	1,758,000	0	6,687.0	1	0	0	14.11	11.93	0.00
	358	IGS PRI	433,210.48	80,340.83	352,869.65	3,516,600	0	8,921.0	1	0	0	12.32	10.03	0.00
359	IGS SUB	269,719.67	44,941.17	224,778.50	1,865,500	0	5,974.0	1	0	0	14.46	12.05	0.00	
213 - Summary			22,424,206.73	3,242,415.96	19,181,790.77	140,029,475	44,080	541,365.4	708	265	790	16.01	13.70	8,970.82
216	093	OL 175 MV	6,380.20	662.29	5,717.91	27,261	0	0.0	0	22	32	23.40	20.97	0.00
	094	OL 100 HP	29,614.59	2,224.27	27,390.32	92,467	0	0.0	0	119	192	32.03	29.62	855.84
	095	OL 400 MV	5,129.54	647.45	4,482.09	26,544	0	0.0	0	8	14	19.32	16.89	0.00
	097	OL 200 HP	28,626.50	2,930.99	25,695.51	120,579	0	0.0	0	53	120	23.74	21.31	1,808.40
	098	OL 400 HP	41,126.94	5,074.27	36,052.67	208,013	0	0.0	0	15	104	19.77	17.33	2,317.56
	107	OL 200HPF	42,164.27	3,972.09	38,192.18	163,106	0	0.0	0	93	161	25.85	23.42	1,781.45
	109	OL400 HPF	193,203.86	23,620.00	169,583.86	968,713	0	0.0	0	199	485	19.94	17.51	4,999.99
	110	OL 250 MH	6,089.82	586.98	5,502.84	24,080	0	0.0	0	7	20	25.29	22.85	67.32
	111	OL100 HPP	66,197.51	2,917.14	63,280.37	126,600	0	0.0	0	33	267	52.29	49.98	249.12
	113	OL 150 HP	62,269.05	5,294.99	56,974.06	215,249	0	0.0	0	146	308	28.93	26.47	6,705.90
	116	OL 400 MH	39,811.08	4,451.11	35,359.97	183,483	0	0.0	0	22	97	21.70	19.27	1,216.06
120	OL 250HPP	479.97	30.16	449.81	1,236	0	0.0	0	1	1	38.83	36.39	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
216	122	OL150 HPP	17,424.15	755.04	16,669.11	30,976	0	0.0	0	7	44	56.25	53.81	0.00
	131	OL 1000MH	6,977.07	988.20	5,988.87	40,622	0	0.0	0	7	9	17.18	14.74	67.32
	150	55W LEDOL	6,914.68	415.38	6,499.30	15,839	0	0.0	0	33	61	43.66	41.03	568.20
	165	146WLEDOL	2,098.41	98.78	1,999.63	3,536	0	0.0	0	1	5	59.34	56.55	168.30
	166	297WLEDOL	2,123.28	213.70	1,909.58	6,665	0	0.0	0	1	4	31.86	28.65	0.00
	204	GS-MTRD	12,323.66	371.14	11,952.52	11,601	0	0.0	49	0	0	106.23	103.03	0.00
	211	GS SEC	3,086,592.37	357,810.19	2,728,782.18	15,360,977	75,313	31,511.7	2,142	0	0	20.09	17.76	0.00
	213	GS-UMR	118,548.08	14,002.57	104,545.51	492,100	0	0.0	149	0	0	24.09	21.24	0.00
	214	GS - AF	61,167.79	8,390.90	52,776.89	371,190	0	7,983.4	20	0	0	16.48	14.22	0.00
	215	GS SEC	10,270,367.06	1,467,226.93	8,803,140.13	62,134,105	0	229,109.0	757	0	0	16.53	14.17	0.00
	217	GS PRI	99,704.49	11,143.06	88,561.43	450,150	0	5,535.5	4	0	0	22.15	19.67	0.00
	218	GS M SEC	34,263.75	4,699.47	29,564.28	211,280	0	685.6	1	0	0	16.22	13.99	0.00
	223	GS LM ON	3,130.99	335.60	2,795.39	16,328	9,760	0.0	2	0	0	19.18	17.12	0.00
	225	GS LM TOD	103,677.75	16,242.32	87,435.43	688,725	428,289	0.0	6	0	0	15.05	12.70	0.00
	229	GS-TOD	301,467.89	49,078.60	252,389.29	2,032,439	1,362,356	0.0	28	0	0	14.83	12.42	0.00
	240	LGS SEC	8,460,040.15	1,404,815.22	7,055,224.93	58,472,868	0	147,631.0	62	0	0	14.47	12.07	0.00
	242	LGS M SEC	819,859.71	138,374.19	681,485.52	5,752,080	0	13,676.0	6	0	0	14.25	11.85	0.00
	244	LGS PRI	560,682.21	100,783.80	459,898.41	4,089,400	0	12,732.0	4	0	0	13.71	11.25	0.00
	246	LGS M PRI	90,943.02	16,700.98	74,242.04	662,940	0	2,015.0	1	0	0	13.72	11.20	0.00
	251	LGS-LM-TD	27,157.81	5,338.13	21,819.68	165,888	90,816	0.0	1	0	0	16.37	13.15	0.00
256	LGSSECTOD	291,321.00	55,739.63	235,581.37	2,321,920	1,415,552	4,050.0	2	0	0	12.55	10.15	0.00	
358	IGS PRI	2,605,391.92	561,083.91	2,044,308.01	23,224,800	0	47,278.0	4	0	0	11.22	8.80	0.00	
540	MW	255,677.76	42,634.48	213,043.28	1,805,276	0	2,834.4	9	0	0	14.16	11.80	0.00	
216 - Summary			27,758,948.33	4,309,653.96	23,449,294.37	180,519,036	3,382,086	505,041.6	3,247	767	1,923	15.38	12.99	20,805.46
221	093	OL 175 MV	1,389.47	142.54	1,246.93	5,927	0	0.0	0	7	7	23.44	21.04	0.00
	094	OL 100 HP	8,818.36	679.95	8,138.41	27,998	0	0.0	0	30	58	31.50	29.07	134.64
	095	OL 400 MV	1,099.40	138.83	960.57	5,688	0	0.0	0	2	3	19.33	16.89	0.00
	097	OL 200 HP	7,803.84	842.42	6,961.42	34,549	0	0.0	0	9	34	22.59	20.15	179.70
	098	OL 400 HP	739.20	97.54	641.66	4,000	0	0.0	0	1	2	18.48	16.04	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
221	107	OL 200HPF	7,709.33	730.87	6,978.46	30,520	0	0.0	0	14	31	25.26	22.87	160.59
	109	OL400 HPF	74,125.72	9,061.51	65,064.21	372,267	0	0.0	0	45	187	19.91	17.48	1,759.68
	110	OL 250 MH	1,803.92	176.22	1,627.70	7,224	0	0.0	0	1	6	24.97	22.53	0.00
	111	OL100 HPP	1,520.32	70.86	1,449.46	2,904	0	0.0	0	1	6	52.35	49.91	0.00
	113	OL 150 HP	8,875.71	757.10	8,118.61	31,585	0	0.0	0	22	45	28.10	25.70	754.06
	116	OL 400 MH	14,365.49	1,625.09	12,740.40	68,464	0	0.0	0	12	37	20.98	18.61	0.00
	131	OL 1000MH	2,879.23	390.03	2,489.20	16,888	0	0.0	0	2	4	17.05	14.74	0.00
	150	55W LEDOL	1,083.98	60.92	1,023.06	2,367	0	0.0	0	6	9	45.80	43.22	134.64
	166	297WLEDOL	269.71	37.00	232.71	903	0	0.0	0	0	0	29.87	25.77	0.00
	204	GS-MTRD	1,968.26	216.22	1,752.04	8,949	0	0.0	3	0	0	21.99	19.58	0.00
	211	GS SEC	698,910.78	78,641.60	620,269.18	3,343,658	0	3,838.0	563	0	0	20.90	18.55	0.00
	215	GS SEC	1,979,232.66	278,263.56	1,700,969.10	11,775,084	0	46,743.0	143	0	0	16.81	14.45	0.00
	217	GS PRI	124,009.12	17,905.49	106,103.63	751,030	0	2,814.5	11	0	0	16.51	14.13	0.00
	220	GSCC PRI	187,036.08	29,526.78	157,509.30	1,262,390	0	2,577.8	11	0	0	14.82	12.48	0.00
	240	LGS SEC	4,015,647.11	551,833.50	3,463,813.61	23,265,316	0	106,782.0	35	0	0	17.26	14.89	0.00
	244	LGS PRI	2,939,132.27	503,559.64	2,435,572.63	21,410,550	0	67,853.0	15	0	0	13.73	11.38	0.00
	248	LGS SUB	295,081.13	72,744.14	222,336.99	2,884,000	0	6,580.0	1	0	0	10.23	7.71	0.00
	331	CS-IRP ST	6,705,501.00	0.00	6,705,501.00	136,536,000	-10,248,000	19,200.0	1	0	0	4.91	4.91	0.00
	332	CS-IRP TR	1,700,944.12	410,859.12	1,290,085.00	17,094,000	0	47,418.0	1	0	0	9.95	7.55	0.00
	358	IGS PRI	7,706,205.07	1,693,473.04	6,012,732.03	70,833,600	0	139,544.0	10	0	0	10.88	8.49	0.00
	359	IGS SUB	8,717,463.50	1,035,612.98	7,681,850.52	45,089,185	0	204,517.0	5	0	0	19.33	17.04	0.00
	360	IGS	1,200,843.63	211,829.41	989,014.22	9,216,000	0	44,175.0	1	0	0	13.03	10.73	0.00
	370	IGS	1,260,060.19	346,458.69	913,601.50	14,839,200	0	24,292.8	1	0	0	8.49	6.16	0.00
	371	IGS	95,066,351.25	29,569,176.73	65,497,174.52	1,231,098,000	0	1,824,722.0	4	0	0	7.72	5.32	0.00
	372	IGS	17,181,240.44	5,155,175.37	12,026,065.07	216,024,000	0	341,614.0	1	0	0	7.95	5.57	0.00
221 - Summary			149,912,110.29	39,970,087.15	109,942,023.14	1,806,042,246	-10,248,000	2,882,671.1	805	152	429	8.30	6.09	3,123.31
222	097	OL 200 HP	645.11	55.63	589.48	2,707	0	0.0	0	2	3	23.83	21.78	28.66
	107	OL 200HPF	248.69	24.70	223.99	1,012	0	0.0	0	1	1	24.57	22.13	0.00
	109	OL400 HPF	3,310.15	419.76	2,890.39	16,869	0	0.0	0	5	8	19.62	17.13	48.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
222	113	OL 150 HP	1,895.90	147.60	1,748.30	6,270	0	0.0	0	5	9	30.24	27.88	269.28
	211	GS SEC	61,653.32	7,303.68	54,349.64	324,272	0	1,149.9	24	0	0	19.01	16.76	0.00
	215	GS SEC	355,364.28	45,215.25	310,149.03	2,147,016	0	8,677.2	25	0	0	16.55	14.45	0.00
	220	GSCC PRI	32,971.38	4,842.83	28,128.55	214,200	0	606.0	2	0	0	15.39	13.13	0.00
	240	LGS SEC	1,314,168.40	195,847.57	1,118,320.83	8,415,520	0	29,845.0	7	0	0	15.62	13.29	0.00
	244	LGS PRI	352,000.57	62,649.94	289,350.63	2,877,600	0	5,892.0	1	0	0	12.23	10.06	0.00
	251	LGS-LM-TD	1,296.48	14.14	1,282.34	600	400	0.0	1	0	0	216.08	213.72	0.00
	358	IGS PRI	993,466.01	215,080.94	778,385.07	9,374,400	0	18,830.0	1	0	0	10.60	8.30	0.00
222 - Summary			3,117,020.29	531,602.04	2,585,418.25	23,380,466	400	65,000.1	62	13	21	13.33	11.06	345.94
230	094	OL 100 HP	935.03	72.60	862.43	3,041	0	0.0	0	5	6	30.75	28.36	0.00
	095	OL 400 MV	366.13	46.19	319.94	1,896	0	0.0	0	1	1	19.31	16.87	0.00
	097	OL 200 HP	4,895.29	517.79	4,377.50	21,252	0	0.0	0	3	21	23.03	20.60	192.00
	107	OL 200HPF	1,022.21	98.64	923.57	4,048	0	0.0	0	3	4	25.25	22.82	24.00
	109	OL400 HPF	12,437.13	1,510.61	10,926.52	62,000	0	0.0	0	12	31	20.06	17.62	384.60
	113	OL 150 HP	4,540.87	405.71	4,135.16	16,746	0	0.0	0	14	24	27.12	24.69	269.28
	116	OL 400 MH	791.31	92.37	698.94	3,792	0	0.0	0	1	2	20.87	18.43	0.00
	150	55W LEDOL	305.33	20.32	285.01	775	0	0.0	0	3	3	39.40	36.78	0.00
	211	GS SEC	60,909.42	6,564.95	54,344.47	293,613	0	551.3	49	0	0	20.74	18.51	0.00
	215	GS SEC	361,943.09	44,483.06	317,460.03	2,075,741	0	10,342.0	51	0	0	17.44	15.29	0.00
	217	GS PRI	3,253.23	89.55	3,163.68	3,960	0	9.0	2	0	0	82.15	79.89	0.00
	220	GSCC PRI	422,665.36	64,286.78	358,378.58	2,658,150	0	8,570.6	24	0	0	15.90	13.48	0.00
	236	GSCC SUB	78,061.16	10,252.56	67,808.60	483,350	0	1,067.1	3	0	0	16.15	14.03	0.00
	240	LGS SEC	439,359.82	45,010.21	394,349.61	2,001,912	0	15,817.0	7	0	0	21.95	19.70	0.00
	244	LGS PRI	4,485,311.95	633,793.20	3,851,518.75	26,235,370	296,400	146,819.0	25	0	0	17.10	14.68	0.00
	248	LGS SUB	265,113.90	64,791.77	200,322.13	2,731,000	0	4,797.0	1	0	0	9.71	7.34	0.00
	257	LGS PRITOD	376,501.75	60,633.20	315,868.55	2,865,510	1,744,800	7,443.0	2	0	0	13.14	11.02	0.00
	330	CS-IRP PR	4,120,905.91	668,868.71	3,452,037.20	28,108,101	0	98,167.0	5	0	0	14.66	12.28	0.00
333	CS-IRP	4,381,285.97	1,200,957.18	3,180,328.79	50,208,000	0	127,824.0	1	0	0	8.73	6.33	0.00	
358	IGS PRI	10,582,193.92	1,566,497.09	9,015,696.83	66,799,250	-143,500	219,752.6	8	0	0	15.84	13.50	0.00	



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

State : KY

December 2022

Rev Class	Tariff		Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Realization		
												Incl Fuel	Excl Fuel	Facility Charge
230	359	IGS SUB	5,989,563.37	1,170,219.50	4,819,343.87	49,970,400	0	151,909.0	4	0	0	11.99	9.64	0.00
230 - Summary			31,592,362.15	5,539,211.99	26,053,150.16	234,547,907	1,897,700	793,068.6	182	42	92	13.47	11.11	869.88
400	093	OL 175 MV	404.20	42.18	362.02	1,728	0	0.0	0	1	2	23.39	20.95	0.00
	094	OL 100 HP	598.80	47.23	551.57	1,936	0	0.0	0	2	4	30.93	28.49	0.00
	107	OL 200HPF	248.65	24.69	223.96	1,012	0	0.0	0	1	1	24.57	22.13	0.00
	109	OL400 HPF	9,132.16	1,121.24	8,010.92	46,000	0	0.0	0	7	23	19.85	17.42	201.96
	111	OL100 HPP	23,301.69	1,084.28	22,217.41	44,528	0	0.0	0	19	92	52.33	49.90	0.00
	113	OL 150 HP	868.36	68.66	799.70	2,816	0	0.0	0	2	4	30.84	28.40	134.64
	122	OL150 HPP	3,167.54	137.18	3,030.36	5,632	0	0.0	0	2	8	56.24	53.81	0.00
	131	OL 1000MH	770.11	110.69	659.42	4,540	0	0.0	0	1	1	16.96	14.52	0.00
	204	GS-MTRD	1,720.90	0.22	1,720.68	12	0	0.0	8	0	0	14,340.83	14,339.00	0.00
	211	GS SEC	142,332.73	9,121.52	133,211.21	366,059	0	161.2	240	0	0	38.88	36.39	0.00
	213	GS-UMR	234.22	1.44	232.78	60	0	0.0	1	0	0	390.37	387.97	0.00
	215	GS SEC	77,219.00	10,613.50	66,605.50	455,549	0	1,932.7	6	0	0	16.95	14.62	0.00
528	SL	1,928,885.79	203,812.12	1,725,073.67	8,436,096	0	0.0	54	0	0	22.86	20.45	0.00	
400 - Summary			2,188,884.15	226,184.95	1,962,699.20	9,365,968	0	2,093.9	309	35	135	23.37	20.96	336.60
KY - Summary			698,011,927.90	123,421,392.59	574,590,535.31	5,358,481,005	-25,020,938	7,457,573.5	164,184	46,132	54,895	13.03	10.72	297,136.29



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL
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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL
Standard Service Offer

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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- ALL REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00



American Electric Power
KENTUCKY POWER COMPANY

TARIFF SUMMARY REVENUE- BY REVENUE CLASS
12 MONTHS BILLED + ESTIMATED - MCSR0162 - FINAL

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December 2022

Realization													
Rev Class	Tariff	Revenue	Fuel Clause	Revenue Excl Fuel Clause	Metered KWH	Off Pk KWH	Billing Demand	# Of Cust Incl	# Of Cust Excl	# Of Lamps	Incl Fuel	Excl Fuel	Facility Charge
Grand Total		0.00	0.00	0.00	0	0	0.0	0	0	0	0.00	0.00	0.00

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_16 Provide a copy of each cost-of-service study and billing analysis filed with Kentucky Power's rate application in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

RESPONSE

Please refer to KPCO_R_KPSC_1_16_Attachment1, KPCO_R_KPSC_1_16_Attachment2, and KPCO_R_KPSC_1_16_Attachment3 for the requested information.

Witness: Katharine I. Walsh

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

- KPSC 1_17** Provide the following expense account data:
- a. A schedule, in comparative form, showing the total company and Kentucky operating expense account balance for the test year and each of the three most recent calendar years preceding the test year for each account or subaccount included in Kentucky Power's annual report (FERC Form 1, pages 320–323). Show the percentage of increase or decrease of each year over the prior year.
 - b. A listing, with descriptions, of all activities, initiatives, or programs undertaken or continued by Kentucky Power since its last general rate case for the purpose of minimizing costs or improving the efficiency of its operations or maintenance activities. Include all quantifiable realized and projected savings.

RESPONSE

- a. – b.) Please see the Company's response to KPSC 1-1.

Witness: Brian K. West

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_18 Provide a schedule, in the format provides in Schedule F of electric operations net income, per kWh sold, per company books for the test year and three calendar years preceding the test year.

RESPONSE

Please refer to KPCO_R_KPSC_1_18_Attachment1 for the requested information.

Witness: Heather M. Whitney

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_19 Provide the comparative operating statistics for total company as shown in Schedule G.

RESPONSE

See KPCO_R_KPSC_1_19_Attachment1 for the requested information.

Witness: Heather M. Whitney

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_20 Provide the information requested in Schedule H for budgeted and actual numbers of full- and part-time employees by employee group, by month, and by year; and regular wages, overtime wages, and total wages by employee group, by month, for the test year and three most recent calendar years preceding the test year. Explain any variance exceeding five percent.

RESPONSE

Refer to KPCO_R_KPSC_1_20_Attachment1 for the information requested. Monthly variances in total that exceed 5% during the periods provided are mainly attributable to open positions, differences between calendar month and payroll cycle, storm outage work, unplanned outages, and timing differences of planned outage work when compared to budget.

Witness: Everett G. Phillips

Witness: Brian K. West

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023
Page 1 of 3

DATA REQUEST

- KPSC 1_21** State whether Kentucky Power, through an outside consultant or otherwise, performed a study or survey to compare its wages, salaries, benefits, and other compensation to those of other utilities in the region or to other local or regional enterprises since Kentucky Power's last base rate case.
- a. If comparison were performed, provide the results of the study or survey, including all workpapers, and discuss the results of such comparisons. State whether any adjustments to wages, salaries, benefits, and other compensation in the rate application are consistent with the results of such comparisons.
 - b. If comparisons were not performed, explain why not.

RESPONSE

a. Yes, the AEP Total Rewards team, a department of AEP Human Resources, annually compares compensation and benefits to those of other utilities in the region and nationally as described below. Market compensation comparisons are also performed for individual or a small group of positions whenever 1. new positions are created; 2. a compensation review is requested by AEP management, or 3. when the HR department initiates a review because of rapidly changing market wages or recruiting and retention difficulties. These comparisons lead to discussions with AEP management, but do not result in written reports. Compensation comparisons are made to other utilities for utility specific jobs and to general industry companies for non-utility industry specific jobs. Benefits comparisons are made to other utilities of similar size to AEP. Compensation comparisons are made to national, regional and, less frequently, local survey information, when available, but national survey data is the preferred comparison for the following reasons:

- National survey data provides the largest sample and most robust comparisons possible, while Kentucky and more local survey data generally does not exist for the Companies' positions due to an insufficient sample and the regions used by the Companies' compensation surveys are too broadly defined to provide helpful survey comparisons for the Company or other AEP jurisdictions.
- The Company and its labor unions also negotiated for line mechanics to be trained and certified to a national standard, which makes them prime candidates for such jobs in other jurisdictions and would make attraction and retention particularly difficult, if not problematic, for jurisdictions with lower pay and paying lower wages likely would result in increased total costs for customers due to increased hiring and training expense.

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023
Page 2 of 3

- The Company and its labor unions have negotiated standardized wage rates for all journey level hourly positions across the AEP system, which best compares to national survey information.
- The Company's transmission and distribution workers are called upon from time to time to travel for storm restoration mutual assistance to other AEP and non-AEP jurisdictions. Working side by side with line mechanics from other jurisdictions brings any pay disparities to the forefront. This leads to the perception that employees in lower paid jurisdictions are being treated disparately, causes other employee relations issues and has a significant negative effect on the attraction and retention of such workers.
- Creating state or local compensation rates exponentially increases the number of such rates that would need to be maintained, which would add cost.

For salaried positions, these compensation comparisons lead to the assignment of a position to a salary grade with a salary range. However, local management hires employees for salaried positions at any rate within that range and within their budget at which they are able to obtain a suitable candidate and, for multiple incumbent positions, is consistent with internal equity. Both the local labor market and internal equity reflect the local labor market and, as a result, the salaries for the Company's position continue to reflect local labor market conditions for positions.

The Total Rewards team works with Sr. Management to maintain the competitiveness of the Companies' wages as well as to address identified areas where the Company and its affiliates are experiencing attraction and retention difficulties. This requires forecasting market compensation trends because survey data is typically only compiled annually. The Total Rewards team also seeks to adopt best practices in employee benefits to improve outcomes and reduce cost. Both compensation and employee benefits trends are moving targets about which surveys only provide partial information. Therefore, it is not possible to precisely anticipate these trends and both judgement and periodic checking and adjustment are required from time to time to maintain compensation and benefits within a market competitive range around the market median benchmark. This was particularly true both during the unprecedented impact of COVID 19 and then in 2021 and 2022 as economic conditions rebounded from COVID 19 and the labor supply was further impacted by changing worker pay and work expectations. The compensation analyzes and the resulting salary and wage increase budgets and incentive compensation since the last base case are provided in *KPCO_R_KPSC_1_21_Attachment1* and further discussed in section V. *Actions Taken to Control Compensation Expense* of Witness Carlin's direct testimony (pp. 16-21) and section VI. *Competitiveness of Total Compensation* of Witness Carlin's direct testimony (pp. 21-27). Extensive additional

Kentucky Power Company
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Staff's First Set of Data Responses
Dated May 31, 2023
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compensation comparisons were prepared for this case and are provided as Exhibits ARC-2, ARC-3, ARC-4 and ARC-5 to Mr. Carlin's direct testimony.

The employee benefits analyzes and many of the resulting employee benefits changes since the last base case are discussed in Section VIII. *Employee Benefits* of Witness Carlin's direct testimony (pp. 49-54, particularly pp. 50-51, lines 18 15). All of the compensation and benefits adjustments that the Company has made were consistent with the results of the above comparisons.

b. Not applicable.

Witness: Andrew R. Carlin



Human Resources Committee American Electric Power Company, Inc.

October 24, 2022



BOUNDLESS ENERGYSM

XI. Review 2023 Merit and General Increase Budgets



2023 Merit & General Increase Budgets Executive Summary

- Management reviews the Company's merit and general increase budget for the coming year with the HRC
- Current market surveys project median wage increases of 3.5% to 4.3% for all industries and 3.5% to 4.1% for the energy industry in 2023, substantially higher than rates over the last decade
- For 2023, Management is establishing a budget of 3.5% for merit, 0.5% for line-of-progression promotions, and an additional pool of 0.5% to selectively address pockets of market pressures, internal pay compression and related retention risks. The resulting budget reflects a cumulative increase of 4.5% of total salaries.
- The AEP salary structure will be increased by 2%, which when combined with last year's 3% structure movement, will best align with the projected market data over this two-year period (2.5% for 2022 and 2023).
- Overall, AEP employee base compensation aligns closely with market median (salaried compa-ratio = 100% for jobs matched to market); however, all survey data is subject to reporting lag and there remain pockets of accelerating pay pressure.
 - AEP pay for mid-level, trained individual contributors and first-line supervisors (grades 7 & 8) is slightly (3%) below market median, where pay interventions are planned to target engineers and front-line supervisors, among others.
- AEP voluntary turnover over the last 12 months is up to 8% (3.5% of this were retirements); and the tight labor market puts upward pressure on the salary expectations of new hires, contributing to lower candidate acceptance rates and related delays in talent acquisition.
- Competition for experienced employees is most pronounced in areas where industry capital expansion are outpacing available supply of skilled, specialized labor, most notably journey level line mechanics and the salaried leadership roles within the Transmission and Distribution Line functions.



2023 Merit & General Increase Budgets Executive Summary (Continued)

- The Company negotiated a 2022-2025 contract with the following provisions:
 - 3% general wage increase for all positions for 2022; 2.5% for 2023-2025
 - 1% additional increase for journey line workers in 2022-2025
 - Continuation of a \$3 premium for Columbus journey line workers and the conversion of existing retention payments into a 4.5% base pay increase for journey line workers in I&M
 - Reduction of pay steps within the wage schedule for line workers to accelerate pay rates; total time to journey will not be reduced so as not to sacrifice training or safety

- The Company re-negotiated wages for the 2022-2025 contract in September:
 - GWI for all roles was moved to 3.5% for 2023 to match 2023 merit budget; maintain 2.5% for 2024-2025
 - Journey Line, Network and Station jobs received 7.5% increases on October 1, 2022 (4.5% market adjustment and the annual 1% for 2023-2025 was pulled forward
 - Journey P&C and Meter roles also received the 4.5% increase on October 1, 2022
 - These October 1 increases were derived by reviewing current pay for our biggest contractors and companies where we are losing significant talent
 - The \$3 premium will continue in Columbus, In I&M the premium was changed from 4.5% to \$3 for consistency. And the \$3 premium was also added to PSO and the SWEPCO Fayetteville location due to proximity



2023 General Wage and Merit Increase Estimated Expense Breakout

Merit Eligible Budget: 3.50% merit budget + 0.50% promotional and equity adjustment budget + 0.50% budget to address specific needs of the organization (e.g., retention)

Physical & Craft Budget: 3.50% for anniversary date general increase

Group	Number of Active Employees	Current Payroll Base (\$000,000)	Average Annual Base Pay (\$000)	Total Budgeted Increases	Est. 2023 Direct Cost (\$000,000)	Est. Annualized Cost (\$000,000)	Est. 2023 Loaded O&M (\$000,000)*	Est. Annualized Loaded O&M (\$000,000)*
Physical & Craft ¹	6,041	495.7	85.6	3.5%	10.1	17.3	8.9	15.2
NE Salaried ²	2,474	178.3	72.1	4.5%	6.0	8.0	5.3	7.1
Exempt ³	7,073	730.2	103.2	4.5%	24.6	32.8	21.7	28.9
Management ⁴	1,353	237.0	539.9	4.5%	8.0	10.7	7.0	9.4
Exec ⁵	19	10.5	554.3	4.5%	0.4	0.5	0.3	0.4
Total	16,960	1,652	97.1		49.1	69.3	43.2	60.9

¹Includes a small portion of physical & craft employees that are merit eligible

²Non Exempt Salary grades 1 - 9

³Exempt Salary grades 4 - 9

⁴Salary grades 10-16, non HRC purview

⁵HRC Purview Executives

Change Sensitivity:

(000's)

Each .1% change to general increase costs/(saves) in 2023:

\$288

Each .1% change to merit increase costs/(saves) in 2023:

\$866

*Loaded O&M expense is approximately 88% of the Direct Cost due to a 35% reduction for capitalized labor, a 10% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.



Historical Overview of AEP System Increases Compared to Market

- AEP salary increase budget includes both the merit budget and line of progression promotion and equity adjustment budget for recent years

Year	Salary Increase Budget			Salary Structure		
	Market	AEP	Δ	Market	AEP	Δ
2023 Projected	3.9% - 4.3%	4.50%	0.2% - 0.6%	2.3% - 2.9%	2.00%	-0.30% to -0.9%
2022	4.10% (revised up)	3.50%	-0.60%	2.50%	3.00%	0.50%
2021	3.00%	3.00%	-	2.00%	2.00%	-
2020	3.00%	3.50%	0.50%	2.00%	2.00%	-
2019	3.00%	3.50%	0.50%	2.00%	2.00%	-
2018	3.00%	3.00%	-	2.00%	2.00%	-
2017	3.00%	3.50%	0.50%	2.00%	2.00%	-
2016	3.00%	3.50%	0.50%	2.00%	2.00%	-
2015	3.00%	3.50%	0.50%	2.00%	New	N/A
2014	3.00%	3.35%	0.35%	2.00%	2.00%	-
2013	3.00%	3.00%	-	2.00%	2.00%	-
2012	3.00%	2.67%	-0.33%	2.00%	2.00%	-
2011	3.00%	3.20%	0.20%	2.00%	2.00%	-
2010	2.80%	2.00%	-0.80%	2.00%	1.80%	-0.20%
2009	2.40%	0.00%	-2.40%	2.00%	2.00%	-

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XII. Short-term and Long-term Incentive Targets (Target Value by Salary Grade)





Short-term and Long-term Incentive Targets Executive Summary

- **This section provides an overview of the comparison of AEP’s short-term and long-term incentive targets to market survey data by grade level to identify the potential need for incentive target changes**
- **Management has evaluated the market survey data and is not proposing any STI or LTI target changes for any grade level for 2023.**
 - **A comparison of AEP’s short-term and long-term incentive targets to market survey data by grade level is provided in Appendix 4.**
 - **Adjustments to market-based STI and LTI incentive targets for specific executive positions will be an agenda item for the December HRC meeting**



Appendix 3. Review 2023 Merit and General Increase Budgets



Presentation Objective and Background

Objective

- To inform the HR Committee of current base pay market trends, the Company's 2023 base pay increase budgets, and 2023 salary structure adjustments

Market Overview

- Market surveys project salary increase budgets of 4.0% all industries and the energy industry in 2023

AEP Base Pay Market Position Overview

- Overall AEP employee compensation relative to market survey information was basically unchanged over the past year and remains slightly below the market median on average
 - Low employee turnover further confirms the competitiveness of AEP's total remuneration relative to the labor markets in which AEP operates
- Despite the public discourse about the "Great Resignation", through August AEP's voluntary turnover remains low
- AEP is experiencing increased competition when hiring but continues to be able to find qualified candidates although it may take modestly longer to do so and we are more frequently losing candidates to other employers
- Competition for experienced employees, such journey level line mechanics, has been disruptive in the past for a few geographic locations but is unlikely to be broadly disruptive in the near term



Objectives and Priorities For Base Pay Budgets

1. Provide base pay increase budgets that are sufficient to maintain the competitiveness of AEP's compensation on average
2. Address gaps to the market competitive range, particularly for positions where higher turnover leads to relatively high replacement expense or business risk
3. Significantly differentiate merit awards to reflect documented performance differences
 - a. Significantly larger merit awards for *Role Model* performance
 - b. Merit awards that are modestly less than the merit budget for *Solid Performance*
 - This is necessary because the number of high performing employees is larger than the number of low performing employees
 - c. Significantly smaller or no merit awards for *Opportunity for Improvement* performance, except to the extent the reason for this rating is because the employee is new in their position
 - d. Eliminate pay differences over time that are not warranted by recent performance
4. Differentiate merit awards to reflect current salary relative to the salary range (lower, middle or upper third)
5. Better enable line of progression promotions, such as Accountant to Accountant Senior, and equity adjustments by providing separate budgets
 - Controls are in place to better ensure that these budgets are used for their stated purpose
6. Establish realistic employee expectations for solid performance and enable managers to successfully communicate merit awards through continued training, employee education and communications
7. Continue to monitor and address pay compression where it occurs to better ensure that it is financially worthwhile for front line employees to step up to supervisory roles



Merit Pay Overview

Objectives of Merit Pay

- Link base compensation to employee performance, and
- Grow base pay to keep pace with market competitive compensation on average

Merit Pay Practices

- Pay for employees entering a job generally starts below the midpoint of the market competitive range and progresses through the competitive range as warranted by individual employee performance
- Pay ranges and salary grades are adjusted as needed to reflect changes in market compensation
- In order to maintain market competitive pay and enable salary progression, the Company's merit budget needs to exceed the growth rate of pay in the market
 - The merit budget should exceed this growth rate by an amount sufficient to enable pay to progress from the average starting level to the market midpoint over the period it typically takes well performing employees to become fully proficient in their job
 - The merit budget should also be sufficient to enable pay to progress over time for high performing employees to above the market midpoint so that pay levels are, on average, near the market midpoint



General Increase for Physical & Craft Employees

- **The objectives of wage adjustments for physical and craft employees are to:**
 - **Ensure an adequate and suitably skilled labor supply for all positions**
 - **Enable successful labor negotiations**
 - **Grow base pay rates to keep pace with market for skilled line workers**
- **All AEP physical and craft employees in a bargaining unit are paid the same rate for each “step” (e.g. step 1, 2, 3 and 4) for each position (e.g. Line Mechanic C)**
 - **Base pay does not progress through a pay range over time**
 - **As a result, the overall rate of base pay increases only needs to equal the growth rate of wages in the labor market in order to keep pace with the market**



2023 General Wage and Merit Increases

Group	2023 Budget %	Estimated 2023 Direct Expense (\$000,000) ²
Physical & Craft Employees¹		
General Wage Increase	3.50%	10.1
Merit Eligible Employees		
Merit Increase	3.50%	30.3
Line of Progression Promotions	0.50%	4.3
Special Needs Equity/Retention	0.50%	4.3
Total	4.50%	39
Total 2023 Est. Direct Expense		49.1
2023 Direct Expense Change Sensitivity: (000's)		
Each .1% change to general increase costs/(saves):	\$288	
Each .1% change to merit increase costs/(saves):	\$867	
¹ Includes a small portion of physical & craft employees that are merit eligible and assumes Overtime (140 hours @ 1.5x and 60 hours @ 2.0x)		
² Loaded O&M expense is approximately 88% of the Direct Cost due to a 35% reduction for capitalized labor, a 10% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.		



Salary Structure Impact Analysis

Compa-Ratio

Grade	# Jobs	# EEs	Average Annualized Base Salary (\$000)	Range Minimum (\$000)	Range Midpoint (\$000)	Range Maximum (\$000)	Average Compa-Ratio*
1	2	26	\$35.6	\$31.1	\$38.9	\$46.7	91%
2	11	63	\$40.3	\$36.6	\$45.8	\$54.9	88%
3	34	469	\$47.7	\$43.0	\$53.7	\$64.5	89%
4	66	648	\$57.5	\$50.5	\$63.1	\$75.7	91%
5	137	885	\$68.1	\$59.3	\$74.1	\$88.9	92%
6	185	1,312	\$80.2	\$69.6	\$87.0	\$104.4	92%
7	277	2,383	\$96.1	\$81.8	\$102.2	\$122.7	94%
8	274	2,254	\$112.5	\$92.4	\$120.1	\$147.8	94%
9	297	1,505	\$130.8	\$108.5	\$141.0	\$173.6	93%
10	288	857	\$153.2	\$127.4	\$165.6	\$203.9	92%
11	171	297	\$183.4	\$149.7	\$194.6	\$239.5	94%
12	77	100	\$219.3	\$175.9	\$228.7	\$281.5	96%
13	39	57	\$257.5	\$206.7	\$268.7	\$330.7	96%
14	23	25	\$295.3	\$242.7	\$315.5	\$388.4	94%
15	15	16	\$358.9	\$285.0	\$370.6	\$456.1	97%
16	10	10	\$409.6	\$334.8	\$435.3	\$535.7	94%
17	1	1	\$488.0	\$393.3	\$531.0	\$668.6	92%
18	6	6	\$582.5	\$462.0	\$623.7	\$785.4	93%
19	1	1	\$850.0	\$542.7	\$732.6	\$922.6	116%
20	1	1	\$1,510.0	Not Applicable			
Overall	1,915	10,916	\$97.1				94.1%
Incumbent wighted							92.9%

- **AEP's compa-ratio decreased slightly from 2021 to 2022**
- **The benchmarking and job grading process align AEP's compensation to market**
- **AEP's average compensation is close to the national average for AEP jobs (94.0%)**
 - **The national average is a more expensive labor market than nearly all local markets in which AEP operates**

**Annualized base rate ÷ salary range midpoint; excludes all physical / craft employees.*

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Appendix 4. Short-term and Long-term Incentive Targets (Target Value by Salary Grade)



Annual and Long-Term Incentive Targets Background

- **STI and LTI targets were implemented with the 20 grade structure in 2015**
 - **STI targets are expressed as a percentage of salary**
 - **LTI targets are expressed as fixed grant date values**
 - **AEP's LTI targets do not automatically escalate with salary growth, which creates a need to update them periodically to reflect changes in competitive practices**
 - **Incentive compensation targets are not defined for the CEO position (grade 20), rather they are established by the HRC annually**



Annual Incentive Targets for 2023

Grade	Midpoint	# Jobs	# EEs	AEP STI Target %	Market Median Target ¹
1	\$38,926	2	26	5%	6%
2	\$45,788	11	63	5%	6%
3	\$53,714	34	469	5%	6%
4	\$63,063	66	648	6%	7%
5	\$74,064	137	885	8%	10%
6	\$86,961	185	1312	9%	10%
7	\$102,223	277	2383	10%	11%
8	\$120,089	274	2254	10%	15%
9	\$141,031	297	1505	15%	15%
10	\$165,641	288	857	20%	15%
11	\$194,627	171	297	25%	20%
12	\$228,701	77	100	30%	35%
13	\$268,692	39	57	35%	38%
14	\$315,545	23	25	40%	40%
15	\$370,561	15	16	45%	50%
16	\$435,279	10	10	50%	50%
17	\$530,966	1	1	Market Based ²	60%
18	\$623,699	6	6	Market Based ²	80%
19	\$732,628	1	1	Market Based ²	90%
20		1	1	HRC Discretion	140%

- **No incentive changes proposed for 2023, the salary structure will increase 2% to reflect the growth rate in wages in the U.S. market, which is common practice**
- **AEP targets apply if a market-based target has not been established for a specific position (market-based targets provided in next slide)**

¹ 2022 Willis Towers Watson Energy Services AEP Peer Group (26 peers)

² All incumbents have a market-based incentive



Long-Term Incentive Targets for 2023

Grade	Midpoint	# Jobs	# EEs	AEP LTI Target Value	Median Target LTI (%) ¹	Target LTI % of AEP Midpoint (\$)	50th %ile of AEP Matched Jobs
1	\$38,926	2	26				
2	\$45,788	11	63				
3	\$53,714	34	469				
4	\$63,063	66	648				
5	\$74,064	137	885				
6	\$86,961	185	1312				
7	\$102,223	277	2383				
8	\$120,089	274	2254		15%	\$18,013	
9	\$141,031	297	1505		15%	\$21,155	\$ 1,113
10	\$165,641	288	857	\$7,000	15%	\$24,846	\$ 4,674
11	\$194,627	171	297	\$24,675	15%	\$29,194	\$ 17,398
12	\$228,701	77	100	\$48,325	32%	\$73,184	\$ 36,991
13	\$268,692	39	57	\$92,640	53%	\$142,407	\$ 119,710
14	\$315,545	23	25	\$146,685	61%	\$192,483	\$ 153,584
15	\$370,561	15	16	\$266,220	76%	\$281,626	\$ 218,386
16	\$435,279	10	10	\$344,000	106%	\$461,396	\$ 326,302
17	\$530,966	1	1	Market Based ²	155%	\$822,997	\$ 689,978
18	\$623,699	6	6	Market Based ²	220%	\$1,372,139	\$ 1,084,936
19	\$732,628	1	1	Market Based ²	324%	\$2,373,716	TBD - proxy data
20		1	1	HRC Discretion	682%	N/A	TBD - proxy data

¹ 2022 Willis Towers Watson Energy Services AEP Peer Group (26 peers)

² All incumbents have a market-based incentive

³ LTI Targets based on Target Direct Compensation minus Target Total Cash (2022)



Human Resources Committee American Electric Power Company, Inc.

October 18, 2021



X. Review 2022 Merit and General Increase Budgets



2022 Merit & General Increase Budgets Executive Summary

- Management annually reviews the Company's merit and general increase budget for the coming year with the HRC
- Market survey data currently projects median wage increases of 3.0% to 3.3% for all industries and 3.0% to 3.2% for the energy industry in 2022, both of which are slight increases from the 3.0% increase rate experienced for the last decade
- Management is establishing a 2.75% merit budget for 2021 with a 0.25% budget for line of progression promotions for a total budget of 3.0%
 - The salary structure will be increased by 2% to reflect the growth rate in wages in the U.S. market, which is common practice
- Overall AEP employee compensation relative to market survey data was basically unchanged over the past year and remains slightly below the market median on average
 - Low employee turnover further confirms the competitiveness of AEP's total remuneration relative to the labor markets in which AEP operates
- Despite the public discourse about the "Great Resignation", through August AEP's voluntary turnover remains low
 - AEP's return to the office may influence future turnover
- AEP is experiencing increased competition when hiring but continues to be able to find qualified candidates although it may take modestly longer to do so and we are more frequently losing candidates to other employers
- Competition for experienced employees, such journey level line mechanics, has been disruptive in the past for a few geographic locations but is unlikely to be broadly disruptive in the near term.
- Market and geographic wage adjustments that occurred between 2015 and 2020 have narrowed or eliminated the gap to market median and internally equalized wages for journey level positions but line mechanic pay remains an area of concern and focus
- The 2021 merit and general increase budgets are based on current information and adjustments may be necessary as the situation develops.



2022 Merit & General Increase Budgets Executive Summary (Continued)

- The Company is currently negotiating a multi-year (2022-2025) wage agreement
- As the result of union concerns about the already approved 2022 ICP shift to base pay that will not be implemented, coupled with growing industry demand for skilled line mechanics, AEP is negotiating a labor agreement with the following provisions:
 - 2% January 1, 2022 increase that does not require an ICP target reduction
 - 1% general wage increase for all positions for 2022; 2.5% for 2023-2025
 - 1.5% additional increase for journey line workers in 2022; 1% additional for 2023-2025
 - Continuation of a \$3 premium for Columbus journey line workers and the conversion of existing retention payments into a 4.5% base pay increase for journey line workers in I&M
 - Reduction of pay steps within the wage schedule for line workers to accelerate pay rates; total time to journey will not be reduced so as not to sacrifice training or safety
- The significant steps management has taken to improve the market competitiveness of AEP's compensation have had the desired impact
 - AEP's overall compa-ratio for positions other than physical and craft positions shows that AEP's compensation remains slightly below market median overall (96.9% of the national market level on average), which is well within the market competitive range
 - All journey level physical and craft jobs are now within a +/- 10% range around regional market median compensation on a total compensation basis
- Given AEP's relatively low employee turnover and geographic footprint in mid to low wage areas, AEP Management continues to believe the Company is appropriately positioned to attract and retain suitable employees for all types of positions

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XI. Short-term and Long-term Incentive Targets (Target Value by Salary Grade)





Short-term and Long-term Incentive Targets Executive Summary

Page No. 28 of 63

- **This section provides a comparison of AEP's short-term and long-term incentive targets to market survey data by grade level to identify the potential need for incentive target changes**
 - **STI and LTI target changes were last implemented as part of the compensation redesign in 2015 and for two executive grades for 2016**
- **Management is not proposing any STI or LTI target changes for any grade level for 2022. A comparison of AEP's short-term and long-term incentive targets to market survey data by grade level is provided in Appendix 3. STI and LTI target changes were last implemented as part of the compensation redesign in 2015 and for two executive grades for 2016.**
 - **Adjustments to market-based STI and LTI incentive targets for specific executive positions will be an agenda item for the December HRC meeting**



Appendix 2. Review 2022 Merit and General Increase Budgets



Presentation Objective and Background

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Objective

- To inform the HR Committee of current base pay market trends, the Company's 2022 base pay increase budgets, and 2022 salary structure adjustments

Market Overview

- Market surveys project salary increase budgets of 3.0% to 3.3% for all industries and 3.0% to 3.2% for the energy industry in 2022

AEP Base Pay Market Position Overview

- Overall AEP employee compensation relative to market survey information was basically unchanged over the past year and remains slightly below the market median on average
 - Low employee turnover further confirms the competitiveness of AEP's total remuneration relative to the labor markets in which AEP operates
- Despite the public discourse about the "Great Resignation", through August AEP's voluntary turnover remains low
- AEP is experiencing increased competition when hiring but continues to be able to find qualified candidates although it may take modestly longer to do so and we are more frequently losing candidates to other employers
- Competition for experienced employees, such journey level line mechanics, has been disruptive in the past for a few geographic locations but is unlikely to be broadly disruptive in the near term



Objectives and Priorities For Base Pay Budgets

1. Provide base pay increase budgets that are sufficient to maintain the competitiveness of AEP's compensation on average
2. Address gaps to the market competitive range, particularly for positions where higher turnover leads to relatively high replacement expense or business risk
3. Significantly differentiate merit awards to reflect documented performance differences
 - a. Significantly larger merit awards for *Role Model* performance
 - b. Merit awards that are modestly less than the merit budget for *Solid Performance*
 - This is necessary because the number of high performing employees is larger than the number of low performing employees
 - c. Significantly smaller or no merit awards for *Opportunity for Improvement* performance, except to the extent the reason for this rating is because the employee is new in their position
 - d. Eliminate pay differences over time that are not warranted by recent performance
4. Differentiate merit awards to reflect current salary relative to the salary range (lower, middle or upper third)
5. Better enable line of progression promotions, such as Accountant to Accountant Senior, and equity adjustments by providing separate budgets
 - Controls are in place to better ensure that these budgets are used for their stated purpose
6. Establish realistic employee expectations for solid performance and enable managers to successfully communicate merit awards through continued training, employee education and communications
7. Continue to monitor and address pay compression where it occurs to better ensure that it is financially worthwhile for front line employees to step up to supervisory roles



Merit Pay Overview

Objectives of Merit Pay

- Link base compensation to employee performance, and
- Grow base pay to keep pace with market competitive compensation on average

Merit Pay Practices

- Pay for employees entering a job generally starts below the midpoint of the market competitive range and progresses through the competitive range as warranted by individual employee performance
- Pay ranges and salary grades are adjusted as needed to reflect changes in market compensation
- In order to maintain market competitive pay and enable salary progression, the Company's merit budget needs to exceed the growth rate of pay in the market
 - The merit budget should exceed this growth rate by an amount sufficient to enable pay to progress from the average starting level to the market midpoint over the period it typically takes well performing employees to become fully proficient in their job
 - The merit budget should also be sufficient to enable pay to progress over time for high performing employees to above the market midpoint so that pay levels are, on average, near the market midpoint



General Increase for Physical & Craft Employees

- **The objectives of wage adjustments for physical and craft employees are to:**
 - **Ensure an adequate and suitably skilled labor supply for all positions**
 - **Enable successful labor negotiations**
 - **Grow base pay rates to keep pace with market for skilled line workers**
- **All AEP physical and craft employees in a bargaining unit are paid the same rate for each “step” (e.g. step 1, 2, 3 and 4) for each position (e.g. Line Mechanic C)**
 - **Base pay does not progress through a pay range over time**
 - **As a result, the overall rate of base pay increases only needs to equal the growth rate of wages in the labor market in order to keep pace with the market**



General Increase, Market and Geographic Wage Adjustments for Physical & Craft Employees

- **Between 2015 and 2020 AEP had two multi-year wage agreements, but the most recent agreement was for the 2021 calendar year only**
 - **Market and geographic wage adjustments that occurred between 2015 and 2020 have narrowed or eliminated the gap to market median and internally equalized wages for journey level positions; line mechanic pay remains a focus**
 - **Due to economic uncertainty as a result of the pandemic, we extended the 2018-2020 agreement to 2021 with:**
 - **A 2.5% general wage increase for all physical and craft jobs,**
 - **Continuation of a \$3 premium for Line Mechanics As and Line Servicers in Columbus as well as a 4.5% of base pay I&M retention program to address local competitive challenges, and**
 - **A shift of 2% of a 5% ICP target to base pay effective January 1, 2022.**

General Increase, Market and Geographic Wage Adjustments for Physical & Craft Employees (cont'd)



- **Wage negotiations are currently taking place for 2022 through 2025**
 - **New union concerns about the already approved, but pending, 2022 shift from ICP to base pay, coupled with growing industry demand for skilled line mechanics, have resulted in AEP negotiating toward a multi-year (2022-2025) contract with the following provisions:**
 - **2% January 1, 2022 increase that does not require an ICP target reduction**
 - **1% general wage increase for all positions for 2022; 2.5% for 2023-2025**
 - **1.5% additional increase for journey line workers in 2022; 1% additional for 2023-2025**
 - **Continuation of a \$3 premium for Columbus journey line workers and the conversion of existing retention payments into a 4.5% base pay increase for journey line workers in I&M**
 - **Reduction of pay steps within the wage schedule for line workers to accelerate pay rates; total time to journey will not be reduced so as not to sacrifice training or safety**
 - **2022-2025 line worker wage increase recommendations are largely driven from results of a custom compensation survey conducted by AON and sponsored by AEP in late 2020**



Line Worker Custom Survey

- Aon Consulting conducted a custom compensation survey, with targeted outreach to secure contractor pay data for Line Mechanics. The survey concluded in Q4 of 2020, with results available January 2021.

- **Key Findings:**

- **AEP lags the 50th percentile of base pay by 6% for Journey Line Mechanics**

Organization Weighted, Combined Utilities & Contractors

Study Job Title	Company Count	Base Pay AEP	Base Pay 25th Percentile	Base Pay 50th Percentile	Base Pay 75th Percentile	AEP +/- 25th	AEP +/- 50th	AEP +/- 75th
Line Mechanic - Entry	13	\$22.68	\$25.26	\$26.62	\$37.21	-10%	-15%	-39%
Line Mechanic - Journey	16	\$40.90	\$41.60	\$43.31	\$47.80	-2%	-6%	-14%

- **AEP lags the 50th percentile of total cash compensation by 4% for Journey Line Mechanics**

Organization Weighted, Combined Utilities & Contractors

Study Job Title	Company Count	Actual Total Cash AEP	Actual Total Cash 25th Percentile	Actual Total Cash 50th Percentile	Actual Total Cash 75th Percentile	AEP +/- 25th	AEP +/- 50th	AEP +/- 75th
Line Mechanic - Entry	13	\$47,944	\$53,819	\$55,878	\$77,400	-11%	-14%	-38%
Line Mechanic - Journey	16	\$93,280	\$89,642	\$97,314	\$104,622	4%	-4%	-11%

- **Most participants utilize a step progression; however, AEP's step progression includes about twice as many time steps, on average, for full progression than the average of other companies (39.3 months)**



2022 General Wage and Merit Increases

Group	2022 Budget %	Estimated 2022 Direct Expense (\$000,000) ²
Physical & Craft Employees¹		
Jan 1, 2022 General Increase	2.00%	11.8
Anniversary Date General Increase	1.00%	3.3
Additional Journey Line Worker Increase	1.50%	1.5
Line Mechanic A Step Elimination	Varies	2.9
Total		19.5
Merit Eligible Employees		
Merit Increase	2.75%	22.7
Line of Progression Promotions	0.25%	2.1
Total	3.00%	25
Total 2021 Est. Direct Expense		44.2
2022 Direct Expense Change Sensitivity: (000's)		
Each .1% change to general increase costs/(saves):	\$277	
Each .1% change to merit increase costs/(saves):	\$734	
<p>¹Includes a small portion of physical & craft employees that are merit eligible and assumes Overtime (140 hours @ 1.5x and 60 hours @ 2.0x)</p> <p>²Loaded O&M expense is approximately 88% of the Direct Cost due to a 35% reduction for capitalized labor, a 10% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.</p>		



2022 General Wage and Merit Increase Estimated Expense Breakout

Merit Eligible Budget: 2.75% merit budget and a 0.25% promotional and equity adjustment budget

Physical & Craft Budget: 2.0% general increase on January 1, 2022, 1.0% for anniversary date general increase and 1.5% increase for journey level line workers

Group	Number of Active Employees	Current Payroll Base (\$000,000)	Average Annual Base Pay (\$000)	Total Budgeted Increases	Est. 2022 Direct Cost (\$000,000)	Est. Annualized Direct Cost (\$000,000)	Est. 2022 Loaded O&M (\$000,000)*	Est. Annualized Loaded O&M (\$000,000)*
Physical & Craft ^{1,2}	5,835	457.4	81.7	4.5%	12.7	15.5	11.2	13.6
NE Salaried ³	2,500	174.4	69.7	3.0%	3.9	5.2	3.5	4.6
Exempt ⁴	6,932	695.8	100.4	3.0%	15.6	20.8	13.8	18.3
Management ⁵	613	61.5	615.1	3.0%	2.1	2.1	1.9	1.9
Exec ⁶	20	10.6	529.3	3.0%	0.3	0.3	0.3	0.3
Total	15,900	1,400	93.7		34.8	44.0	30.6	38.7

¹Includes a small portion of physical & craft employees that are merit eligible

²Includes 2.0% Jan 1 general increase, 1.0% anniversary date general increase and 1.5% additional increase for journey level line workers (does not include step elimination). Does not include overtime assumptions

³Non Exempt Salary grades 1 - 9

⁴Exempt Salary grades 4 - 9

⁵Salary grades 10-16, non HRC purview

⁶HRC Purview Executives

Change Sensitivity:

(000's)

Each .1% change to general increase costs/(saves) in 2022: \$283

Each .1% change to merit increase costs/(saves) in 2022: \$734

*Loaded O&M expense is approximately 88% of the Direct Cost due to a 35% reduction for capitalized labor, a 10% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.



Salary Structure Impact Analysis Compa-Ratio

Grade	# Jobs	# EEs	Average Annualized Base Salary (\$000)	Range Minimum (\$000)	Range Midpoint (\$000)	Range Maximum (\$000)	Average Compa-Ratio*
1	2	23	\$32.9	\$29.6	\$37.1	\$44.5	89%
2	11	62	\$40.0	\$34.9	\$43.6	\$52.3	92%
3	36	487	\$46.7	\$40.9	\$51.1	\$61.4	91%
4	70	672	\$56.4	\$48.0	\$60.0	\$72.0	94%
5	138	873	\$66.3	\$56.4	\$70.5	\$84.6	94%
6	194	1,308	\$77.9	\$66.2	\$82.8	\$99.3	94%
7	273	2,355	\$93.1	\$77.8	\$97.3	\$116.8	96%
8	284	2,176	\$109.7	\$87.9	\$114.3	\$140.7	96%
9	292	1,472	\$127.9	\$103.3	\$134.2	\$165.2	95%
10	282	774	\$150.5	\$121.3	\$157.7	\$194.0	95%
11	163	261	\$179.7	\$142.5	\$185.3	\$228.0	97%
12	81	102	\$213.2	\$167.5	\$217.7	\$267.9	98%
13	40	59	\$248.5	\$196.7	\$255.8	\$314.8	97%
14	23	26	\$290.0	\$231.0	\$300.3	\$369.7	97%
15	16	15	\$339.2	\$271.3	\$352.7	\$434.1	96%
16	13	13	\$406.0	\$318.7	\$414.3	\$509.9	98%
17	2	2	\$552.5	\$374.4	\$505.4	\$636.4	109%
18	7	7	\$580.4	\$439.7	\$593.7	\$747.6	98%
19	1	1	\$800.0	\$516.6	\$697.3	\$878.1	115%
20	1	1	\$1,510.0	Not Applicable			
Overall	1,929	10,689	\$102.4				96.9%
Incumbent wieghted							95.1%

- AEP’s compa-ratio remained consistent from 2020 to 2021
- The benchmarking and job grading process align AEP’s compensation to market
- AEP’s average compensation is close to the national average for AEP jobs (96.9%)
 - The national average is a more expensive labor market than nearly all local markets in which AEP operates

**Annualized base rate ÷ salary range midpoint; excludes all physical / craft employees.*



Historical Overview of AEP System Increases Compared to Market

- AEP salary increase budget includes both the merit budget and line of progression promotion and equity adjustment budget for recent years

Year	Salary Increase Budget			Salary Structure		
	Market	AEP	Δ	Market	AEP	Δ
2022 Projected	3.00%	3.00%	-	2.00%	2.00%	-
2021	3.00%	3.00%	-	2.00%	2.00%	-
2020	3.00%	3.50%	0.50%	2.00%	2.00%	-
2019	3.00%	3.50%	0.50%	2.00%	2.00%	-
2018	3.00%	3.00%	-	2.00%	2.00%	-
2017	3.00%	3.50%	0.50%	2.00%	2.00%	-
2016	3.00%	3.50%	0.50%	2.00%	2.00%	-
2015	3.00%	3.50%	0.50%	2.00%	New	N/A
2014	3.00%	3.35%	0.35%	2.00%	2.00%	-
2013	3.00%	3.00%	-	2.00%	2.00%	-
2012	3.00%	2.67%	-0.33%	2.00%	2.00%	-
2011	3.00%	3.20%	0.20%	2.00%	2.00%	-



Appendix 3. Short-term and Long-term Incentive Targets (Target Value by Salary Grade)



Annual and Long-Term Incentive Targets Background

- **STI and LTI targets were implemented with the 20 grade structure in 2015**
 - **STI targets are expressed as a percentage of salary**
 - **LTI targets are expressed as fixed grant date values**
 - **AEP's LTI targets do not automatically escalate with salary growth, which creates a need to update them periodically to reflect changes in competitive practices**
 - **Incentive compensation targets are not defined for the CEO position (grade 20), rather they are established by the HRC annually**



Annual Incentive Targets for 2022

Grade	# Jobs	# EEs	AEP STI Target %	Market Median Target ¹
1	2	23	5%	6%
2	11	62	5%	6%
3	36	487	5%	6%
4	70	672	6%	7%
5	138	873	8%	9%
6	194	1308	9%	10%
7	273	2355	10%	10%
8	284	2176	10%	13%
9	292	1472	15%	15%
10	282	774	20%	20%
11	163	261	25%	30%
12	81	102	30%	30%
13	40	59	35%	35%
14	23	26	40%	40%
15	16	15	45%	45%
16	13	13	50%	50%
17	2	2	Market Based ²	60%
18	7	7	Market Based ²	73%
19	1	1	Market Based ²	73%
20	1	1	HRC Discretion	135%

- No incentive changes proposed for 2022, the salary structure will increase 2% to reflect the growth rate in wages in the U.S. market, which is common practice
- AEP targets apply if a market-based target has not been established for a specific position (market-based targets provided in next slide)

¹ 2021 Willis Towers Watson Energy Services Executive Compensation for AEP Peer Group (17 peers)

² All incumbents have a market-based incentive

³ LTI Targets based on Target Direct Compensation minus Target Total Cash (2020)



Long-Term Incentive Targets for 2022

Grade	# Jobs	# EEs	AEP LTI Target Value	Market Data by Pay Bands		LTI Target \$ - Average AEP Job Survey Match ³
				Median Target LTI (%) ¹	Target LTI % of AEP Midpoint (\$)	50th %ile
1	2	23				
2	11	62				
3	36	487				
4	70	672				
5	138	873				
6	194	1308				
7	273	2355				
8	284	2176		14%	\$16,003	
9	292	1472		15%	\$20,136	
10	282	774	\$7,000	15%	\$23,649	\$ 4,903.01
11	163	261	\$24,675	16%	\$29,641	\$ 19,010.00
12	81	102	\$48,325	20%	\$43,537	\$ 41,086.00
13	40	59	\$92,640	40%	\$102,300	\$ 107,281.00
14	23	26	\$146,685	62%	\$186,215	\$ 130,520.00
15	16	15	\$266,220	75%	\$264,535	\$ 220,355.00
16	13	13	\$344,000	98%	\$406,029	\$ 492,388.80
17	2	2	Market Based ²	119%	\$601,417	\$ 1,364,514.00
18	7	7	Market Based ²	190%	\$1,127,955	\$ 1,221,302.00
19	1	1	Market Based ²	190%	\$1,324,951	TBD - proxy data
20	1	1	HRC Discretion	661%	N/A	TBD - proxy data

¹ 2021 Willis Towers Watson Energy Services Executive Compensation for AEP Peer Group (17 peers)

² All incumbents have a market-based incentive

³ LTI Targets based on Target Direct Compensation minus Target Total Cash (2020)



Human Resources Committee American Electric Power Company, Inc.

October 19, 2020



VI. Review 2021 Merit and General Increase Budgets (*Inform*)



Presentation Objective and Background

Objective

- To inform the HR Committee of current base pay market trends, the Company's 2021 base pay increase budgets, and 2021 salary structure adjustments

Market Overview

- Market surveys project salary increase budgets of 2.5% to 3.0% for 2021 among EEI peers and 2.9% to 3.0% at the median for the Energy Services industry
- 2020 was the last year that AEP anticipates a need for above market increases to catch up to the market
 - 2021 will not include an additional 0.25% for market adjustments for merit eligible employees or either an additional 0.5% market adjustment or an additional 0.5% geographic wage equalization budget for physical and craft employees

AEP Base Pay Market Position Overview

- AEP's employee compensation slightly improved relative to market compensation over the past year to slightly below the market median on average
- AEP's low employee turnover generally suggests that most positions are paid at least competitively relative to the local labor markets in which AEP operates
 - AEP continues to be an employer of choice* in most geographic areas in which we operate, particularly more rural locations
- Competition for experienced employees has somewhat abated due to economic conditions but should be expected to resume and create challenges in a few areas once economic conditions improve
 - These situations are occasionally disruptive at a geographic location or department level but are unlikely to be more broadly disruptive in the near term

*Potential job candidates are easily sourced and generally prefer AEP over most other potential employers



Objectives and Priorities For Base Pay Budgets

1. Provide base pay increase budgets that are sufficient to maintain the competitiveness of AEP's compensation on average
2. Address gaps to the market competitive range, particularly for positions where higher turnover leads to relatively high replacement expense or business risk
3. Significantly differentiate merit awards to reflect documented performance differences
 - a. Significantly larger merit awards for *Role Model* performance
 - b. Merit awards that are modestly less than the merit budget for *Solid Performance*
 - This is necessary because the number of high performing employees is larger than the number of low performing employees
 - c. Significantly smaller or no merit awards for *Opportunity for Improvement* performance, except to the extent the reason for this rating is because the employee is new in their position
 - d. Eliminate pay differences over time that are not warranted by recent performance
4. Differentiate merit awards to reflect current salary relative to the salary range (lower, middle or upper third)
5. Better enable line of progression promotions, such as Accountant to Accountant Senior, and equity adjustments by providing separate budgets
 - Controls are in place to better ensure that these budgets are used for their stated purpose
6. Establish realistic employee expectations for solid performance and enable managers to successfully communicate merit awards through continued training, employee education and communications
7. Continue to monitor and address pay compression where it occurs to better ensure that it is financially worthwhile for front line employees to step up to supervisory roles



Merit Pay Overview

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Objectives of Merit Pay

- Link base compensation to employee performance, and
- Grow base pay to keep pace with market competitive compensation on average

Merit Pay Practices

- Pay for employees entering a job generally starts below the midpoint of the market competitive range and progresses through the competitive range as warranted by individual employee performance
- Pay ranges and salary grades are adjusted as needed to reflect changes in market compensation
- In order to maintain market competitive pay and enable salary progression, the Company's merit budget needs to exceed the growth rate of pay in the market
 - The merit budget should exceed this growth rate by an amount sufficient to enable pay to progress from the average starting level to the market midpoint over the period it typically takes well performing employees to become fully proficient in their job
 - The merit budget should also be sufficient to enable pay to progress over time for high performing employees to above the market midpoint so that pay levels are, on average, near the market midpoint



General Increase for Physical & Craft Employees

- **The objectives of wage adjustments for physical and craft employees are to:**
 - **Ensure an adequate and suitably skilled labor supply for all positions**
 - **Enable successful labor negotiations**
 - **Grow base pay rates to keep pace with market competitive compensation**
 - **Address gaps to market median compensation over time**
 - **Equalize pay rates across geographic locations over time**

- **All AEP physical and craft employees in a bargaining unit are paid the same rate for each “step” (e.g. step 1, 2, 3 and 4) for each position (e.g. Line Mechanic C)**
 - **Base pay does not progress through a pay range over time**
 - **As a result, the overall rate of base pay increases only needs to equal the growth rate of wages in the labor market in order to keep pace with the market**



General Increase, Market and Geographic Wage Adjustments for Physical & Craft Employees

- **Historically AEP had 1-year labor agreements but we are concluding the 2nd 3-year wage agreement**
 - **2018-2020 wage increases were back-end loaded; 2.5%, 3.5% and 3.5% for 2018, 2019 and 2020, respectively;**
 - **Market and geographic wage adjustments also occurred in 2019 and 2020**
 - **These adjustments were sufficient to eliminate the gap to market median and internally equalize wages for journey level positions**
- **Wage negotiations are currently taking place for April 1, 2021 through March 31, 2022**
 - **Due to uncertainty related to COVID-19 and associated economic conditions, AEP is negotiating a 1-year contract that offers:**
 - **A 2.5% general wage increase for all positions for 2021, and**
 - **A 2% of salary ICP shift to base effective January 1, 2022**



2021 General Wage and Merit Increases

Group	2021 Budget %	Estimated 2021 Direct Expense (\$000,000) ²
Physical & Craft Employees¹		
General Increase	2.50%	6.9
Merit Eligible Employees		
Merit Increase	2.75%	29.6
Line of Progression Promotions	0.25%	2.7
Total	3.00%	32
Total 2021 Est. Direct Expense		39.3
2021 Direct Expense Change Sensitivity: (000's)		
Each .1% change to general increase costs/(saves): \$277		
Each .1% change to merit increase costs/(saves): \$1,077		
¹ Includes a small portion of physical & craft employees that are merit eligible ² Loaded O&M expense is approximately 88% of these numbers due to a 35% reduction for capitalized labor, a 10.8% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.		



2021 General Wage and Merit Increase Estimated Expense Breakout

Merit Eligible Budget: 2.75% merit budget and a 0.25% promotional and equity adjustment budget

Physical & Craft Budget: 2.5% general increase

Group	Number of Active Employees	Current Payroll Base (\$000,000)	Average Annual Base Pay (\$000)	Total Budgeted Increases	Est. 2021 Direct Cost (\$000,000)	Est. Annualized Direct Cost (\$000,000)	Est. 2021 Loaded O&M (\$000,000)*	Est. Annualized Loaded O&M (\$000,000)*
Physical & Craft ¹	6,160	467.2	79.3	2.5%	6.9	11.7	6.1	10.3
NE Salaried ²	2,519	172.7	68.6	3.0%	5.2	5.2	4.6	4.6
Exempt ³	6,962	689.1	99.0	3.0%	20.6	20.6	18.2	18.2
Management ⁴	1,195	204.0	170.7	3.0%	6.1	6.1	5.4	5.4
Exec ⁵	25	13.0	521.9	3.0%	0.4	0.4	0.3	0.3
Total	16,861	1,546	91.7		39.3	44.1	34.5	38.8

¹Includes a small portion of physical & craft employees that are merit eligible

²Non Exempt Salary grades 1 - 9

³Exempt Salary grades 4 - 9

⁴Salary grades 10-16, non HRC purview

⁵HRC Purview Executives

Change Sensitivity:

(000's)

Each .1% change to general increase costs/(saves) in 2020:

\$277

Each .1% change to merit increase costs/(saves) in 2020:

\$1,077

*Loaded O&M expense is approximately 88% of the Direct Cost due to a 35% reduction for capitalized labor, a 10% increase for OT, a 10% increase for incentive comp and 12% variable taxes and fringe benefits.



Salary Structure Impact Analysis

Compa-Ratio

Grade	# Jobs	# EEs	Average Annualized Base Salary (\$000)	Range Minimum (\$000)	Range Midpoint (\$000)	Range Maximum (\$000)	Average Compa-Ratio*
1	4	17	\$32.5	\$29.6	\$37.1	\$44.5	88%
2	12	75	\$39.1	\$34.9	\$43.6	\$52.3	90%
3	32	479	\$46.0	\$40.9	\$51.1	\$61.4	90%
4	68	691	\$55.3	\$48.0	\$60.0	\$72.0	92%
5	146	877	\$65.5	\$56.4	\$70.5	\$84.6	93%
6	190	1,318	\$76.8	\$66.2	\$82.8	\$99.3	93%
7	282	2,287	\$91.8	\$77.8	\$97.3	\$116.8	94%
8	292	2,242	\$107.5	\$87.9	\$114.3	\$140.7	94%
9	301	1,487	\$126.0	\$103.3	\$134.2	\$165.2	94%
10	287	746	\$149.3	\$121.3	\$157.7	\$194.0	95%
11	163	245	\$177.9	\$142.5	\$185.3	\$228.0	96%
12	87	108	\$210.8	\$167.5	\$217.7	\$267.9	97%
13	52	63	\$247.6	\$196.7	\$255.8	\$314.8	97%
14	18	19	\$291.0	\$231.0	\$300.3	\$369.7	97%
15	15	15	\$346.6	\$271.3	\$352.7	\$434.1	98%
16	13	13	\$409.3	\$318.7	\$414.3	\$509.9	99%
17	1	1	\$602.0	\$374.4	\$505.4	\$636.4	119%
18	8	8	\$595.0	\$439.7	\$593.7	\$747.6	100%
19	1	1	\$820.0	\$516.6	\$697.3	\$878.1	118%
20	1	1	\$1,510.0	Not Applicable			
Overall	1,973	10,693	\$100.8				97.0%
Incumbent weighted							93.7%

- AEP’s compa-ratio remained consistent from 2019 to 2020
- The benchmarking and job grading process align AEP’s compensation to market
- AEP’s average compensation is close to the national average for AEP jobs (97.0%)
 - The national average is a more expensive labor market than nearly all local markets in which AEP operates

**Annualized base rate ÷ salary range midpoint; excludes all physical / craft employees.*



Physical & Craft AEP Rates

- **After 5 years of higher than average wage increases, the average gap to national market median compensation has improved**
 - **These positions have improved from 92% of market in 2015 to 102% of market, based on 2020 contracted rates**
 - **All of these positions are now within the market competitive range (+/- 10%) relative to the regional market data and national market data**
 - **Physical & craft employee turnover remains low in most locations and for most positions**
- **AEP targets wages to the national market median**
 - **We believe this is the best comparison given the many regions and states in which AEP operates and the frequent need for travel, such as for storm restoration**
 - **Columbus and, to a lesser extent, Tulsa and South Bend (due to its proximity to Chicago) are AEP locations in which wages are at or above the national market median and attraction and retention can be more difficult**
 - **Wages in more rural AEP locations are typically below the nation market median**
- **Due to COVID-19 and the economic impact, AEP is negotiating a 1-year contract offering:**
 - **2.5% general wage increase for all physical and craft positions for 2021, and**
 - **A 2% ICP shift to base effective January 1, 2022**

Update



Physical & Craft AEP Rates vs. Regional Market Rates¹

Overall AEP Physical & Craft Base Pay is at 102% of Market Median

Benchmark Position	Region	AEP States	AEP Top Rate ²	AEP TCC	Market Median	AEP Base to Market	TCC Median	AEP Base + Bonus to Market
Line Mechanic A	Southeast	AR, KY, LA, TN, VA, WV	\$43.03	\$45.18	40.76	5.6%	\$43.77	3.2%
	Central/Midwest	IN, MI, OH	\$43.03	\$45.18	41.30	4.2%	\$44.27	2.1%
	Mountains/Plains	OK, TX	\$43.03	\$45.18	43.33	-0.7%	\$44.40	1.8%
	ALL COMPANIES		\$43.03	\$45.18	41.99	2.5%	\$44.38	1.8%
Meter Electrician-A	Southeast	AR, KY, LA, TN, VA, WV	\$43.03	\$45.18	40.76	5.6%	\$43.77	3.2%
	Central/Midwest	IN, MI, OH	\$43.03	\$45.18	41.30	4.2%	\$44.27	2.1%
	Mountains/Plains	OK, TX	\$43.03	\$45.18	43.33	-0.7%	\$44.40	1.8%
	ALL COMPANIES		\$43.03	\$45.18	41.99	2.5%	\$44.38	1.8%
Station Electrician A	Southeast	AR, KY, LA, TN, VA, WV	\$43.03	\$45.18	40.81	5.4%	\$44.06	2.5%
	Central/Midwest	IN, MI, OH	\$43.03	\$45.18	43.13	-0.2%	\$44.76	0.9%
	Mountains/Plains	OK, TX	\$43.03	\$45.18	43.15	-0.3%	\$44.92	0.6%
	ALL COMPANIES		\$43.03	\$45.18	42.35	1.6%	\$44.72	1.0%
Line Servicer	Southeast	AR, KY, LA, TN, VA, WV	\$44.76	\$47.00	42.39	5.6%	\$45.52	3.2%
	Central/Midwest	IN, MI, OH	\$44.76	\$47.00	42.95	4.2%	\$46.04	2.1%
	Mountains/Plains	OK, TX	\$44.76	\$47.00	45.06	-0.7%	\$46.18	1.8%
	ALL COMPANIES		\$44.76	\$47.00	43.67	2.5%	\$46.16	1.8%

¹2019 Market data has been aged to January 1, 2021
²Assumes 2.5% general increase applied to 2020 top rate



Update

Physical & Craft AEP Rates vs. Regional Market Rates¹

Benchmark Position	Region	AEP States	AEP Top Rate ²	AEP TCC	Market Median	AEP Base to Market	TCC Median	AEP Base + Bonus to Market
Maintenance Welder	Southeast	AR, KY, LA, TN, VA, WV	\$41.86	\$43.95	40.73	2.8%	42.76	2.8%
	Central/Midwest	IN, MI, OH	\$41.86	\$43.95	44.91	-6.8%	46.08	-4.6%
	Mountains/Plains	OK, TX	\$41.86	\$43.95	43.19	-3.1%	44.91	-2.1%
	ALL COMPANIES		\$41.86	\$43.95	41.88	0.0%	45.00	-2.3%
Unit Operator	Southeast	AR, KY, LA, TN, VA, WV	\$45.02	\$47.27	42.65	5.6%	45.98	2.8%
	Central/Midwest	IN, MI, OH	\$45.02	\$47.27	43.98	2.4%	46.92	0.7%
	Mountains/Plains	OK, TX	\$45.02	\$47.27	44.06	2.2%	45.27	4.4%
	ALL COMPANIES		\$45.02	\$47.27	43.94	2.5%	46.30	2.1%
Control Technician	Southeast	AR, KY, LA, TN, VA, WV	\$42.99	\$45.14	40.87	5.2%	43.25	4.4%
	Central/Midwest	IN, MI, OH	\$42.99	\$45.14	42.06	2.2%	43.50	3.8%
	Mountains/Plains	OK, TX	\$42.99	\$45.14	41.81	2.8%	43.61	3.5%
	ALL COMPANIES		\$42.99	\$45.14	42.01	2.3%	43.73	3.2%
Equipment Operator	Southeast	AR, KY, LA, TN, VA, WV	\$39.72	\$41.71	36.53	8.7%	39.65	5.2%
	Central/Midwest	IN, MI, OH	\$39.58	\$41.55	43.98	-10.0%	43.98	-5.5%
	Mountains/Plains	OK, TX	\$39.46	\$41.44	39.71	-0.6%	41.54	-0.3%
	ALL COMPANIES		\$39.59	\$41.57	38.64	2.5%	41.68	-0.3%
Fleet Technician A	Southeast	AR, KY, LA, TN, VA, WV	\$37.84	\$39.74	37.01	2.3%	39.94	-0.5%
	Central/Midwest	IN, MI, OH	\$37.84	\$39.74	40.37	-6.3%	42.25	-6.0%
	Mountains/Plains	OK, TX	\$37.84	\$39.74	36.93	2.5%	39.25	1.2%
	ALL COMPANIES		\$37.84	\$39.74	38.41	-1.5%	40.84	-2.7%

¹2019 Market data has been aged to January 1, 2021

²Assumes 2.5% general increase applied to 2020 top rate



Historical Overview of AEP System Increases Compared to Market

- AEP salary increase budget includes both the merit budget and line of progression promotion and equity adjustment budget for recent years

Year	Salary Increase Budget			Salary Structure		
	Market	AEP	Δ	Market	AEP	Δ
2021 Projected	3.00%	3.00%	0.00%	2.00%	2.00%	-
2020	3.00%	3.50%	0.50%	2.00%	2.00%	-
2019	3.00%	3.50%	0.50%	2.00%	2.00%	-
2018	3.00%	3.00%	-	2.00%	2.00%	-
2017	3.00%	3.50%	0.50%	2.00%	2.00%	-
2016	3.00%	3.50%	0.50%	2.00%	2.00%	-
2015	3.00%	3.50%	0.50%	2.00%	New	N/A
2014	3.00%	3.35%	0.35%	2.00%	2.00%	-
2013	3.00%	3.00%	-	2.00%	2.00%	-
2012	3.00%	2.67%	-0.33%	2.00%	2.00%	-
2011	3.00%	3.20%	0.20%	2.00%	2.00%	-

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VII. Short-term and Long-term Incentive Targets (Target Value by Salary Grade)



Annual and Long-Term Incentive Targets for 2021

- **STI and LTI targets were implemented with the 20 grade structure in 2015**
 - **STI targets are expressed as a percentage of salary**
 - **LTI targets are expressed as fixed grant date values**
 - **AEP's LTI targets do not automatically escalate with salary growth, which creates a need to update them periodically to reflect changes in competitive practices**
 - **Incentive compensation targets are not defined for the CEO position (grade 20), rather they are established by the HRC annually**

- **AEP will shift 2% of a 5% of salary STI target to base salary for physical & craft represented employees and their non-represented counterparts, effective January 1, 2022**
 - **It has not yet been determined whether a similar shift will occur for other employee groups**



Annual Incentive Targets for 2021

Grade	Midpoint	# Jobs	# EEs	AEP STI Target %	Market Median Target ¹
1	\$37,050	4	17	5%	
2	\$43,583	12	75	5%	
3	\$51,128	32	479	5%	
4	\$60,025	68	691	6%	
5	\$70,497	146	877	8%	
6	\$82,773	190	1318	9%	
7	\$97,300	282	2287	10%	
8	\$114,304	292	2242	10%	
9	\$134,239	301	1487	15%	
10	\$157,662	287	746	20%	
11	\$185,253	163	245	25%	25%
12	\$217,686	87	108	30%	30%
13	\$255,751	52	63	35%	35%
14	\$300,347	18	19	40%	40%
15	\$352,713	15	15	45%	45%
16	\$414,315	13	13	50%	50%
17	\$505,393	1	1	Market Based ²	55%
18	\$593,660	8	8	Market Based ²	70%
19	\$697,342	1	1	80%	70%
20		1	1	HRC Discretion	140%

- No changes proposed for 2021
- AEP targets apply if a market-based target has not been established for a specific position (market-based targets provided in next slide)

¹ 2020 Willis Towers Watson Energy Services Executive Compensation for AEP Peer Group (17 peers)

² All incumbents have a market-based incentive



Long-Term Incentive Targets for 2021

Market Data by Pay Bands

LTI Target \$ - Average AEP Job Survey Match ³

Grade	Midpoint	# Jobs	# EEs	AEP LTI Target Value	Median Target LTI (%) ¹	Target LTI % of AEP Midpoint (\$)	25th %ile	50th %ile	75th %ile
1	\$37,050	4	17						
2	\$43,583	12	75						
3	\$51,128	32	479						
4	\$60,025	68	691						
5	\$70,497	146	877						
6	\$82,773	190	1318						
7	\$97,300	282	2287						
8	\$114,304	292	2242						
9	\$134,239	301	1487						
10	\$157,662	287	746	\$7,000			\$ 2,980.49	\$ 5,991.80	\$ 10,265.07
11	\$185,253	163	245	\$24,675	21%	\$38,903	\$ 8,478.18	\$ 15,735.61	\$ 27,239.20
12	\$217,686	87	108	\$48,325	34%	\$74,013	\$ 27,443.16	\$ 44,559.95	\$ 73,296.30
13	\$255,751	52	63	\$92,640	51%	\$130,433	\$ 62,491.83	\$ 118,549.25	\$ 196,148.68
14	\$300,347	18	19	\$146,685	69%	\$207,240	\$ 118,372.63	\$ 179,856.26	\$ 278,198.21
15	\$352,713	15	15	\$266,220	73%	\$257,480	\$ 141,321.29	\$ 251,743.88	\$ 400,757.00
16	\$414,315	13	13	\$344,000	119%	\$493,035	\$ 195,273.72	\$ 299,196.89	\$ 406,854.06
17	\$505,393	1	1	Market Based ²	118%	\$596,363	\$ 841,871.00	\$ 922,711.00	\$ 2,089,021.00
18	\$593,660	8	8	\$832,000	198%	\$1,175,448	\$ 853,193.82	\$ 1,164,993.50	\$ 1,427,897.55
19	\$697,342	1	1	Market Based ²	198%	\$1,380,738	\$ 1,371,727.00	\$ 1,620,099.00	\$ 1,972,406.00
20		1	1	HRC Discretion	631%	N/A	\$ 6,174,850.00	\$ 7,996,778.00	\$ 9,799,991.00

¹ 2020 Willis Towers Watson Energy Services Executive Compensation for AEP Peer Group (17 peers)

² All incumbents have a market-based incentive

³ LTI Targets based on Target Direct Compensation minus Target Total Cash (2019)

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_22 Provide the most recent wage, compensation, and employee benefits studies, analyses, or surveys conducted since the last base rate case or that are currently utilized by Kentucky Power.

RESPONSE

Please see Exhibit ARC-1 - Compensation Survey List of Mr. Carlin's direct testimony for a list of the compensation surveys used by the Company. Pursuant to the vendor agreement, the third-party vendor that developed KPCO_R_KPSC_1_22_ConfidentialAttachment 3 has not authorized Kentucky Power to share copy of the information, even confidentially, with the Commission. Instead, the third-party vendor authorized Kentucky Power to share that attachment confidentially only by making an electronic copy available for viewing by Commission Staff and those intervenors who have executed a non-disclosure agreement with the Company. Additionally, these market compensation surveys are voluminous and are subject to the Company's motion to deviate. Those wishing to view KPCO_R_KPSC_1_22_ConfidentialAttachment3 should make an appointment with the undersigned counsel to view the information electronically at the offices of Stites & Harbison PLLC, 421 W. Main Street, Frankfort, KY 40601.

The HR Committee of the Board of Directors annually conducts an executive compensation study covering approximately 25 executive positions. These studies are conducted by the HR Committee's external compensation consultant. Please refer to KPCO_R_KPSC_1_22_ConfidentialAttachment1 for the most recent version of this study.

AEP participates in periodic benefits surveys performed by Aon and Willis Towers Watson. The Company uses these results to benchmark its benefit plans for reasonableness in terms of plan design and value as compared to other non-affiliated utility or non-utility employers. It is standard practice in benefits design work to rely on resources such as survey data to gauge the reasonableness of employee benefit plans. Please refer to KPCO_R_KPSC_1_22_ConfidentialAttachment2 for the Aon study. Please refer to Confidential Exhibit ARC-11 to Mr. Carlin's direct testimony for the 2023 Willis Towers Watson Healthcare Financial Benchmark Survey information.

Witness: Andrew R. Carlin

KPCO_R_KPSC_1_22_Confidential Attachment 1 has been redacted in its entirety.

KPCO_R_KPSC_1_22_Confidential Attachment 2 has been redacted in its entirety.

KPCO_R_KPSC_1_22_Confidential Attachment 3 has been redacted in its entirety.

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_23 For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted or to be granted in the past two calendar years and the historical test period.

RESPONSE

Please refer to KPCO_R_KPSC_1_23_Attachment1 which provides merit and general increases grouped by Employee Type.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_24 Provide a schedule reflecting the salaries and other compensation of each executive officer for the base period and three most recent calendar years. Include the percentage annual increase and the effective date of each increase, the job title, duty and responsibility of each officer, the number of employees who report to each officer, and to whom each officer reports. For employees elected to executive officer status since the test year in Kentucky Power's most recent rate case, provide the salaries for the persons they replaced.

RESPONSE

Please refer to KPCO_R_KPSC_1_24_ConfidentialAttachment1 for the requested information. It includes the requested information for executive officers of Kentucky Power and AEP as defined in Section 16 of the Securities and Exchange Act. Compensation is included in the year paid or deferred.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_25 Provide a listing of all health care plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non- Union Hourly employees (e.g., single, family). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

RESPONSE

Please see KPCO_R_KPSC_1_25_Attachment 1 & KPCO_R_KPSC_1_25_Attachment2 for the requested information.

Witness: Andrew R. Carlin

Employee_ER Contributions

Year 2023

Full Plan Monthly Rates - Active Employees				
2023	EE +			
	Single	EE + Sp	Child(ren)	Family
HRA	\$702.77	\$1,633.83	\$1,352.90	\$2,283.97
HSAPlus	\$631.25	\$1,467.56	\$1,215.22	\$2,051.53
HSABasic	\$568.80	\$1,322.37	\$1,094.99	\$1,848.56
Hawaii	\$638.59	\$1,484.63	\$1,229.35	\$2,075.39
Dental PPO	\$31.15	\$62.90	\$90.12	\$121.87
Dental DMO	\$22.09	\$44.19	\$49.70	\$71.80
Contribution Rates				
Employee Contributions				
Full-time Active Employee Share				
	EE +			
	Single	EE + Sp	Child(ren)	Family
HRA	\$166.09	\$439.49	\$343.05	\$616.44
HSAPlus	\$97.52	\$277.08	\$213.73	\$393.28
HSABasic	\$37.47	\$133.32	\$99.26	\$195.75
Hawaii	\$142.00	\$372.18	\$290.97	\$521.15
Dental PPO	\$12.46	\$26.75	\$39.00	\$53.28
Dental DMO	\$8.84	\$18.78	\$21.26	\$31.21
Vision	\$6.82	\$12.93	\$13.61	\$20.41
Part-time Active Employee Share				
	EE +			
	Single	EE + Sp	Child(ren)	Family
HRA	\$415.23	\$1,098.72	\$857.62	\$1,541.11
HSAPlus	\$243.80	\$692.69	\$534.32	\$983.21
HSABasic	\$93.68	\$333.29	\$248.14	\$489.38
Hawaii	NA	NA	NA	NA
Dental PPO	\$31.15	\$62.90	\$90.12	\$121.87
Dental DMO	\$22.09	\$44.19	\$49.70	\$71.80
Vision	\$6.82	\$12.93	\$13.61	\$20.41
Full-time Active Employer Subsidy				
	EE +			
	Single	EE + Sp	Child(ren)	Family
HRA	\$536.68	\$1,194.34	\$1,009.85	\$1,667.53
HSAPlus	\$533.73	\$1,190.48	\$1,001.49	\$1,658.25
HSABasic	\$531.33	\$1,189.05	\$995.73	\$1,652.81
Hawaii	\$496.59	\$1,112.45	\$938.38	\$1,554.24
Dental PPO	\$18.69	\$36.15	\$51.12	\$68.59
Dental DMO	\$13.25	\$25.41	\$28.44	\$40.59

January 1, 2023 - December 31, 2023

PARTICIPANT MEDICAL CONTRIBUTIONS

The pre-tax monthly cost to active full-time employees is calculated based on a percentage of the total cost of coverage. The pre-tax monthly costs to active part-time employees are two and one-half times the monthly costs of active full-time employees.

MEDICAL PLAN SURCHARGES

Spousal Surcharge

Effective January 1, 2014, if an active employee covers his/her spouse/domestic partner on AEP's medical plan, and that spouse/domestic partner has access to subsidized medical coverage through his/her employer, the employee will be assessed a surcharge of \$50.00 per month.

Tobacco Surcharge

Effective January 1, 2015, employees who use tobacco and nicotine products will have a surcharge, in the amount of \$50.00 per month, assessed when they elect coverage under AEP's medical plan.

Effective January 1, 2021, a \$50.00 per month tobacco surcharge applies to spouses or domestic partners enrolled in AEP medical coverage who indicate they use tobacco or nicotine products.

January 1, 2023 – December 31, 2023

GROUP MEDICAL PLANS

Health Savings Account (HSA) Plan Options	HSA Basic		HSA Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Company Annual Contribution to HAS	NA	NA	participant only: \$500 participant + spouse or participant + child(ren): \$750 participant + family: \$1,000	
Annual Deductible (includes medical, prescription and behavioral health)	\$3,000/participant \$6,000/participant + spouse \$6,000/participant + 1 child \$9,000/participant + children \$9,000/participant + family	\$4,000/participant \$8,000/participant + spouse \$8,000/participant + 1 child \$12,000/participant + children \$12,000/participant + family	\$2,000/participant \$3,000/participant + spouse \$3,000/participant + child(ren) \$4,000/participant + family	\$3,000/participant \$4,500/participant + spouse \$4,500/participant + child(ren) \$6,000/participant + family
Annual out-of-pocket maximum	\$4,000/participant \$8,000/participant + spouse \$8,000/participant + 1 child \$12,000/participant + child(ren) \$12,000/participant + family	\$8,000/participant \$16,000/participant + spouse \$16,000/participant + 1 child \$24,000/participant + child(ren) \$24,000/participant + family	\$4,000/participant \$6,000/participant + spouse \$6,000/participant + child(ren) \$8,000/participant + family	\$6,000/participant \$9,000/participant + spouse \$9,000/participant + child(ren) \$12,000/participant + family
Co-Insurance	10% after deductible	30% after deductible	15% after deductible	30% after deductible
Preventive Care	\$0%; no deductible	30% after deductible	\$0%; no deductible	30% after deductible
Prescription Coverage	10% after deductible		15% after deductible	
2023 Full-Time Employee Monthly Cost	participant only \$37.47 participant+spouse/domestic partner \$133.32 participant + child(ren) \$99.26 participant + family \$195.75		participant only \$97.52 participant + spouse: \$277.08 participant + child(ren) \$213.73 participant + family \$393.28	

January 1, 2023– December 31, 2023

HRA Plan				
		Participant Only	Participant + Spouse or Participant + Child(ren)	Participant + Family
Health Reimbursement Account (HRA)	AEP Annual Allocation	\$1,000	\$1,500	\$2,000
Traditional Health Coverage (Prescription coverage same as any other medical expense)	Annual Deductible (includes medical, prescription drug and behavioral health)	\$1,500	\$2,250	\$3,000
	Then, employee pays coinsurance for covered services	15% for in-network providers 30% for out-of-network providers		
	Annual Out-of-Pocket Maximum	\$4,000 if in-network \$6,500 if out-of-network	\$6,000 if in-network \$9,750 if out-of-network	\$8,000 if in-network \$13,000 if out-of-network
Annual Preventive (not applied to Company's HRA allocation)	In-network: 0%; no deductible Out-of-network: 30% after deductible			
2023 Full-Time Employee Monthly Cost	\$166.09 participant only \$439.49 participant + spouse/domestic partner \$343.05 participant + child(ren) \$616.44 participant + family			

Live Health Online

Live Health Online provides employees and their eligible dependents with 24/7/365 access to US board-certified physicians by online video. Live Health Online can diagnose, recommend treatment and prescribe medication when appropriate, including sinus problem, bronchitis, allergies, poison ivy, cold and flu symptoms, urinary tract infection, respiratory infection and more. The cost to participants for each physician consultation is \$59, \$80 for behavioral health therapist, \$95 for psychologist, and \$150 for psychiatrist initial consultation and \$75 for follow up consultations. This program is available to participants enrolled in an AEP health plan.

Wellness Program

Healthy living habits are an essential ingredient for healthy employees. For that reason, AEP sponsors a number of programs, including incentives, and initiatives designed to help employees achieve and maintain a healthy lifestyle. All active employees (regardless of whether they are enrolled in a medical plan) are eligible to participate in the following wellness programs along with spouses and domestic partners of active employees who are covered under an AEP medical plan. Healthy rewards are offered for annual well check, dental exams, eye exam or skin cancer screening, and financial wellbeing coaching calls, diabetes prevention program, and healthy living challenges during the year.

January 1, 2023 – December 31, 2023

GROUP DENTAL

DPPO option

Coverage Level	Participant Only	Participant + Spouse	Participant + Child(ren)	Participant + Family
Deductible (does not apply to preventive service)	\$50/individual	\$50/individual	\$50/individual \$150/family	\$150/Family
Annual Maximum	\$1,750 per covered person			
Coinsurance				
Preventive	100%			
Basic Services	80% after deductible			
Major Services	50% after deductible			
Orthodontia	50% up to a lifetime maximum of \$1,750 per covered child			

DMO Option

A DMO option is available to employees who live within the same zip code area as a network DMO dentist. Similar to a medical Health Maintenance Organization (HMO), the DMO provides dental service through a group of network dentist. The DMO offers no deductibles or annual maximum, no co-pay for covered preventive services and low, fixed co-pays on other dental services.

The pre-tax monthly costs to active part-time employees are two and one-half times the monthly costs to active full-time employees. The monthly costs to certain grandfathered retirees and surviving dependents are the same as active employees. The monthly cost to most other retirees and eligible surviving dependents are 100% of the total cost of coverage.

Employee Monthly Contribution	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
DPPO Plan	\$12.46	\$26.75	\$39.00	\$53.28
DMO Plan	\$8.84	\$18.78	\$21.26	\$31.21

VISION PLAN

AEP offers comprehensive employee paid vision coverage for eye care and vision correction. AEP's Comprehensive Vision Plan provides coverage through the Fidelity Security Life Insurance Company for eye exams, contacts (including disposable contacts) and eyeglass lenses and frames. It also offers discounts on special features, such as scratch-resistant lenses, laser eye surgery and more. Vision care discounts are also available through the Anthem medical plans.

Vision plan participants can take advantage of the discounted retinal-imaging exam option; in addition, members who have Type 1 or Type 2 diabetes are eligible for a follow-up exam and additional testing two times per benefit year.

Benefits are provided through EyeMed Vision Care's Access national network of private practice optometrists, ophthalmologists, opticians and retailers, such as Sears Optical, Target Optical, most Pearle Vision locations and LensCrafters.

Employee Contribution	Employee Only \$ 6.82/mth	Employee + Spouse \$12.93/mth	Employee + Child(ren) \$13.61/mth	Employee + Family \$20.41/mth
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Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_26 Provide all current labor contracts and the most recent labor contracts previously in effect.

RESPONSE

Please see KPCO_R_KPSC_1_26_Attachment1 for the requested information.

Witness: Andrew R. Carlin

AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**HAZARD
BARGAINING UNIT**



April 1, 2018 - MARCH 31, 2021

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all production and maintenance employees, including line mechanics, line general servicers, line area servicers, station electricians, station servicers, meter electricians, driver ground worker, ground worker, fleet technicians, meter readers, field revenue specialists and stores attendants employed by the employer in its Hazard, Kentucky, service area, but excluding the dispatchers, building maintenance mechanics, transmission line mechanics, engineering technicians, drafters, engineering technologists, engineers, telecommunication technicians, protection and control specialists, foresters, field representatives, consumer services representatives, key account engineers, record specialists, all office clerical employees and all professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than

the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the purpose of making investigation or interviewing witnesses in connection with any grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating

requirements. A total of two (2) employees (members of the Grievance Committee and a grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service.

Length of service within the bargaining unit shall be deemed unit seniority.

Length of service within a line of progression shall be deemed line of progression seniority.

2.3 LIST OF PROGRESSION LINES

(a) The following shall be deemed progression lines:

LINE

Line Servicer
Line Mechanic A
Line Mechanic B
Line Mechanic C
Line Mechanic D

STATION SERVICER

Station Servicer
Station Servicer A
Station Servicer B
Station Servicer C

STATION

Station Electrician A
Station Electrician B
Station Electrician C

METER

Meter Electrician A
Meter Electrician B
Meter Electrician C

FIELD REVENUE OPERATIONS

Field Revenue Specialists
Meter Servicer
Meter Reader

FLEET SERVICES

Fleet Technician A
Fleet Technician B

DISTRIBUTION SUPPORT

Driver Ground Worker
Ground Worker
Driver Line Worker

MATERIAL SERVICES

Stores Attendant A
Stores Attendant B

(b) Employees holding a job classification in the above listed lines of progression (except Distribution Support) must acquire within such time frames as determined by the Company, the qualifications necessary to perform the duties of the next higher classification in their line of progression. An employee's failure to qualify during such period shall result in his removal from the line of progression. (Note: For purposes of this Section 2.3, progression in "Line" is from "D" to "A", "Station Servicer is from "C" to "Station Servicer", "Station" is from "Station Electrician C" to "A." and Field Revenue Operations is Meter Reader to Meter Servicer.) When such an employee is promoted by the Company to the next higher classification in his line of progression, the Company shall not be required to post a notice under Section 2.4 (c) of this Article II.

(c) The Company may place an employee in any Distribution Support job classification without regard to the seniority provision of this Article II.

2.4 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

(1) Skill, efficiency, experience, ability, knowledge, and training. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations.

(2) Physical fitness.

(3) Seniority, applied as follows:

First: Line of Progression seniority in the line of progression
where the vacancy exists.

Second: Unit Seniority.

If an employee is qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then unit seniority shall govern. If unit seniority is equal, Company service shall govern.(b)

The line of progression seniority of an employee transferred from one line of progression to another shall begin in the line of progression to which transferred as of the date of transfer, and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(c) In the event a vacancy is to be filled in a classification covered by this Agreement, except under Section 2.3 (b) of this Article II, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

Within sixty (60) calendar days from the date of posting of a notice of a job vacancy, the Company will fill such vacancy provided a qualified employee has made application therefor and provided the need to fill the vacancy still exists.

When a vacancy is filled by a junior employee, the Company's reasons shall, upon request, be given to the Union and/or senior employees who bid.

An employee who is classified as a Line Mechanic D and who is not qualified for promotion within his line of progression shall not be permitted to transfer.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(d) When the Company determines that it is necessary to redistribute employees within a job classification among the various regular headquarters within the bargaining unit on other than a temporary basis, a notice shall be posted on appropriate bulletin boards in the bargaining unit for not less than ten (10) calendar days. Any employee in the affected job classification may exercise his line of progression seniority to bid for such change of regular headquarters. If the Company is not able to accomplish its desired redistribution through the above process, then the Company will redistribute employees within the job classification by reverse line of progression seniority from the affected regular headquarter.

2.5 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article II.
- (d) Is absent from work due to layoff in excess of the times specified in Section

2.7 of this Article II.

(e) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absences.

- (f) Overstays a leave of absence.

2.6 LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary probationary employees in the affected line of progression shall be laid off first. If it is necessary to reduce the number of regular employees, or to layoff regular employees, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression seniority or unit seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected thereby may exercise their line of progression seniority and unit seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(b) Entrance jobs for the purpose of interpreting and applying the provisions of Section 2.6 (A) above are deemed to be:

Line Mechanic D
Station Servicer C
Station Electrician C
Meter Electrician C
Meter Readers
Fleet Technician C
Driver Ground Worker
Ground Worker
Stores Attendant B

(c) An employee transferred to another job classification in accordance with the terms of this Section 2.6 shall receive (1) the top rate of pay of the classification to which transferred provided his former rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

(d) If a laid-off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(e) For the purpose of this Section 2.6, an employee who transfers from one line of progression to another in exercising his seniority under Sections 2.6 (a) or (b) above shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 2.7 of this Article II. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 2.8 of this Article II.

(f) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(g) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eight (80) hours pay at the employee's regular straight-time rate of pay.

2.7 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.8 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.9 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.9 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.10 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.11 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

(c) TRANSFERS shall be considered as a change from a job classification within one line or progression to a job classification in another line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where the majority of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift - Where the majority of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where the majority of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked.

The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours

in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on

his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 LODGING AND BOARD PER DIEM

When an employee is required to spend the night away from his regular headquarters, the Company shall either furnish a One Hundred Twenty Five Dollar (\$125) "travel allotment" for lodging, meals and miscellaneous expenses or provide lodging while away and commencing with the evening meal on the first day the Company will furnish the following "per diem" for meals and miscellaneous expenses: Eighteen Dollars (\$18.00) when the evening meal is to be provided, or; Eighteen Dollars (\$18.00) per day when the breakfast and mid-shift meals are to be provided (i.e., the evening meal can be eaten at home), or; Twenty-Seven Dollars (\$27.00) per day when the mid-shift and evening meals are to be provided (i.e., breakfast can be eaten at home), or; Thirty-Six Dollars (\$36.00) per day if all meals are to be provided. The Company shall deduct from the applicable "per diem" the cost of any meals which it may provide. The Company will make a reasonable effort to find a suitable place for lodging when the travel allotment is furnished. Travel time between lodging and job locations shall not be considered as time worked except when the Company invokes the major service restoration provisions and work is performed outside the American Electric Power System. Such an employee may be required to remain away on his regular off days unless paid for all work done on those days, or all time spent during the normal working hours of such days, as the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$13.00 meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 INCLEMENT WEATHER

When in judgment of the Company, inclement weather prevents the regular maintenance employees covered by this Agreement from working outdoors on energized primary equipment except in emergencies, the Company will provide work indoors or outdoors at their regular rate of pay. This section shall not apply to workers who have already completed their regular number of work hours for the week.

3.13 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees employed as Fleet Technicians, Meter Readers and Specialists.

3.14 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

3.15 FLEET CERTIFICATION FEES

When a Fleet Technician registers to take a certification test, or a re-certification test, such as those given by the Fluid Power Society or the Automotive Service Excellence (ASE) organizations, which is required by the Company, the initial test registration fee and the initial periodic re-certification fees shall be paid by the Company. Subsequent fees for retests, if any, shall be paid by the employee.

**ARTICLE IV
VACATIONS**

4.1 For purposes of this Article IV, continuous service shall include credit for prior periods of employment as a probationary, regular or part-time employee who was regularly scheduled to work twenty (20) or more hours per week with Kentucky Power Company and/or any other American Electric Power System affiliated Company.

4.2 (a) Vacation entitlement shall be as set forth in the following table:

<u>Service Requirement</u>	<u>Hours of Vacation</u>
In the calendar year of hire:	8 hours for each full month of service with a maximum of 80 hours.

On January 1st of the calendar year in which the following service will be obtained:

1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5 - 6 years of service	120 hours
7 - 8 years of service	128 hours
9 - 10 years of service	136 hours
11 - 12 years of service	144 hours
13 - 14 years of service	152 hours
15 - 23 years of service	160 hours
24 years of service	200 hours

(b) Vacation for employees rehired and credited with prior employment as set forth in Section 4.1 above shall be in accordance with the table in Section 4.2 (a) above except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the

next whole hour. However, the pro-rated vacation allowance for a rehired employee shall not be less than that of a new employee hired on the same date.

4.2.1 In the calendar year of hire, rehire, or return from leave of absence, or layoff, if an employee is employed on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave of absence, or layoff on or after the 16th of a month, the month would not be counted.

4.2.2 Vacation pay shall be at the employee's regular straight-time rate.

4.3 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.3.1 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3.2 An employee with 23 years of service or less may defer up to eighty (80) hours of vacation entitlement from year-to-year into a deferral bank; however, the deferral bank cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (1/2) of his vacation entitlement from year to year; however, the deferral bank cannot exceed a maximum of one hundred (100) hours. Such deferral bank vacation entitlement is subject to the same scheduling criteria as regular vacation entitlement as provided under the other Sections of this Article IV.

4.4 When an employee retires, is removed from the payroll, terminates his employment, or is laid off, the Company will either give the employee his vacation that he

would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

4.5 When an employee dies or retires from the Company, the Company will pay the beneficiary or the employee at the time of death or retirement for the pro rata part of his vacation he has earned during the year in which he dies or retires. The provisions of this section 4.5 only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired after January 1, 2000.

4.6 Vacation entitlement for an employee returning from a Leave of Absence of Layoff shall be based on the total years of service in the year of return from leave or layoff in accordance with the table in Section 4.2 (a). However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave/layoff be less than that of a new employee hired on the same date.

4.7 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.8 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one

choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.9 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.10 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay under Section 4.2.2, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE V
HOLIDAYS**

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

(1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or

(2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week, on the actual calendar day on which the holiday falls.

(d) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(e) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(f) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

(1) Was unable to work because of illness or injury, or

- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) In applying paragraphs (A) and (B) of this Section 9.3 when the holiday worked is observed on an employee's scheduled day off, "work schedule for that day" shall mean the work schedule of the employee on his last day of work previous to the holiday.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

**ARTICLE VI
WAGES**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

**ARTICLE VII
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

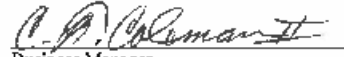
The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 30th day of March, 2018.

FOR THE COMPANY:
Kentucky Power Company

FOR THE UNION:
Local Union 978, International
Brotherhood of Electrical Workers
Hazard Bargaining Unit


Labor Relations Manager


Business Manager

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AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**HAZARD
BARGAINING UNIT**



April 1, 2022 - MARCH 31, 2026

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all production and maintenance employees, including line mechanics, line general servicers, line area servicers, station electricians, station servicers, meter electricians, driver ground worker, ground worker, fleet technicians, meter readers, field revenue specialists and stores attendants employed by the employer in its Hazard, Kentucky, service area, but excluding the dispatchers, building maintenance mechanics, transmission line mechanics, engineering technicians, drafters, engineering technologists, engineers, telecommunication technicians, protection and control specialists, foresters, field representatives, consumer services representatives, key account engineers, record specialists, all office clerical employees and all professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED TO THE UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than the amount of such dues. However, the Company will, upon written request of the

employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the purpose of making investigation or interviewing witnesses in connection with any grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and a

grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service.

Length of service within the bargaining unit shall be deemed unit seniority.

Length of service within a line of progression shall be deemed line of progression seniority.

2.3 LIST OF PROGRESSION LINES

(a) The following shall be deemed progression lines:

LINE

Line Servicer
Line Mechanic A
Line Mechanic B
Line Mechanic C
Line Mechanic D

STATION SERVICER

Station Servicer
Station Servicer A
Station Servicer B - Certified
Station Servicer B
Station Servicer C

STATION

Station Electrician A
Station Electrician B - Certified
Station Electrician B
Station Electrician C

METER

Meter Electrician A
Meter Electrician B
Meter Electrician C

FIELD REVENUE OPERATIONS

Field Revenue Specialists
Meter Servicer
Meter Reader

FLEET SERVICES

Fleet Technician A
Fleet Technician B

DISTRIBUTION SUPPORT

Driver Ground Worker
Ground Worker
Driver Line Worker

MATERIAL SERVICES

Stores Attendant A
Stores Attendant B

(b) Employees holding a job classification in the above listed lines of progression (except Distribution Support) must acquire within such time frames as determined by the Company, the qualifications necessary to perform the duties of the next higher classification in their line of progression. An employee's failure to qualify during such period shall result in his removal from the line of progression. (Note: For purposes of this Section 2.3, progression in "Line" is from "D" to "A", "Station Servicer is from "C" to "Station Servicer", "Station" is from "Station Electrician C" to "A." and Field Revenue Operations is Meter Reader to Meter Servicer.) When such an employee is promoted by the Company to the next higher classification in his line of progression, the Company shall not be required to post a notice under Section 2.4 (c) of this Article II.

(c) The Company may place an employee in any Distribution Support job classification without regard to the seniority provision of this Article II.

(d) When a vacancy is posted in the Station Servicer Line of Progression, only employees in the Station Electrician Line of Progression will have initial bidding rights, and if awarded a position, will be moved laterally within the Station Servicer Line of Progression at the same time progression step, unless qualified for the Station Servicer position. Likewise, when a vacancy is posted in the Station Electrician Line of Progression, only employees in the Station Servicer Line of Progression will have initial bidding rights and if awarded a position, will be moved laterally within the Station Electrician Line of Progression at the same time progression step. If no one from the Station Electrician or Station Service Line of Progression bids, the Company may fill the job through a hire or a transfer of a qualified employee from another Line of Progression. The individual awarded the position will be subject to the up or out provisions in Section 2.3(b) above.

2.4 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

- (1) Skill, efficiency, experience, ability, knowledge, and training. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations.
- (2) Physical fitness.
- (3) Seniority, applied as follows:

First: Line of Progression seniority in the line of progression where the vacancy exists.

Second: Unit Seniority.

If an employee is qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then unit seniority shall govern. If unit seniority is equal, Company service shall govern. If service is equal, then the employee with the earliest birthday in the year will be deemed senior.

(b) The line of progression seniority of an employee transferred from one line of progression to another shall begin in the line of progression to which transferred as of the date of transfer, and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of

progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(c) In the event a vacancy is to be filled in a classification covered by this Agreement, except under Section 2.3 (b) of this Article II, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

The Company will make a reasonable effort to fill posted positions within a five (5) month time period. If due to unforeseen circumstances or other issues, the opening cannot be filled, then the Company shall notify the Union of the current status of filling the position and shall discuss the possibility of reposting the position within the five (5) month time period.

When a vacancy is filled by a junior employee, the Company's reasons shall, upon request, be given to the Union and/or senior employees who bid.

An employee who is classified as a Line Mechanic D and who is not qualified for promotion within his line of progression shall not be permitted to transfer.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or

- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(d) When the Company determines that it is necessary to redistribute employees within a job classification among the various regular headquarters within the bargaining unit on other than a temporary basis, a notice shall be posted on appropriate bulletin boards in the bargaining unit for not less than ten (10) calendar days. Any employee in the affected job classification may exercise his line of progression seniority to bid for such change of regular headquarters. If the Company is not able to accomplish its desired redistribution through the above process, then the Company will redistribute employees within the job classification by reverse line of progression seniority from the affected regular headquarter.

2.5 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article II.
- (d) Is absent from work due to layoff in excess of the times specified in Section

2.7 of this Article II.

(e) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absences.

- (f) Overstays a leave of absence.

2.6 LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary probationary employees in the affected line of progression shall be laid off first. If it is necessary to reduce the number of regular employees, or to layoff regular employees, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression seniority or unit seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected thereby may exercise their line of progression seniority and unit seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(b) Entrance jobs for the purpose of interpreting and applying the provisions of Section 2.6 (A) above are deemed to be:

Line Mechanic D
Station Servicer C
Station Electrician C
Meter Electrician C
Meter Reader
Fleet Technician B
Driver Ground Worker
Ground Worker
Stores Attendant B

(c) An employee transferred to another job classification in accordance with the terms of this Section 2.6 shall receive (1) the top rate of pay of the classification to which transferred provided his former rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

(d) If a laid-off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(e) For the purpose of this Section 2.6, an employee who transfers from one line of progression to another in exercising his seniority under Sections 2.6 (a) or (b) above shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 2.7 of this Article II. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 2.8 of this Article II.

(f) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(g) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eight (80) hours pay at the employee's regular straight-time rate of pay.

2.7 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.8 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.9 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.9 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.10 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.11 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

(c) TRANSFERS shall be considered as a change from a job classification within one line or progression to a job classification in another line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where half or more of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift - Where half or more of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where half or more of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked. The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 **LODGING AND BOARD PER DIEM**

When employees are required to be away from their headquarters overnight, the Company shall either (1) furnish a one hundred twenty-five dollar (\$125.00) “travel allotment” for lodging, meals and miscellaneous expenses, or (2) furnish actual meals and lodging or (3) furnish lodging and provide per diem amounts for meals based on the meals to be provided according to the chart immediately below:

Per Diem Meal Amounts

Meal(s) to be provided	Effective 4/1/22	Effective 4/1/24
Breakfast	\$11.00	\$13.00
Mid-Shift	\$11.00	\$13.00
Evening	\$20.00	\$22.00
Breakfast and Mid-shift	\$22.00	\$26.00
Mid-shift and Evening	\$31.00	\$35.00
All three meals	\$42.00	\$48.00

The Company shall deduct from the applicable per diem the cost of any meals which it may provide. Travel time between lodging and job locations shall not be considered as time worked, except when the Company invokes the major service restoration provisions in Article V of the IBEW Master Agreement and work is performed outside the American Electric Power System. Travel time between lodging and job locations shall not be considered as time worked. An employee working away from their headquarters may not be required to remain away on his regular off days unless paid for all work done on those days, or all time spent during the normal working hours of such days, at the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$15.00 (*Effective April 1, 2024* – \$17.00) meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 INCLEMENT WEATHER

When in judgment of the Company, inclement weather prevents the regular maintenance employees covered by this Agreement from working outdoors on energized primary equipment except in emergencies, the Company will provide work indoors or outdoors at their regular rate of pay. This section shall not apply to workers who have already completed their regular number of work hours for the week.

3.13 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees employed as Fleet Technicians, Meter Readers and Specialists.

3.14 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

3.15 FLEET CERTIFICATION FEES

When a Fleet Technician registers to take a certification test, or a re-certification test, such as those given by the Fluid Power Society or the Automotive Service Excellence (ASE) organizations, which is required by the Company, the initial test registration fee and the initial periodic re-certification fees shall be paid by the Company. Subsequent fees for retests, if any, shall be paid by the employee.

ARTICLE IV VACATIONS

4.1 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.2 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.4 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his

preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.5 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.6 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

ARTICLE V HOLIDAYS

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

- (1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or
- (2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week, on the actual calendar day on which the holiday falls.

(d) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(e) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(f) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

- (1) Was unable to work because of illness or injury, or
- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) When the holiday worked is observed on one of the employee's regular scheduled days off, all hours worked on such an employee's regular day off shall be paid at two (2) times his regular straight-time pay.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

- (a) Was unable to work because of illness or injury, or
- (b) Was on leave of absence, or
- (c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

**ARTICLE VI
WAGES**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

**ARTICLE VII
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 7th day of April, 2022.

FOR THE COMPANY:

Kentucky Power Company

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Hazard Bargaining Unit



Labor Relations Manager



Business Manager

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AGREEMENT

Between

**KENTUCKY POWER COMPANY
BIG SANDY PLANT**

And

**LOCAL 978,
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS**



April 1, 2018 - MARCH 31, 2021

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the "Company", and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the "Union."

**ARTICLE I
RECOGNITION**

SECTION 1. UNIT DEFINED

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act, for all of the probationary and regular production and maintenance, technical and plant clerical employees employed by and headquartered at the Big Sandy Plant of the Company.

Specifically excluded, however, are all temporary, part-time, confidential, office clerical, administrative, professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word "employee" or "employees" wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job.

Whenever the masculine gender is used in the agreement, it shall be deemed to include the masculine and feminine gender unless otherwise indicated.

SECTION 2. LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement

during the period of the LOK assignment with the exceptions of those terms and conditions of employment covered in the LOK Program.

SECTION 3. DUES

(E) The Company shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

SECTION 4. GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager of the plant. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and other unit employees) shall not lose regular straight time pay while actually attending a Second Step or Third Step grievance meeting.

SECTION 5. ARBITRATOR AUTHORITY

The arbitrator shall have no authority to pass upon the Control Technicians-Junior, Equipment Operator-Junior or Stores Attendant-Junior job classification with less than one (1) year of Plant Seniority.

**ARTICLE II
SENIORITY**

SECTION 1. ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

SECTION 2. TYPES OF SENIORITY

Length of service within a line of progression shall be deemed line of progression seniority.

Length of service with the Big Sandy Plant shall be deemed Plant seniority.

SECTION 3. LIST OF LINES OF PROGRESSION

In Big Sandy Plant, the following shall be deemed lines of progression for seniority:

Maintenance
Operations
Control
Performance
Yard
Stores
Plant Clerical
Custodian

SECTION 4. PROMOTIONS AND TRANSFERS

(A) When the Company desires to make promotions, transfers or to increase working forces in any line of progression as to jobs in the bargaining unit, the following factors shall be considered:

(1) Skill, efficiency, experience, ability, knowledge and training. In order to determine an employee's qualifications under

this factor the Company may require the employee to satisfactorily pass reasonable examinations.

- (2) Physical fitness.
- (3) Seniority, applied as follows:

First: Line of progression seniority in the line of progression where the vacancy exists.

Second: Plant seniority.

If an employee is deemed by the Company to be qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then Plant seniority shall prevail.

(B) Line of progression seniority may be exercised for bidding upward or downward within the employee's line of progression.

(C) The line of progression seniority of an employee transferred from one line of progression to another, except for reasons of layoff and displacement as defined in Section 6 of this Article V, shall begin in the line of progression to which transferred as of the date of transfer, and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(D) In order that employees may know about jobs that are to be filled (other than by step-up or temporary assignment) in the Junior Clerk (Plant Clerical), Custodian, Control Technician-Junior, Equipment Operator-Junior, Performance & Industrial Hygiene Technician-Junior, Stores Attendant-Junior, Maintenance Machinist, Maintenance Mechanic-Senior, Maintenance Welder, Unit Operator, Coal Equipment Operator-Senior, Control Technician-Senior, or Performance & Industrial Hygiene Technician-Senior, or Stores Attendant-Senior job classifications, the Company will post a notice on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, except for Custodians and Plant Clericals, may submit bids for these jobs to the Human Resources Manager during the period specified. (An employee having a Custodian or Plant Clerical job classification on May 1, 1997, may submit a bid to transfer to another line of progression. However, if such employee is transferred and then returns to his former Custodian or Plant Clerical classification, he may not submit other bids.) However, an Equipment Operator-Junior may not submit a bid to change lines of progression within such entrance job.

Within sixty (60) calendar days from the date of posting of a notice of a job vacancy, the Company will fill such vacancy provided a qualified employee has made application therefore, and provided the need to fill the vacancy still exists.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military service, or
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or

(4) A vacation;

or to the filling of jobs temporarily for such reasons.

(E) An employee holding the job classification of Equipment Operator-Junior must acquire the qualifications necessary to perform the duties of the next higher job classification in the line of progression for which he was placed in the Equipment Operator-Junior classification (i.e., Coal Handler in Yard, Equipment Operator in Operations, or Maintenance Mechanic-Junior in Maintenance) within such time frame as determined by the Company. Similarly, an employee holding the job classification of Stores Attendant - Junior must acquire within such time frame as determined by the Company, the qualifications necessary to perform the duties of the Stores Attendant's job. An employee's failure to qualify during such period shall result in his removal from the job.

When an Equipment Operator-Junior is qualified to fill the Coal Handler, Equipment Operator, or Maintenance Mechanic-Junior job in his line of progression or when a Stores Attendant-Junior is qualified to fill the Stores Attendant job, his classification shall be so changed and the Company shall not be required to post a notice in accordance with Section (D) above.

(F) An employee holding the job classification of Coal Handler, Control Technician-Junior, Maintenance Mechanic-Junior or Performance & Industrial Hygiene Technician-Junior must acquire the qualifications necessary to perform the duties of the next higher job classification in his line of progression within such time frame as determined by the Company. An employee's failure to qualify during such period shall result in his removal from the job.

When a Coal Handler, Control Technician-Junior, Maintenance Mechanic-Junior or Performance & Industrial Hygiene Technician-Junior is qualified to fill the next higher job

classification in his line of progression, his job classification shall be so changed and the Company shall not be required to post a notice in accordance with Section (D) above.

SECTION 5. LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (A) Voluntarily terminates his employment.
- (B) Is discharged for just cause.
- (C) Fails to return to work as provided for under Section 8 of this Article II.
- (D) Is absent from work due to layoff in excess of the times specified in Section 7 of this Article V.

(E) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absence. In case of military leaves of absence, periods of absence may be for longer periods than one (1) year, and the seniority for such employees will be governed by applicable federal or state laws.

(F) Overstays a leave of absence or violates any of the terms or conditions of a leave of absence granted.

SECTION 6. LAYOFF AND DISPLACEMENTS

(A) If it is necessary to reduce the number of regular employees in a line of progression, or to lay off regular employees in a line of progression other than the Plant Clerical line of progression, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed

there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in that line of progression or exercise his Plant seniority in entrance jobs for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression or Plant seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected may exercise their line of progression and Plant seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(B) If it is necessary to reduce the number of regular employees or to lay off regular employees in the Plant Clerical line of progression, reductions shall be based on merit/performance. Employees affected shall have the right to exercise their Plant seniority in entrance jobs in other lines of progression for which qualified, or be laid off.

(C) Entrance jobs for the purpose of interpreting and applying the provisions of subsections 6 (A) and (B) above are deemed to be:

Equipment Operator-Junior
Control Technician-Junior
Performance and Industrial Hygiene Technician-Junior

Stores Attendant-Junior
Custodian
Junior Clerk

(D) An employee transferred to another job classification in accordance with the terms of this Section shall receive (1) the top rate of pay of the classification to which transferred provided his personal rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his personal rate provided his personal rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his personal rate is less than the beginning rate of the new classification.

(E) If a laid off employee, who has seniority, accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(F) For the purposes of this Section 6, an employee who transfers from one line of progression to another in exercising his seniority under subsections 6 (A) or (B) shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 7 of this Article II covering retention of seniority by employees who are laid off. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 8 of this Article II.

(G) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

SECTION 7. SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority in accordance with the following:

(A) An employee with six (6) months to one (1) year of service will retain his seniority for six (6) months.

(B) An employee with one (1) year to two (2) years of service will retain his seniority for one (1) year.

(C) An employee with two (2) or more years of service will retain his seniority for two (2) years.

SECTION 8. RECALL

In recalling laid off employees, they shall be returned to work according to Plant seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within ten (10) calendar days after notice is sent by United States Registered Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

SECTION 9. EMPLOYEE LEAVING BARGAINING UNIT

When an employee is promoted or transferred to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within ninety (90) days, to his former job classification or an

equivalent job classification within the bargaining unit without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company, to his former job classification or an equivalent job classification within the bargaining unit at any time after ninety (90) days without loss of seniority accumulated before such promotion or transfer.

This Section 9 is not applicable to temporary promotions and transfers to supervisory, or other positions not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by the working agreement, and continues to accumulate seniority during the assignment.

SECTION 10. PURPOSE OF SENIORITY

For purposes of this agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

SECTION 11. SENIORITY LISTS

(A) The Company agrees to post in an accessible place seniority lists as of the effective date of this Agreement. A copy of the list will be sent to the Union. Such list shall show:

- Employee's name
- Job classification
- Line of progression seniority
- Plant seniority

(B) Any employee aggrieved by any seniority list posted by the Company must file any grievance within thirty (30) calendar days after the seniority list is posted.

SECTION 12. SENIORITY DURING ILLNESS OR INJURY

Except as limited by Section 5 (E) of this Article, any employee of the Company covered by this Agreement who is injured or who becomes ill shall continue to accumulate seniority and service during his absence due to such injury or illness, and shall be reinstated, upon recovery, to his former job with full seniority rights, provided he is physically and otherwise qualified to do the work.

ARTICLE III WORKING CONDITIONS

SECTION 1. OVERTIME PAYMENTS

(A) When an employee is regularly scheduled to work in excess of forty (40) hours in a work week, the assigned regularly scheduled hours exceeding forty (40) shall be regarded as overtime hours for which the employee shall receive one-and-one-half (1½) times his regular straight-time rate, provided that he actually works the scheduled overtime hours exceeding forty (40) and has worked or received pay for the first forty (40) regularly scheduled straight-time hours during the same work week.

(B) An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the work week except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay.

(C) When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this agreement.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(D) When employees are required to remain at a particular place on call during their scheduled hours off such shall be considered as hours worked. The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

(E) Overtime work is sometimes scheduled in advance rather than by call-out. If an employee reports for prearranged overtime work and he has not been notified not to report, the Company may elect to assign one (1) hour of work or pay one (1) hours pay at the applicable overtime rate.

SECTION 2. SHIFT PREMIUM

(A) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where the majority of the scheduled hours worked are between 8:00 a.m. and 4:00 p.m.

Second Shift - Where the majority of the scheduled hours worked are between 4:00 p.m. and 12:00 p.m.

Third Shift - Where the majority of the scheduled hours worked are between 12:00 p.m. and 8.00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Employees regularly assigned to a day shift who are temporarily assigned to a second or third scheduled shift will be paid the premium applicable to the shift to which temporarily assigned.

SECTION 3. SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

- (A) "Schedule Change" shall mean a change in days of a work week.
- (B) "Shift Change" shall mean a change in hours within a work day which results in the previously scheduled starting and/or quitting times being adjusted by more than two (2) hours.

When an employee's shift is not changed, but his previously scheduled starting and/or quitting times are adjusted with less than eight (8) hours notice, he will be paid rate and one-half for time worked outside of his previously scheduled hours.

Overtime assignments shall not constitute either a schedule change or a shift change.

In all operations where schedules include Saturdays and Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved.

If an employee has his shift and/or schedule changed with less than twenty-hour (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1 & 1/2) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular

straight- time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

In changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1 & 1/2) times his regular straight-time rate including applicable shift premium for hours worked in excess of the number of regularly scheduled hours worked on his previous shift payable at his regular straight-time rate within any twenty-four (24) hour period.

By mutual agreement between employees, and with the supervisor's approval, employees in the same job classification may be permitted to interchange work days or hours within a work week; however, in such cases, the Company shall not be required to pay either employee involved overtime rates for hours worked as provided in Section 1 of this Article III.

SECTION 4. CALL OUT

An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period, the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period which preceded his scheduled starting time.

Call out pay shall not apply in cases where an employee has not left the Company property, and such employee shall not lose pay for the time elapsed between the end of his previous work period and the start of the off schedule work, providing the employee reports for the off schedule work assignment within 30 minutes of the end of his previous work period.

SECTION 5. TEMPORARY WORK ASSIGNMENTS

If an employee, whose classification provides for time step increases based on hours worked, is temporarily assigned to a job in a classification having a higher maximum rate than his regular straight-time rate of pay, he shall, when assigned one (1) hour or more continuously in such classification, be paid the minimum rate of the higher classification, or his regular straight-time rate of pay for each hour so assigned in the higher classification, which ever is higher. The employee will be credited with hours worked in such classification. When he has accumulated a sufficient number of hours of credit in such classification, he will be entitled to the regular progression steps, if any, in the applicable rate range, in such future temporary assignments.

Where a temporary assignment to a higher rated job covers a full day before and a full day after a holiday, the 8 hours holiday pay provided shall be based on the rate paid on the employee's last day worked previous to the holiday.

SECTION 6. CREDIT FOR TIME WORKED IN TEMPORARY CLASSIFICATION

When an employee whose classification provides for time step increases based on hours worked is promoted to a higher job classification which he has filled temporarily in the past, he shall be given credit for hours so worked temporarily, toward the time steps, if any, of such new higher job classification.

SECTION 7. WAGE INCREASES WITHIN CLASSIFICATION

Wage increases within the rate ranges of job classifications covered hereby shall be applied as set forth in wage schedules agreed to under the Master Agreement.

Those increases granted on the basis of (1) hours worked (including overtime hours), or (2) time in classification shall become effective on the day he completes the specified requirement if such completion occurs during the first half of his regular shift; or on the day following, if the requirement is met during the second half of his regular shift. No increase shall become effective while an employee is absent due to illness or injury.

SECTION 8. RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS OR NEW SCHEDULES

(A) If new job classifications are created or if the duties of any job classifications are substantially changed during the period of this agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

(B) If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

SECTION 9. DISTRIBUTION OF OVERTIME

To the extent that it is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time among employees within a given job classification within each line of progression.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who has the lowest accumulated overtime shall be provided make-up overtime equal to the number of hours of the misassignment. Such make-up overtime shall consist of work which would not otherwise have been performed on an overtime basis, and shall be scheduled at a time agreeable to the Company and the employee.

In no event shall the remedy for a violation of this Section be pay for time not worked.

Overtime records, cumulated on a weekly basis, will be posted on a weekly basis as soon as practicable after preparation and the Union will be furnished with a copy thereof.

SECTION 10. MEAL ALLOWANCE

An employee is responsible for providing his own meals during his regularly scheduled hours of work and during prearranged overtime (including work assigned on a regular day off). He shall be entitled to a meal(s) during an overtime assignment only insofar as he has had insufficient notice of the assignment and only to the extent specifically provided below:

(A) For the purpose of meal entitlement, an employee has insufficient notice of an overtime assignment where he has been given less than two (2) hours' notice before the start of an overtime assignment or, in the case of a holdover overtime assignment, less than two (2) hours' notice prior to the start of the regularly scheduled shift from which he is held over.

(B) When an employee has had insufficient notice of an overtime assignment, he will be entitled to a meal at Company expense after working more than two (2) hours or immediately

prior to his regularly scheduled shift, whichever occurs first. Should the overtime work continue, additional meals will be provided at approximate six (6) hour intervals after the end of the previous meal entitlement, except that no meal will be provided during the hours of an employee's regularly scheduled shift.

(C) When an employee is entitled to a meal, the Company may elect to either provide the meal or pay a Ten Dollar (\$10) meal allowance in lieu thereof.

(D) Where the Company provides an overtime meal before an employee is released from work, the time allowed to eat the meal (a maximum of thirty minutes) shall be deemed time worked. Provided, however, that no time shall be paid to eat a meal that is provided after the employee is released from work.

SECTION 11. HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

SECTION 12. TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such

temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

SECTION 13. REST PERIOD

An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

SECTION 14. WORKING AWAY FROM THE PLANT

When an employee is assigned to work at a location other than Big Sandy Plant, the employee may be required to provide his own transportation and travel on his own time to the

temporary reporting location. An employee who performs work at a location away from the Plant at Management's direction may be reimbursed for his travel expenses as follows:

(A) Where the travel is to an AEP facility listed in the "Daily Expense Allowance Chart" attached to the Wage and Travel Pay Agreement, the employee will be eligible for the daily allowance shown in the chart.

(B) Where the travel is to a facility not included in the "Daily Expense Allowance Chart" attached to the Wage and Travel Pay Agreement, the daily expense allowance shall be established by the Company and the Union shall be promptly notified of the new allowance amount. If the Company and the local Union cannot agree on the allowance amount established by the Company, the final determination of such allowance shall be deferred until the next negotiation in which travel expense allowances are open for negotiation.

**ARTICLE IV
HOLIDAYS**

SECTION 1. PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(A) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(B) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday the Company will pay such employee for eight (8) hours at his regular straight-time rate for such holiday.

(C) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week on the actual calendar day on which the holiday falls.

(D) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(E) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday will receive no pay for such holiday.

(F) No employee shall receive holiday pay (or a day off with eight (8) hours pay in lieu thereof) if, on any one of said holidays, he:

- (1) Was unable to work because of illness or injury, or
- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

(G) When an employee who is regularly scheduled to work in excess of eight (8) hours per work day is excused from scheduled work on a Company recognized holiday, he may

convert unpaid time off on such holiday to paid time off (for example, four (4) hours in the case of a twelve (12) hour work day) by utilizing Personal Day Off Holiday or vacation time.

SECTION 2. PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(A) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay unless a higher rate is applicable.

(B) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(C) In applying paragraphs (a) and (b) of this Section 3 when the holiday worked is observed on a employee's scheduled day off, "work schedule for that day" shall mean the work schedule of the employee on his last day of work previous to the holiday.

(D) An employee whose normal regular schedule includes work weeks of over forty (40) hours shall not lose weekly overtime pay for hours worked in excess of forty (40) hours in such work week solely by reason of the day on which a holiday falls.

SECTION 3. PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight (8) hours each, total of 24 hours) during each calendar year on the following basis:

(A) If more employees request their Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(B) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(C) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day on the following basis:

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(D) In the event an employee terminates his employment with the Company and he had not observed his Personal Days Off prior to his date of termination, he shall be deemed to have forfeited such Personal Days Off and no additional compensation will be paid in lieu thereof.

**ARTICLE V
VACATIONS**

5.1 For purposes of this Article V, continuous service shall include credit for prior periods of employment as a probationary, regular or part-time employee who was regularly scheduled to work twenty (20) or more hours per week with Kentucky Power Company and/or any other American Electric Power System affiliated Company.

5.2 (A) Vacation entitlement shall be as set forth in the following table:

<u>Service Requirement</u>	<u>Hours of Vacation</u>
In the calendar year of hire:	8 hours for each full month of service with a maximum of 80 hours.

On January 1st of the calendar year in which the following service will be obtained:

1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5 - 6 years of service	120 hours
7 - 8 years of service	128 hours
9 - 10 years of service	136 hours
11 - 12 years of service	144 hours
13 - 14 years of service	152 hours
15 - 23 years of service	160 hours
24 years of service	200 hours

(B) Vacation for employees rehired and credited with prior employment as set forth in Section 5.1 above shall be in accordance with the table in Section 5.2

(A) above except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the next whole hour.

However, the pro-rated vacation allowance for a rehired employee shall not be less than that of a new employee hired on the same date.

5.2.1 In the calendar year of hire, rehire, or return from leave of absence, or layoff, if an employee is employed on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave of absence, or layoff on or after the 16th of a month, the month would not be counted.

5.2.2 Vacation pay shall be at the employee's regular straight-time rate.

5.3 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

5.3.1 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

5.3.2 An employee with 23 years of service or less may defer up to eighty (80) hours of vacation entitlement from year-to-year into a deferral bank; however, the deferral bank cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (1/2) of his vacation entitlement from year to year; however, the deferral bank cannot exceed a maximum of one hundred (100) hours. Such deferral bank vacation entitlement is subject to the same scheduling criteria as regular vacation entitlement as provided under the other Sections of this Article V.

5.4 When an employee retires, is removed from the payroll, terminates his employment, or is laid off, the Company will either give the employee his vacation that he would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of

vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

5.5 When an employee dies or retires from the Company, the Company will pay the beneficiary or the employee at the time of death or retirement for the pro rata part of his vacation he has earned during the year in which he dies or retires. The provisions of this section 5.5 only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired after January 1, 2000.

5.6 Vacation entitlement for an employee returning from a Leave of Absence of Layoff shall be based on the total years of service in the year of return from leave or layoff in accordance with the table in Section 5.2 (A). However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave/layoff be less than that of a new employee hired on the same date.

5.7 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

5.8 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over

any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

5.9 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

5.10 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay under Article III, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE VI
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement, except as otherwise provided herein.

If any state or federal legislation, court decision or government regulation invalidates any article or section of the Agreement, all other articles and sections not invalidated shall remain in full force and effect. Within thirty calendar days, the Company and Union shall meet to negotiate new contract language to replace the article or sections which have been invalidated.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CRA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 30th day of March, 2018.

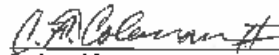
FOR THE COMPANY:

Kentucky Power Company


Labor Relations Manager

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Big Sandy Plant Bargaining Unit


Business Manager

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AGREEMENT

Between

**KENTUCKY POWER COMPANY
BIG SANDY PLANT**

And

**LOCAL 978,
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS**



April 1, 2022 - MARCH 31, 2026

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the "Company", and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the "Union."

ARTICLE I RECOGNITION

SECTION 1. UNIT DEFINED

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act, for all of the probationary and regular production and maintenance, technical and plant clerical employees employed by and headquartered at the Big Sandy Plant of the Company.

Specifically excluded, however, are all temporary, part-time, confidential, office clerical, administrative, professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word "employee" or "employees" wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job.

Whenever the masculine gender is used in the agreement, it shall be deemed to include the masculine and feminine gender unless otherwise indicated.

SECTION 2. LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement

during the period of the LOK assignment with the exceptions of those terms and conditions of employment covered in the LOK Program.

SECTION 3. DUES

(E) The Company shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

SECTION 4. GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager of the plant. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and other unit employees) shall not lose regular straight time pay while actually attending a Second Step or Third Step grievance meeting.

SECTION 5. ARBITRATOR AUTHORITY

The arbitrator shall have no authority to pass upon the Control Technicians-Junior, Equipment Operator-Junior or Stores Attendant-Junior job classification with less than one (1) year of Plant Seniority.

ARTICLE II SENIORITY

SECTION 1. ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

SECTION 2. TYPES OF SENIORITY

Length of service within a line of progression shall be deemed line of progression seniority.

Length of service with the Big Sandy Plant shall be deemed Plant seniority.

SECTION 3. LIST OF LINES OF PROGRESSION

In Big Sandy Plant, the following shall be deemed lines of progression for seniority:

- Maintenance
- Operations
- Control
- Performance
- Stores

SECTION 4. PROMOTIONS AND TRANSFERS

(A) When the Company desires to make promotions, transfers or to increase working forces in any line of progression as to jobs in the bargaining unit, the following factors shall be considered:

(1) Skill, efficiency, experience, ability, knowledge and training. In order to determine an employee's qualifications under this factor the Company may require the employee to satisfactorily pass reasonable examinations.

(2) Physical fitness.

(3) Seniority, applied as follows:

First: Line of progression seniority in the line of progression where the vacancy exists.

Second: Plant seniority.

If an employee is deemed by the Company to be qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then Plant seniority shall prevail. If Plant seniorities are equal, then service shall govern. If service is equal, then the employee with the earliest birthday in the year will be deemed senior.

(B) Line of progression seniority may be exercised for bidding upward or downward within the employee's line of progression.

(C) The line of progression seniority of an employee transferred from one line of progression to another, except for reasons of layoff and displacement as defined in Section 6 of this Article V, shall begin in the line of progression to which transferred as of the date of transfer,

and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(D) In order that employees may know about jobs that are to be filled (other than by step-up or temporary assignment) in the Control Technician-Junior, Equipment Operator-Junior, Performance & Industrial Hygiene Technician-Junior, Stores Attendant-Junior, Maintenance Machinist, Maintenance Mechanic-Senior, Maintenance Welder, Unit Operator, Control Technician-Senior, or Performance & Industrial Hygiene Technician-Senior, or Stores Attendant-Senior job classifications, the Company will post a notice on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees may submit bids for these jobs to the Human Resources Manager during the period specified. However, an Equipment Operator-Junior may not submit a bid to change lines of progression within such entrance job.

The Company will make a reasonable effort to fill posted positions within a five (5) month time period. If due to unforeseen circumstances or other issues, the opening cannot be filled, then the Company shall notify the Union of the current status of filling the position and shall discuss the possibility of reposting the position within the five (5) month time period.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military service, or
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(E) An employee holding the job classification of Equipment Operator-Junior must acquire the qualifications necessary to perform the duties of the next higher job classification in the line of progression for which he was placed in the Equipment Operator-Junior classification (i.e. Equipment Operator in Operations, or Maintenance Mechanic-Junior in Maintenance) within such time frame as determined by the Company. Similarly, an employee holding the job classification of Stores Attendant - Junior must acquire within such time frame as determined by the Company, the qualifications necessary to perform the duties of the Stores Attendant's job. An employee's failure to qualify during such period shall result in his removal from the job.

When an Equipment Operator-Junior is qualified to fill the Equipment Operator or Maintenance Mechanic-Junior job in his line of progression or when a Stores Attendant-Junior is qualified to fill the Stores Attendant job, his classification shall be so changed and the Company shall not be required to post a notice in accordance with Section (D) above.

(F) An employee holding the job classification of Control Technician-Junior, Maintenance Mechanic-Junior or Performance & Industrial Hygiene Technician-Junior must acquire the qualifications necessary to perform the duties of the next higher job classification in

his line of progression within such time frame as determined by the Company. An employee's failure to qualify during such period shall result in his removal from the job.

When a Control Technician-Junior, Maintenance Mechanic-Junior or Performance & Industrial Hygiene Technician-Junior is qualified to fill the next higher job classification in his line of progression, his job classification shall be so changed and the Company shall not be required to post a notice in accordance with Section (D) above.

SECTION 5. LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (A) Voluntarily terminates his employment.
- (B) Is discharged for just cause.
- (C) Fails to return to work as provided for under Section 8 of this Article II.
- (D) Is absent from work due to layoff in excess of the times specified in Section 7 of this Article V.
- (E) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absence. In case of military leaves of absence, periods of absence may be for longer periods than one (1) year, and the seniority for such employees will be governed by applicable federal or state laws.
- (F) Overstays a leave of absence or violates any of the terms or conditions of a leave of absence granted.

SECTION 6. LAYOFF AND DISPLACEMENTS

(A) When a reduction in force is necessary, probationary employees in the affected line of progression shall be laid off first. If it is necessary to reduce the number of regular employees in a line of progression, or to lay off regular employees, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in that line of progression or exercise his Plant seniority in entrance jobs for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression or Plant seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected may exercise their line of progression and Plant seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(B) Entrance jobs for the purpose of interpreting and applying the provisions of subsection 6(A) above are deemed to be:

Equipment Operator-Junior
Control Technician-Junior
Performance and Industrial Hygiene Technician-Junior
Stores Attendant-Junior

(D) An employee transferred to another job classification in accordance with the terms of this Section shall receive (1) the top rate of pay of the classification to which transferred provided his personal rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his personal rate provided his personal rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his personal rate is less than the beginning rate of the new classification.

(E) If a laid off employee, who has seniority, accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(F) For the purposes of this Section 6, an employee who transfers from one line of progression to another in exercising his seniority under subsections 6 (A) or (B) shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 7 of this Article II covering retention of seniority by employees who are laid off. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 8 of this Article II.

(G) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

SECTION 7. SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority in accordance with the following:

(A) An employee with six (6) months to one (1) year of service will retain his seniority for six (6) months.

(B) An employee with one (1) year to two (2) years of service will retain his seniority for one (1) year.

(C) An employee with two (2) or more years of service will retain his seniority for two (2) years.

SECTION 8. RECALL

In recalling laid off employees, they shall be returned to work according to Plant seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within ten (10) calendar days after notice is sent by United States Registered Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

SECTION 9. EMPLOYEE LEAVING BARGAINING UNIT

When an employee is promoted or transferred to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within ninety (90) days, to his former job classification or an equivalent job classification within the bargaining unit without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company, to his former job classification or an equivalent job classification within the bargaining unit at any time after ninety (90) days without loss of seniority accumulated before such promotion or transfer.

This Section 9 is not applicable to temporary promotions and transfers to supervisory, or other positions not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by the working agreement, and continues to accumulate seniority during the assignment.

SECTION 10. PURPOSE OF SENIORITY

For purposes of this agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

SECTION 11. SENIORITY LISTS

(A) The Company agrees to post in an accessible place seniority lists as of the effective date of this Agreement. A copy of the list will be sent to the Union. Such list shall show:

Employee's name
Job classification
Line of progression seniority
Plant seniority

(B) Any employee aggrieved by any seniority list posted by the Company must file any grievance within thirty (30) calendar days after the seniority list is posted.

SECTION 12. SENIORITY DURING ILLNESS OR INJURY

Except as limited by Section 5 (E) of this Article, any employee of the Company covered by this Agreement who is injured or who becomes ill shall continue to accumulate seniority and service during his absence due to such injury or illness, and shall be reinstated, upon recovery, to his former job with full seniority rights, provided he is physically and otherwise qualified to do the work.

ARTICLE III WORKING CONDITIONS

SECTION 1. OVERTIME PAYMENTS

(A) When an employee is regularly scheduled to work in excess of forty (40) hours in a work week, the assigned regularly scheduled hours exceeding forty (40) shall be regarded as overtime hours for which the employee shall receive one-and-one-half (1½) times his regular straight-time rate, provided that he actually works the scheduled overtime hours exceeding forty (40) and has worked or received pay for the first forty (40) regularly scheduled straight-time hours during the same work week.

(B) An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the work week except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay.

(C) When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this agreement.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(D) When employees are required to remain at a particular place on call during their scheduled hours off such shall be considered as hours worked. The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

(E) Overtime work is sometimes scheduled in advance rather than by call-out. If an employee reports for prearranged overtime work and he has not been notified not to report, the Company may elect to assign one (1) hour of work or pay one (1) hours pay at the applicable overtime rate.

SECTION 2. SHIFT PREMIUM

(A) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where half or more of the scheduled hours worked are between 8:00 a.m. and 4:00 p.m.

Second Shift - Where half or more of the scheduled hours worked are between 4:00 p.m. and 12:00 p.m.

Third Shift - Where half or more of the scheduled hours worked are between 12:00 p.m. and 8.00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Employees regularly assigned to a day shift who are temporarily assigned to a second or third scheduled shift will be paid the premium applicable to the shift to which temporarily assigned.

SECTION 3. SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

- (A) "Schedule Change" shall mean a change in days of a work week.
- (B) "Shift Change" shall mean a change in hours within a work day which results in the previously scheduled starting and/or quitting times being adjusted by more than two (2) hours.

When an employee's shift is not changed, but his previously scheduled starting and/or quitting times are adjusted with less than eight (8) hours notice, he will be paid rate and one-half for time worked outside of his previously scheduled hours.

Overtime assignments shall not constitute either a schedule change or a shift change.

In all operations where schedules include Saturdays and Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved.

If an employee has his shift and/or schedule changed with less than twenty-hour (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1 & 1/2) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular

straight- time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

In changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1 & 1/2) times his regular straight-time rate including applicable shift premium for hours worked in excess of the number of regularly scheduled hours worked on his previous shift payable at his regular straight-time rate within any twenty-four (24) hour period.

By mutual agreement between employees, and with the supervisor's approval, employees in the same job classification may be permitted to interchange work days or hours within a work week; however, in such cases, the Company shall not be required to pay either employee involved overtime rates for hours worked as provided in Section 1 of this Article III.

SECTION 4. CALL OUT

An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period, the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period which preceded his scheduled starting time.

Call out pay shall not apply in cases where an employee has not left the Company property, and such employee shall not lose pay for the time elapsed between the end of his previous work period and the start of the off schedule work, providing the employee reports for the off schedule work assignment within 30 minutes of the end of his previous work period.

SECTION 5. TEMPORARY WORK ASSIGNMENTS

If an employee, whose classification provides for time step increases based on hours worked, is temporarily assigned to a job in a classification having a higher maximum rate than his regular straight-time rate of pay, he shall, when assigned one (1) hour or more continuously in such classification, be paid the minimum rate of the higher classification, or his regular straight-time rate of pay for each hour so assigned in the higher classification, which ever is higher. The employee will be credited with hours worked in such classification. When he has accumulated a sufficient number of hours of credit in such classification, he will be entitled to the regular progression steps, if any, in the applicable rate range, in such future temporary assignments.

Where a temporary assignment to a higher rated job covers a full day before and a full day after a holiday, the 8 hours holiday pay provided shall be based on the rate paid on the employee's last day worked previous to the holiday.

SECTION 6. CREDIT FOR TIME WORKED IN TEMPORARY CLASSIFICATION

When an employee whose classification provides for time step increases based on hours worked is promoted to a higher job classification which he has filled temporarily in the past, he shall be given credit for hours so worked temporarily, toward the time steps, if any, of such new higher job classification.

SECTION 7. WAGE INCREASES WITHIN CLASSIFICATION

Wage increases within the rate ranges of job classifications covered hereby shall be applied as set forth in wage schedules agreed to under the Master Agreement.

Those increases granted on the basis of (1) hours worked (including overtime hours), or (2) time in classification shall become effective on the day he completes the specified requirement if such completion occurs during the first half of his regular shift; or on the day following, if the requirement is met during the second half of his regular shift. No increase shall become effective while an employee is absent due to illness or injury.

SECTION 8. RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS OR NEW SCHEDULES

(A) If new job classifications are created or if the duties of any job classifications are substantially changed during the period of this agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

(B) If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

SECTION 9. DISTRIBUTION OF OVERTIME

To the extent that it is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time among employees within a given job classification within each line of progression.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who has the lowest accumulated overtime shall be provided make-up overtime equal to the number of hours of the misassignment. Such make-up overtime shall consist of work which would not otherwise have been performed on an overtime basis, and shall be scheduled at a time agreeable to the Company and the employee.

In no event shall the remedy for a violation of this Section be pay for time not worked.

Overtime records, cumulated on a weekly basis, will be posted on a weekly basis as soon as practicable after preparation and the Union will be furnished with a copy thereof.

SECTION 10. MEAL ALLOWANCE

An employee is responsible for providing his own meals during his regularly scheduled hours of work and during prearranged overtime (including work assigned on a regular day off). He shall be entitled to a meal(s) during an overtime assignment only insofar as he has had insufficient notice of the assignment and only to the extent specifically provided below:

(A) For the purpose of meal entitlement, an employee has insufficient notice of an overtime assignment where he has been given less than two (2) hours' notice before the start of an overtime assignment or, in the case of a holdover overtime assignment, less than two (2) hours' notice prior to the start of the regularly scheduled shift from which he is held over.

(B) When an employee has had insufficient notice of an overtime assignment, he will be entitled to a meal at Company expense after working more than two (2) hours or immediately

prior to his regularly scheduled shift, whichever occurs first. Should the overtime work continue, additional meals will be provided at approximate six (6) hour intervals after the end of the previous meal entitlement, except that no meal will be provided during the hours of an employee's regularly scheduled shift.

(C) When an employee is entitled to a meal, the Company may elect to either provide the meal or pay a \$15 (*Effective April 1, 2024* – \$17.00) meal allowance in lieu thereof.

(D) Where the Company provides an overtime meal before an employee is released from work, the time allowed to eat the meal (a maximum of thirty minutes) shall be deemed time worked. Provided, however, that no time shall be paid to eat a meal that is provided after the employee is released from work.

SECTION 11. HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

SECTION 12. TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such

temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

SECTION 13. REST PERIOD

An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

SECTION 14. WORKING AWAY FROM THE PLANT

(A) When an employee is assigned to work at a location other than Big Sandy Plant, the employee may be required to provide his own transportation and travel on his own time to the

temporary reporting location. An employee who performs work at a location away from the Plant at Management’s direction may be reimbursed for his travel expenses as follows:

(B) Notwithstanding 14(A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations that are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of the Plant, he may be required to travel on his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

(C) When employees are required to be away from the Plant overnight, the Company shall either (1) furnish a one hundred twenty-five dollar (\$125.00) “travel allotment” for lodging, meals and miscellaneous expenses, or (2) furnish actual meals and lodging or (3) furnish lodging and provide per diem amounts for meals based on the meals to be provided according to the chart immediately below:

Per Diem Meal Amounts

Meal(s) to be provided	Effective 4/1/22	Effective 4/1/24
Breakfast	\$11.00	\$13.00
Mid-Shift	\$11.00	\$13.00
Evening	\$20.00	\$22.00
Breakfast and Mid-shift	\$22.00	\$26.00
Mid-shift and Evening	\$31.00	\$35.00
All three meals	\$42.00	\$48.00

The Company shall deduct from the applicable per diem the cost of any meals which it may provide. Travel time between lodging and job locations shall not be considered as time worked, except when the Company invokes the major service restoration provisions in Article V of the IBEW Master Agreement and work is performed outside the American Electric Power System.

An employee working away from the Plant may not be required to remain away on his regular off

days unless paid for all work done on those days, or all time spent during the normal working hours of such days, at the appropriate rate of pay.

**ARTICLE IV
HOLIDAYS**

SECTION 1. PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(A) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(B) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday the Company will pay such employee for eight (8) hours at his regular straight-time rate for such holiday.

(C) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week on the actual calendar day on which the holiday falls.

(D) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(E) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday will receive no pay for such holiday.

(F) No employee shall receive holiday pay (or a day off with eight (8) hours pay in lieu thereof) if, on any one of said holidays, he:

- (1) Was unable to work because of illness or injury, or
- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

(G) When an employee who is regularly scheduled to work in excess of eight (8) hours per work day is excused from scheduled work on a Company recognized holiday, he may convert unpaid time off on such holiday to paid time off (for example, four (4) hours in the case of a twelve (12) hour work day) by utilizing Personal Day Off Holiday or vacation time.

SECTION 2. PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(A) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay unless a higher rate is applicable.

(B) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(C) When the holiday worked is observed on one of the employee's regular scheduled days off, all hours worked on such an employee's regular day off shall be paid at two (2) times his regular straight-time pay.

(D) An employee whose normal regular schedule includes work weeks of over forty (40) hours shall not lose weekly overtime pay for hours worked in excess of forty (40) hours in such work week solely by reason of the day on which a holiday falls.

SECTION 3. PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight (8) hours each; total of 24 hours) during each calendar year on the following basis:

(A) If more employees request their Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(B) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(C) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day on the following basis:

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1 & 1/2) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(D) In the event an employee terminates his employment with the Company and he had not observed his Personal Days Off prior to his date of termination, he shall be deemed to have forfeited such Personal Days Off and no additional compensation will be paid in lieu thereof.

**ARTICLE V
VACATIONS**

5.1 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

5.2 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

5.3 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

5.4 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

5.5 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

5.6 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay under Article III, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

ARTICLE VI WAIVER OF BARGAINING

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement, except as otherwise provided herein.

If any state or federal legislation, court decision or government regulation invalidates any article or section of the Agreement, all other articles and sections not invalidated shall remain in full force and effect. Within thirty calendar days, the Company and Union shall meet to negotiate new contract language to replace the article or sections which have been invalidated.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 7th day of April, 2022.

FOR THE COMPANY:

Kentucky Power Company



Labor Relations Manager

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Big Sandy Plant Bargaining Unit



Business Manager

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AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**ASHLAND DISTRICT
BARGAINING UNIT**



April 1, 2018 - MARCH 31, 2021

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all production and maintenance employees, including line mechanics, line general servicers, line area servicers, station electricians, station servicers, meter electricians, driver ground worker, ground worker, fleet technicians and stores attendants employed by the employer in its Ashland, Kentucky, service area, but excluding the meter readers, field revenue specialists, dispatchers, building maintenance mechanics, transmission line mechanics, engineering technicians, drafters, engineering technologists, engineers, telecommunication technicians, protection and control specialists, foresters, field representatives, consumer services representatives, key account engineers, record specialists, all office clerical employees and all professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than

the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the purpose of making investigation or interviewing witnesses in connection with any grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating

requirements. A total of two (2) employees (members of the Grievance Committee and a grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service.

Length of service within the bargaining unit shall be deemed unit seniority.

Length of service within a line of progression shall be deemed line of progression Attachment 1
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seniority.

2.3 LIST OF PROGRESSION LINES

(a) The following shall be deemed progression lines:

LINE

Line Servicer
Line Mechanic A
Line Mechanic B
Line Mechanic C
Line Mechanic D

STATION SERVICER

Station Servicer
Station Servicer A
Station Servicer B
Station Servicer C

STATION

Station Electrician A
Station Electrician B
Station Electrician C

METER

Meter Electrician A
Meter Electrician B
Meter Electrician C

FLEET SERVICES

Fleet Technician A
Fleet Technician B

DISTRIBUTION SUPPORT

Driver Ground Worker
Ground Worker
Driver Line Worker

MATERIAL SERVICES

Truck Driver
Stores Attendant A
Stores Attendant B

(b) Employees holding a job classification in the above listed lines of progression (except Distribution Support) must acquire within such time frames as determined by the Company, the qualifications necessary to perform the duties of the next higher classification in their line of progression. An employee's failure to qualify during such period shall result in his removal from the line of progression. (Note: For purposes of this Section 2.3, progression in "Line" is from "D" to "A", "Station Servicer" is from "C" to "Station Servicer" and "Station" is from "C" to "A.") When such an employee is promoted by the Company to the next higher classification in his line of progression, the Company shall not be required to post a notice under Section 2.4 (c) of this Article II.

(c) The Company may place an employee in any Distribution Support job classification without regard to the seniority provision of this Article II.

2.4 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

(1) Skill, efficiency, experience, ability, knowledge, and training. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations.

(2) Physical fitness.

(3) Seniority, applied as follows:

First: Line of Progression seniority in the line of progression
where the vacancy exists.

Second: Unit Seniority.

If an employee is qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then unit seniority shall govern. If unit seniority is equal, Company service shall govern.

(b) The line of progression seniority of an employee transferred from one line of progression to another shall begin in the line of progression to which transferred as of the date of transfer, and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(c) In the event a vacancy is to be filled in a classification covered by this Agreement, except under Section 2.3 (b) of this Article II, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

Within sixty (60) calendar days from the date of posting of a notice of a job vacancy, the Company will fill such vacancy provided a qualified employee has made application therefor and provided the need to fill the vacancy still exists.

When a vacancy is filled by a junior employee, the Company's reasons shall, upon request, be given to the Union and/or senior employees who bid.

An employee who is classified as a Line Mechanic D and who is not qualified for promotion within his line of progression shall not be permitted to transfer.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(d) When the Company determines that it is necessary to redistribute employees within a job classification among the various regular headquarters within the bargaining unit on other than a temporary basis, a notice shall be posted on appropriate bulletin boards in the bargaining unit for not less than ten (10) calendar days. Any employee in the affected job classification may exercise his line of progression seniority to bid for such change of regular headquarters. If the Company is not able to accomplish its desired redistribution through the above process, then the Company will redistribute employees within the job classification by reverse line of progression seniority from the affected regular headquarter.

2.5 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article II.
- (d) Is absent from work due to layoff in excess of the times specified in Section

2.7 of this Article II.

(e) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absences.

- (f) Overstays a leave of absence.

2.6 LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary probationary employees in the affected line of progression shall be laid off first. If it is necessary to reduce the number of regular employees, or to layoff regular employees, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression seniority or unit seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected thereby may exercise their line of progression seniority and unit seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(b) Entrance jobs for the purpose of interpreting and applying the provisions of Section 2.6 (A) above are deemed to be:

Line Mechanic D
Station Servicer C
Station Electrician C
Meter Electrician C
Fleet Technician C
Driver Ground Worker
Ground Worker
Stores Attendant B

(c) An employee transferred to another job classification in accordance with the terms of this Section 2.6 shall receive (1) the top rate of pay of the classification to which transferred provided his former rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

(d) If a laid-off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(e) For the purpose of this Section 2.6, an employee who transfers from one line of progression to another in exercising his seniority under Sections 2.6 (a) or (b) above shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 2.7 of this Article II. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 2.8 of this Article II.

(f) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(g) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eight (80) hours pay at the employee's regular straight-time rate of pay.

2.7 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.8 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.9 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.9 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.10 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.11 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

(c) TRANSFERS shall be considered as a change from a job classification within one line or progression to a job classification in another line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where the majority of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift- Where the majority of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where the majority of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked.

The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours

in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on

his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 LODGING AND BOARD PER DIEM

When an employee is required to spend the night away from his regular headquarters, the Company shall either furnish a One Hundred Twenty Five Dollar (\$125) "travel allotment" for lodging, meals and miscellaneous expenses or provide lodging while away and commencing with the evening meal on the first day the Company will furnish the following "per diem" for meals and miscellaneous expenses: Eighteen Dollars (\$18.00) when the evening meal is to be provided, or; Eighteen Dollars (\$18.00) per day when the breakfast and mid-shift meals are to be provided (i.e., the evening meal can be eaten at home), or; Twenty-Seven Dollars (\$27.00) per day when the mid-shift and evening meals are to be provided (i.e., breakfast can be eaten at home), or; Thirty-Six Dollars (\$36.00) per day if all meals are to be provided. The Company shall deduct from the applicable "per diem" the cost of any meals which it may provide. The Company will make a reasonable effort to find a suitable place for lodging when the travel allotment is furnished. Travel time between lodging and job locations shall not be considered as time worked except when the Company invokes the major service restoration provisions and work is performed outside the American Electric Power System. Such an employee may be required to remain away on his regular off days unless paid for all work done on those days, or all time spent during the normal working hours of such days, as the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$13.00 meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 INCLEMENT WEATHER

When in judgment of the Company, inclement weather prevents the regular maintenance employees covered by this Agreement from working outdoors on energized primary equipment except in emergencies, the Company will provide work indoors or outdoors at their regular rate of pay. This section shall not apply to workers who have already completed their regular number of work hours for the week.

3.13 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees employed as Fleet Technicians.

3.14 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

3.15 FLEET CERTIFICATION FEES

When a Fleet Technician registers to take a certification test, or a re-certification test, such as those given by the Fluid Power Society or the Automotive Service Excellence (ASE) organizations, which is required by the Company, the initial test registration fee and the initial periodic re-certification fees shall be paid by the Company. Subsequent fees for retests, if any, shall be paid by the employee.

**ARTICLE IV
VACATIONS**

4.1 For purposes of this Article IV, continuous service shall include credit for prior periods of employment as a probationary, regular or part-time employee who was regularly scheduled to work twenty (20) or more hours per week with Kentucky Power Company and/or any other American Electric Power System affiliated Company.

4.2 (a) Vacation entitlement shall be as set forth in the following table:

<u>Service Requirement</u>	<u>Hours of Vacation</u>
In the calendar year of hire:	8 hours for each full month of service with a maximum of 80 hours.

On January 1st of the calendar year in which the following service will be obtained:

1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5 - 6 years of service	120 hours
7 - 8 years of service	128 hours
9 - 10 years of service	136 hours
11 - 12 years of service	144 hours
13 - 14 years of service	152 hours
15 - 23 years of service	160 hours
24 years of service	200 hours

(b) Vacation for employees rehired and credited with prior employment as set forth in Section 4.1 above shall be in accordance with the table in Section 4.2 (a) above except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the next whole hour. However, the pro-rated vacation allowance for a rehired

employee shall not be less than that of a new employee hired on the same date.

4.2.1 In the calendar year of hire, rehire, or return from leave of absence, or layoff, if an employee is employed on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave of absence, or layoff on or after the 16th of a month, the month would not be counted.

4.2.2 Vacation pay shall be at the employee's regular straight-time rate.

4.3 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.3.1 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3.2 An employee with 23 years of service or less may defer up to eighty (80) hours of vacation entitlement from year-to-year into a deferral bank; however, the deferral bank cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (1/2) of his vacation entitlement from year to year; however, the deferral bank cannot exceed a maximum of one hundred (100) hours. Such deferral bank vacation entitlement is subject to the same scheduling criteria as regular vacation entitlement as provided under the other Sections of this Article IV.

4.4 When an employee retires, is removed from the payroll, terminates his employment, or is laid off, the Company will either give the employee his vacation that

he would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

4.5 When an employee dies or retires from the Company, the Company will pay the beneficiary or the employee at the time of death or retirement for the pro rata part of his vacation he has earned during the year in which he dies or retires. The provisions of this section 4.5 only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired after January 1, 2000.

4.6 Vacation entitlement for an employee returning from a Leave of Absence or Layoff shall be based on the total years of service in the year of return from leave or layoff in accordance with the table in Section 4.2 (a). However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave/layoff be less than that of a new employee hired on the same date.

4.7 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.8 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The

employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.9 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.10 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay under Section 4.2.2, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE V
HOLIDAYS**

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

(1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or

(2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week, on the actual day on which the holiday falls.

(d) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(e) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(f) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

- (1) Was unable to work because of illness or injury, or
- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) In applying paragraphs (A) and (B) of this Section 9.3 when the holiday worked is observed on a employee's scheduled day off, "work schedule for that day" shall mean the work schedule of the employee on his last day of work previous to the holiday.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

ARTICLE VI WAGES

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

**ARTICLE VII
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION - AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

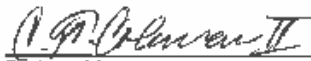
The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 30th day of March, 2018.

FOR THE COMPANY:
Kentucky Power Company

FOR THE UNION:
Local Union 978, International
Brotherhood of Electrical Workers
Ashland Bargaining Unit


Labor Relations Manager


Business Manager

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AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**ASHLAND DISTRICT
BARGAINING UNIT**



April 1, 2022 - MARCH 31, 2026

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all production and maintenance employees, including line mechanics, line general servicers, line area servicers, station electricians, station servicers, meter electricians, driver ground worker, ground worker, fleet technicians and stores attendants employed by the employer in its Ashland, Kentucky, service area, but excluding the meter readers, field revenue specialists, dispatchers, building maintenance mechanics, transmission line mechanics, engineering technicians, drafters, engineering technologists, engineers, telecommunication technicians, protection and control specialists, foresters, field representatives, consumer services representatives, key account engineers, record specialists, all office clerical employees and all professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company's Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the purpose of making investigation or interviewing witnesses in connection with any grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify

the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and a grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service. Length of service within the bargaining unit shall be deemed unit seniority.

Length of service within a line of progression shall be deemed line of progression seniority.

2.3 LIST OF PROGRESSION LINES

(a) The following shall be deemed progression lines:

LINE

Line Servicer
Line Mechanic A
Line Mechanic B
Line Mechanic C
Line Mechanic D

STATION SERVICER

Station Servicer
Station Servicer A
Station Servicer B - Certified
Station Servicer B
Station Servicer C

STATION

Station Electrician A
Station Electrician B - Certified
Station Electrician B
Station Electrician C

METER

Meter Electrician A
Meter Electrician B
Meter Electrician C

FLEET SERVICES

Fleet Technician A
Fleet Technician B

DISTRIBUTION SUPPORT

Driver Ground Worker
Ground Worker
Driver Line Worker

MATERIAL SERVICES

Truck Driver
Stores Attendant A
Stores Attendant B

(b) Employees holding a job classification in the above listed lines of progression (except Distribution Support) must acquire within such time frames as determined by the Company, the qualifications necessary to perform the duties of the next higher classification in their line of progression. An employee's failure to qualify during such period shall result in his removal from the line of progression. (Note: For purposes of this Section 2.3, progression in "Line" is from "D" to "A", "Station Servicer" is from "C" to "Station Servicer" and "Station" is from "C" to "A.") When such an employee is promoted by the Company to the next higher classification in his line of progression, the Company shall not be required to post a notice under Section 2.4 (c) of this Article II.

(c) The Company may place an employee in any Distribution Support job classification without regard to the seniority provision of this Article II.

(d) When a vacancy is posted in the Station Servicer Line of Progression, only employees in the Station Electrician Line of Progression will have initial bidding rights, and if awarded a position, will be moved laterally within the Station Servicer Line of Progression at the same time progression step, unless qualified for the Station Servicer position. Likewise, when a vacancy is posted in the Station Electrician Line of

Progression, only employees in the Station Servicer Line of Progression will have initial bidding rights and if awarded a position, will be moved laterally within the Station Electrician Line of Progression at the same time progression step. If no one from the Station Electrician or Station Service Line of Progression bids, the Company may fill the job through a hire or a transfer of a qualified employee from another Line of Progression. The individual awarded the position will be subject to the up or out provisions in Section 2.3(b) above.

2.4 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

- (1) Skill, efficiency, experience, ability, knowledge, and training. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations.
- (2) Physical fitness.
- (3) Seniority, applied as follows:

First: Line of Progression seniority in the line of progression where the vacancy exists.

Second: Unit Seniority.

If an employee is qualified for a job opening under the first two factors enumerated above, then seniority shall govern.

If two or more employees have the same line of progression seniority, then unit seniority shall govern. If unit seniority is equal, Company service shall govern. If

Company service is equal, then the employee with the earliest birthday in the year will be deemed senior.

(b) The line of progression seniority of an employee transferred from one line of progression to another shall begin in the line of progression to which transferred as of the date of transfer, and shall continue to accumulate in the line of progression from which transferred for a period of thirty (30) calendar days from date of transfer, after which the employee shall have line of progression seniority only in the line of progression to which he was transferred.

If, during the thirty (30) calendar day period, the employee returns at his own request or is returned by the Company to his former job classification, his line of progression seniority shall cease in the line of progression he leaves, and his line of progression seniority in the line of progression to which he returns shall be as if he had never left.

(c) In the event a vacancy is to be filled in a classification covered by this Agreement, except under Section 2.3 (b) of this Article II, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

The Company will make a reasonable effort to fill posted positions within a five (5) month time period. If due to unforeseen circumstances or other issues, the opening cannot be filled, then the Company shall notify the Union of the current status of filling

the position and shall discuss the possibility of reposting the position within the five (5) month time period.

When a vacancy is filled by a junior employee, the Company's reasons shall, upon request, be given to the Union and/or senior employees who bid.

An employee who is classified as a Line Mechanic D and who is not qualified for promotion within his line of progression shall not be permitted to transfer.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(d) When the Company determines that it is necessary to redistribute employees within a job classification among the various regular headquarters within the bargaining unit on other than a temporary basis, a notice shall be posted on appropriate bulletin boards in the bargaining unit for not less than ten (10) calendar days. Any employee in the affected job classification may exercise his line of progression seniority to bid for such change of regular headquarters. If the Company is not able to accomplish its desired redistribution through the above process, then the Company will redistribute employees within the job classification by reverse line of progression seniority from the affected regular headquarter.

2.5 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article II.
- (d) Is absent from work due to layoff in excess of the times specified in

Section 2.7 of this Article II.

(e) Is absent from work other than for reasons of layoff for a period of one (1) year or more or for a period equal to the employee's length of service when such absence begins, whichever is less. In cases of absences due to illness or disability such times may be extended by leaves of absences.

- (f) Overstays a leave of absence.

2.6 LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary, probationary employees in the affected line of progression shall be laid off first. If it is necessary to reduce the number of regular employees, or to layoff regular employees, the following shall apply:

FIRST, starting with the job classification in which the reduction is to be made, the employee with the least line of progression seniority shall be removed there from. He shall have the right to exercise his line of progression seniority in lower job classifications for which he can qualify in other lines of progression.

SECOND, if the employee in the job classification in which the reduction is to be made does not elect to exercise either line of progression seniority or unit seniority as provided in the First Step above, then he shall be laid off.

THIRD, if the employee in the job classification in which the reduction is to be made exercises his seniority in accordance with the First Step above, then employees affected thereby may exercise their line of progression seniority and unit seniority in a like manner with regard to: (1) lower job classifications within the line of progression; and (2) entrance jobs in other lines of progression.

FOURTH, following the changes resulting from steps First and Third above, the excess employees shall be laid off.

(b) Entrance jobs for the purpose of interpreting and applying the provisions of Section 2.6 (A) above are deemed to be:

Line Mechanic D
Station Servicer C
Station Electrician C
Meter Electrician C
Fleet Technician B
Driver Ground Worker
Ground Worker
Stores Attendant B

(c) An employee transferred to another job classification in accordance with the terms of this Section 2.6 shall receive (1) the top rate of pay of the classification to which transferred provided his former rate is equal to or exceeds the top rate of the new classification, or (2) the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or (3) the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

(d) If a laid-off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(e) For the purpose of this Section 2.6, an employee who transfers from one line of progression to another in exercising his seniority under Sections 2.6 (a) or (b) above shall retain his line of progression seniority in the line of progression from which transferred for the same periods of time based on length of service as defined under Section 2.7 of this Article II. Such retained seniority shall be limited to the seniority accumulated up to the time of transfer, and he shall begin accumulating seniority in the line of progression to which transferred beginning on the date of transfer. Likewise, such employee shall be entitled to consideration for jobs which may become vacant in his former line of progression in the same manner as employees who were actually laid off as defined in Section 2.8 of this Article II.

(f) An employee who accepts a demotion in his line of progression through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(g) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eight (80) hours pay at the employee's regular straight-time rate of pay.

2.7 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.8 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.9 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.9 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.10 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.11 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

(c) TRANSFERS shall be considered as a change from a job classification within one line or progression to a job classification in another line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where half or more of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift- Where half or more of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where half or more of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so

changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked. The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not

worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 LODGING AND BOARD PER DIEM

When employees are required to be away from their headquarters overnight, the Company shall either (1) furnish a one hundred twenty-five dollar (\$125.00) “travel allotment” for lodging, meals and miscellaneous expenses, or (2) furnish actual meals and lodging or (3) furnish lodging and provide per diem amounts for meals based on the meals to be provided according to the chart immediately below:

Per Diem Meal Amounts

Meal(s) to be provided	Effective 4/1/22	Effective 4/1/24
Breakfast	\$11.00	\$13.00
Mid-Shift	\$11.00	\$13.00
Evening	\$20.00	\$22.00
Breakfast and Mid-shift	\$22.00	\$26.00
Mid-shift and Evening	\$31.00	\$35.00
All three meals	\$42.00	\$48.00

The Company shall deduct from the applicable per diem the cost of any meals which it may provide. Travel time between lodging and job locations shall not be considered as time worked, except when the Company invokes the major service restoration provisions in Article V of the IBEW Master Agreement and work is performed outside the American Electric Power System. Travel time between lodging and job locations shall not be considered as time worked. An employee working away from their headquarters may not be required to remain away on his regular off days unless paid for all work done on those

days, or all time spent during the normal working hours of such days, at the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$15.00 (*Effective April 1, 2024* – \$17.00) meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 INCLEMENT WEATHER

When in judgment of the Company, inclement weather prevents the regular maintenance employees covered by this Agreement from working outdoors on energized primary equipment except in emergencies, the Company will provide work indoors or outdoors at their regular rate of pay. This section shall not apply to workers who have already completed their regular number of work hours for the week.

3.13 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees employed as Fleet Technicians.

3.14 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

3.15 FLEET CERTIFICATION FEES

When a Fleet Technician registers to take a certification test, or a re-certification test, such as those given by the Fluid Power Society or the Automotive Service Excellence (ASE) organizations, which is required by the Company, the initial test registration fee and the initial periodic re-certification fees shall be paid by the Company. Subsequent fees for retests, if any, shall be paid by the employee.

ARTICLE IV VACATIONS

4.1 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.2 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.4 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat

the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.5 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.6 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE V
HOLIDAYS**

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

(1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or

(2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) Employees whose regular schedule includes Saturday and/or Sunday shall observe all holidays, regardless of the day of the week, on the actual day on which the holiday falls.

(d) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(e) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(f) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

- (1) Was unable to work because of illness or injury, or
- (2) Was on leave of absence, or
- (3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) When the holiday worked is observed on one of the employee's regular scheduled days off, all hours worked on such an employee's regular day off shall be paid at two (2) times his regular straight-time pay.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

ARTICLE VI WAGES

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

ARTICLE VII WAIVER OF BARGAINING

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 7th day of April, 2022.

FOR THE COMPANY:

Kentucky Power Company



Labor Relations Manager

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Ashland Bargaining Unit



Business Manager

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AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**PIKEVILLE FRO
BARGAINING UNIT**



April 1, 2018 - MARCH 31, 2021

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all meter readers and field revenue specialists employed by the employer in its Pikeville, Kentucky, service area, but excluding all other employees, professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company’s Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of Attachment 1
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employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the

purpose of making investigation or interviewing witnesses in connection with any grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and a grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service.

Length of service within the bargaining unit shall be deemed unit seniority.

2.3 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

- (1) Skill, efficiency, experience, ability, knowledge, physical fitness, training and merit/performance. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations. Where such factors are substantially equal for two or more employees, then unit seniority shall govern.

(b) In the event a vacancy is to be filled in a classification covered by this Agreement, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

Within sixty (60) calendar days from the date of posting of a notice of a job vacancy, the Company will fill such vacancy provided a qualified employee has made application therefor and provided the need to fill the vacancy still exists.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service

- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(c) Employees hired as Meter Readers after November 1, 2012 shall be expected to qualify and promote to Meter Servicers within (24) twenty-four months of their hire date or their employment shall be terminated.

2.4 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article.
- (d) Is absent from work due to layoff in excess of the times specified in Section

2.6 of this Article II.

(e) Is absent from work due to layoff in excess of the times specified. In cases of absences due to illness or disability such times may be extended by leaves of absences.

(f) Overstays a leave of absence or violates any of the terms or conditions of a leave of absence.

2.5

LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary, probationary employees in the affected job classification shall be laid off first. If it is necessary to reduce the number of regular employees in the affected job classification, employees with the least unit seniority

shall have the right to exercise unit seniority to a lower job classification provided there is an employee having less seniority in a lower classification, or accept a layoff.

(b) If a laid off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(c) An employee who accepts a demotion through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(d) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eighty (80) hours pay at the employee's regular straight-time rate of pay.

2.6 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.7 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The

employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.8 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.8 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.9 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.10 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where the majority of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift - Where the majority of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where the majority of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked.

The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours

in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on

his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 LODGING AND BOARD PER DIEM

When an employee is required to spend the night away from his regular headquarters, the Company shall either furnish a One Hundred Twenty Five Dollar (\$125) "travel allotment" for lodging, meals and miscellaneous expenses or provide lodging while away and commencing with the evening meal on the first day the Company will furnish the following "per diem" for meals and miscellaneous expenses: Eighteen Dollars (\$18.00) when the evening meal is to be provided, or; Eighteen Dollars (\$18.00) per day when the breakfast and mid-shift meals are to be provided (i.e., the evening meal can be eaten at home), or; Twenty-Seven Dollars (\$27.00) per day when the mid-shift and evening meals are to be provided (i.e., breakfast can be eaten at home), or; Thirty-Six Dollars (\$36.00) per day if all meals are to be provided. The Company shall deduct from the applicable "per diem" the cost of any meals which it may provide. The Company will make a reasonable effort to find a suitable place for lodging when the travel allotment is furnished. Travel time between lodging and job locations shall not be considered as time worked except when the Company invokes the major service restoration provisions and work is performed outside the American Electric Power System. Such an employee may be required to remain away on his regular off days unless paid for all work done on those days, or all time spent during the normal working hours of such days, as the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$13.00 meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular

quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees.

3.13 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

**ARTICLE IV
VACATIONS**

4.1 For purposes of this Article IV, continuous service shall include credit for prior periods of employment as a probationary, regular or part-time employee who was regularly scheduled to work twenty (20) or more hours per week with Kentucky Power Company and/or any other American Electric Power System affiliated Company.

4.2 (a) Vacation entitlement shall be as set forth in the following table:

<u>Service Requirement</u>	<u>Hours of Vacation</u>
In the calendar year of hire:	8 hours for each full month of service with a maximum of 80 hours.

On January 1st of the calendar year in which the following service will be obtained:

1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5 - 6 years of service	120 hours
7 - 8 years of service	128 hours
9 - 10 years of service	136 hours
11 - 12 years of service	144 hours
13 - 14 years of service	152 hours
15 - 23 years of service	160 hours
24 years of service	200 hours

(b) Vacation for employees rehired and credited with prior employment as set forth in Section 4.1 above shall be in accordance with the table in Section 4.2 (a) above except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the

next whole hour. However, the pro-rated vacation allowance for a rehired employee shall not be less than that of a new employee hired on the same date.

4.2.1 In the calendar year of hire, rehire, or return from leave of absence, or layoff, if an employee is employed on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave of absence, or layoff on or after the 16th of a month, the month would not be counted.

4.2.2 Vacation pay shall be at the employee's regular straight-time rate.

4.3 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.3.1 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3.2 An employee with 23 years of service or less may defer up to eighty (80) hours of vacation entitlement from year-to-year into a deferral bank; however, the deferral bank cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (1/2) of his vacation entitlement from year to year; however, the deferral bank cannot exceed a maximum of one hundred (100) hours. Such deferral bank vacation entitlement is subject to the same scheduling criteria as regular vacation entitlement as provided under the other Sections of this Article IV.

4.4 When an employee retires, is removed from the payroll, terminates his employment, or is laid off, the Company will either give the employee his vacation that he

would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

4.5 When an employee dies or retires from the Company, the Company will pay the beneficiary or the employee at the time of death or retirement for the pro rata part of his vacation he has earned during the year in which he dies or retires. The provisions of this section 4.5 only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired after January 1, 2000.

4.6 Vacation entitlement for an employee returning from a Leave of Absence or Layoff shall be based on the total years of service in the year of return from leave or layoff in accordance with the table in Section 4.2 (a). However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave/layoff be less than that of a new employee hired on the same date.

4.7 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.8 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one

choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March 1st and the Company shall verify preferences received by March 1st no later than April 1. Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.9 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.10 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay under Section 4.2.2, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE V
HOLIDAYS**

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

(1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or

(2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(d) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(e) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

(1) Was unable to work because of illness or injury, or

(2) Was on leave of absence, or

(3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) In applying paragraphs (A) and (B) of this Section 9.3 when the holiday worked is observed on a employee's scheduled day off, "work schedule for that day" shall mean the work schedule of the employee on his last day of work previous to the holiday.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

**ARTICLE VI
WAGES**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

**ARTICLE VII
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 30th day of March, 2018.

FOR THE COMPANY:

Kentucky Power Company

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Pikeville PRO Bargaining Unit


Labor Relations Manager


Business Manager

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AGREEMENT

BETWEEN

KENTUCKY POWER COMPANY

AND

LOCAL UNION 978

**PIKEVILLE FRO
BARGAINING UNIT**



April 1, 2022 - MARCH 31, 2026

AGREEMENT

THIS AGREEMENT, made and entered into by and between KENTUCKY POWER COMPANY, hereinafter referred to as the “Company”, and LOCAL 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, hereinafter referred to as the “Union.”

**ARTICLE I
RECOGNITION AND
REPRESENTATION**

1.1 BARGAINING UNIT

The Company hereby recognizes the Union as the representative for the purposes of collective bargaining within the meaning of the Labor-Management Relations Act for all meter readers and field revenue specialists employed by the employer in its Pikeville, Kentucky, service area, but excluding all other employees, professional employees, guards and supervisors as defined in the Act.

Unless the context indicates otherwise, the word “employee” or “employees” wherever used herein shall mean and refer only to those full-time regular and probationary employees now or hereafter in the employment of the Company in the job classifications covered by this Agreement.

Temporary employees are those employees hired for full-time jobs but only for a specified limited period of time not to exceed six (6) months.

Part time employees are those employees whose jobs require less than a normal daily and/or weekly schedule.

1.2 LEGACY OF KNOWLEDGE

Employees who are covered by this Agreement may be allowed to participate in the Company’s Legacy of Knowledge (LOK) Program. Participation in the LOK Program is not an entitlement or right automatically available to any eligible represented employee. The Company, at its sole discretion, shall determine when and if LOK positions exist and the selection of employees to participate in the LOK Program.

The Union and Company recognize that the terms and the conditions of Attachment 1
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employment for LOK participants are covered in the LOK Program. Employees selected to participate in the LOK Program will continue to be covered by the terms of the Agreement during the period of the LOK assignment with the exception of those terms and conditions of employment covered in the LOK Program.

1.3 INFORMATION FURNISHED UNION

(a) The Company agrees to furnish the Union's Business Manager a roster of employees as of the effective date of this Agreement and annually thereafter. The roster shall reflect the name, classification and seniority of each employee. Any employee aggrieved by a roster posted by the Company must file any grievance within thirty (30) days after the roster is posted.

(b) The Company agrees to furnish the Union's Business Manager a copy of any disciplinary action issued to an employee, including a written warning, suspension or discharge.

1.4 DUES

The Company shall have no obligation to collect Union dues for any month in which the employee in his first pay period, received (after all deductions) pay less than the amount of such dues. However, the Company will, upon written request of the employee, deduct all back dues from the employee's first paycheck or checks that are sufficient to cover such back dues.

1.5 UNION REPRESENTATIVES

Authorized representatives of the Union shall be permitted to enter on the property of the Company at all reasonable times, provided such entry is necessary for the purpose of making investigation or interviewing witnesses in connection with any

grievance arising between the members of the Union and the Company, but no such entry shall be made upon the premises for such purposes until the supervisor in charge has been advised. The Union shall notify the Company in writing of the name of the authorized representatives.

1.6 GRIEVANCE COMMITTEE

The Union Grievance Committee shall consist of not more than three (3) employees, with three (3) alternates, one of whom may be substituted for a regular member at any meeting. The names of the Grievance Committee shall be furnished to the Human Resources Manager. The Company agrees to recognize this Committee as the representative of the employees and to meet with this Committee. The duties of the Committee shall be to present to and adjust any and all matters with the Company referred to it in the designated manner. The right is reserved by the Union to change any or all of a Grievance Committee at any time deemed necessary, but the Union shall notify the Company of any change in membership of the Grievance Committee at least seven (7) calendar days before the date of any meeting. Meetings necessary for the disposition of grievances shall take place at reasonable times, having due regard to operating requirements. A total of two (2) employees (members of the Grievance Committee and a grievant) shall not lose regular straight time pay while actually attending a Second and Third Step grievance meeting.

ARTICLE II SENIORITY

2.1 ACQUISITION OF SENIORITY

The seniority of a regular employee who shall have completed six (6) months full-time employment shall be determined by the length of his service computed from the first day of his last hire as a full-time employee.

Employees having less than six (6) months' service with the Company shall be considered as having no seniority. After six (6) months' service, the employee's seniority shall be calculated from the date of his employment in accordance with the terms of this Agreement.

Employees who are hired for specific temporary jobs shall have no seniority regardless of the length of service, unless said employees are transferred to the regular work force. In this event, seniority shall be calculated from the date of his assignment to fill a vacancy in a regular job and the usual six (6) months' probationary period may then be required by the Company.

2.2 TYPES OF SERVICE AND SENIORITY

Length of continuous service within the Company and/or any of the other American Electric Power Company affiliates shall be deemed Company service.

Length of service within the bargaining unit shall be deemed unit seniority.

2.3 JOB POSTING

(a) When the Company desires to make promotions or to increase work forces as too jobs in the bargaining unit, the following factors shall be considered:

- (1) Skill, efficiency, experience, ability, knowledge, physical fitness, training and merit/performance. In order to determine an employee's qualifications, the Company may require the employee to satisfactorily pass reasonable examinations. Where such factors are substantially equal for two or more employees, then unit seniority shall govern.

(b) In the event a vacancy is to be filled in a classification covered by this Agreement, in order that employees may know about jobs available, a notice shall be posted on appropriate bulletin boards indicating that such jobs are open for bid. These notices shall remain on the bulletin boards for ten (10) calendar days, not counting the day of posting. Employees, or another employee on his behalf if the employee is absent due to vacation, may submit bids for these jobs to his supervisor or the Human Resources Manager during the period specified.

The Company will make a reasonable effort to fill posted positions within a five (5) month time period. If due to unforeseen circumstances or other issues, the opening cannot be filled, then the Company shall notify the Union of the current status of filling the position and shall discuss the possibility of reposting the position within the five (5) month time period.

No posting of job classification vacancies shall be required with respect to a job classification to which an employee is entitled upon returning from:

- (1) Military Service
- (2) A disability due to illness or injury, or
- (3) A leave of absence, or
- (4) A vacation;

or to the filling of jobs temporarily for such reasons.

(c) Employees hired as Meter Readers after November 1, 2012 shall be expected to qualify and promote to Meter Servicers within (24) twenty-four months of their hire date or their employment shall be terminated.

2.4 LOSS OF SENIORITY

A complete loss of seniority shall be suffered by an employee who:

- (a) Voluntarily terminates his employment.
- (b) Is discharged for just cause.
- (c) Fails to return to work as provided for under Section 2.8 of this Article.
- (d) Is absent from work due to layoff in excess of the times specified in Section

2.6 of this Article II.

(e) Is absent from work due to layoff in excess of the times specified. In cases of absences due to illness or disability such times may be extended by leaves of absences.

(f) Overstays a leave of absence or violates any of the terms or conditions of a leave of absence.

2.5 LAYOFF AND DISPLACEMENTS

(a) When a reduction in force is necessary, probationary employees in the affected job classification shall be laid off first. If it is necessary to reduce the number of regular employees in the affected job classification, employees with the least unit seniority shall have the right to exercise unit seniority to a lower job classification provided there is an employee having less seniority in a lower classification, or accept a layoff.

(b) If a laid off employee accepts work with the Company of a temporary nature, his seniority and recall rights shall not be extended or changed thereby.

(c) An employee who accepts a demotion through these layoff procedures shall have seniority which will transcend the seniority of all other employees for the purpose of promotion to the classification from which he was demoted.

(d) The Company shall give employees two (2) weeks' advance notice before being laid off, or in lieu thereof, eighty (80) hours pay at the employee's regular straight-time rate of pay.

2.6 SENIORITY AFTER LAYOFF

If a regular employee is laid off, he shall retain his seniority for a period of two (2) years or for a period equal to his length of service when such absence begins, whichever is less, unless he sustains a complete loss of seniority as provided elsewhere in this Agreement.

2.7 RECALL

In recalling laid off employees, they shall be returned to work according to unit seniority if they are available, able and qualified to return to work. If an employee who has been laid off fails to report within seven (7) calendar days after notice is sent by United

States Certified Mail Return Receipt Requested, he shall be considered dismissed from the employ of the Company and the next employee in seniority shall be called.

In sending notices hereunder to an employee, the Company shall be entitled to rely on the last address of the employee given by him to the Company in writing. The employee shall give the Company notice of any change in address and obtain from the Company a written receipt of such notice.

2.8 EMPLOYEE LEAVING BARGAINING UNIT

When an employee moves to a supervisory or other position not covered by this Agreement, he will cease to be represented by the Union. Such employee may be returned by the Company, within one hundred eighty (180) calendar days, to a bargaining unit classification without loss of seniority accumulated before and after such promotion or transfer.

Further, such employee may be returned by the Company to a bargaining unit classification at any time after one hundred eighty (180) calendar days without loss of seniority accumulated before such promotion or transfer.

This Section 2.8 is not applicable to employees temporarily performing a supervisory or other job not covered by this Agreement. During such temporary periods of assignment the employee remains in the bargaining unit, maintains all rights conferred by this Agreement and continues to accumulate seniority during the assignment.

An employee who moves from this bargaining unit to another bargaining unit represented by Local 978 shall continue to accumulate seniority in this bargaining unit. Such accumulated seniority can be used by the employee to displace a less senior employee in this bargaining unit, but only if the employee is subject to being laid off in the Local 978 bargaining unit.

2.9 PURPOSES OF SENIORITY

For purposes of this Agreement, seniority shall be a factor in promotions, transfers, layoff and displacements, recall, returning to the bargaining unit, demotion and vacation selection, but for no other purpose.

2.10 DEFINITIONS

(a) PROMOTIONS shall be considered as a change from one job classification to a job classification carrying a higher maximum rate of pay in the same line of progression.

(b) DEMOTIONS shall be considered as a change from one job classification to a job classification carrying a lower maximum rate of pay in the same line of progression.

**ARTICLE III
WORKING CONDITIONS**

3.1 WORK SCHEDULES

Where schedules include Saturdays and/or Sundays, such schedules to the extent that it is reasonable and practicable to do so, shall be rotated in such manner as to equalize Saturday and Sunday work among the employees involved. However, the provisions of this Section above shall not apply when the Company deems it necessary to invoke the Major Service Restoration.

3.2 OVERTIME PAY

An employee shall be paid double his regular straight-time rate of pay for hours worked on his second scheduled day off within the workweek except when Sunday is the employee's first scheduled day off. When Sunday is the employee's first scheduled day off, the hours worked on such Sunday shall be paid at double the employee's regular straight-time rate of pay, and the hours worked on his second and all other scheduled days off shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

When an employee works sixteen (16) consecutive hours and continues to work, he shall be paid at two (2) times his regular straight-time rate of pay for all hours worked in excess of the first sixteen (16) hours. However, this provision shall not apply to any hours for which the employee is paid this double time rate under any other provisions of this Agreement or when the Company deems it necessary to invoke the Major Service Restoration provisions.

No employee shall receive overtime pay for both weekly and daily overtime for the same overtime work.

In no event shall an employee receive more than double his regular straight-time rate for any hours worked.

(c) If overtime for which an employee is scheduled is canceled later than ten (10) hours prior to the scheduled overtime, the employee will be paid one (1) hour's pay at the applicable overtime rate.

3.3 SHIFT PREMIUMS

(a) Shift Premium

The Company will pay in addition to the regular straight-time rates a shift differential to employees on scheduled shifts in accordance with the following:

First Shift - Where half or more of the scheduled hours worked are between 7:00 a.m. and 3:00 p.m.

Second Shift - Where half or more of the scheduled hours worked are between 3:00 p.m. and 11:00 p.m.

Third Shift - Where half or more of the scheduled hours worked are between 11:00 p.m. and 7:00 a.m.

Shift premium will not apply in connection with overtime worked by employees assigned to the First Shift.

Shift premium will apply in connection with overtime worked by employees assigned to the Second or Third shift.

Employees regularly assigned to a First Shift who are temporarily assigned to a Second or Third Shift will be paid the premium applicable to the shift to which temporarily assigned.

3.4 SCHEDULE AND SHIFT MODIFICATION

For the purpose of clarification, the following definitions apply:

(a) "Schedule Change" shall mean a change in regular workdays of a workweek.

(b) "Shift Change" shall mean a change in hours within a workday which results in the majority of an employee's newly scheduled hours to be within a shift other than his previous scheduled shift (see Section 3.3(a) of this Article III for shift definitions).

Overtime assignments and the Company's decision to invoke the Major Service Restoration provision shall not constitute either a schedule change or a shift change.

If the Company desires to change an employee's schedule and/or shift, the following shall apply:

(1) If an employee has his shift and/or schedule changed with less than twenty-four (24) hours' notice before the beginning of the changed shift and/or schedule, he shall be paid one and one-half (1½) times his regular straight-time rate including applicable shift premiums for the hours worked on the first day of such changed shift and/or schedule. If the employee continues to work on such changed shift and/or schedule on any succeeding days, he shall be paid his regular straight-time rate plus applicable shift premium for the remainder of the hours worked on such changed shift and/or schedule.

(2) If twenty-four (24) hours or more notice is given before the changed shift and/or schedule is to begin, an employee whose shift and/or schedule is so changed shall be paid his regular straight-time rate including applicable shift premium during the time he works on such changed shift and/or schedule.

(3) Notwithstanding Section 3.4 (b)(1) and (2) above, in changing from the previously scheduled weekly shift and/or schedule to a changed shift and/or schedule with less than eight (8) hours intervening between shifts, an employee shall receive one and one-half (1½) times his regular straight-time rate including applicable shift premium for hours worked on the first day of such changed shift and/or schedule.

3.5 CALL OUT

(a) An employee called out to work outside his regular schedule between the hours of 6:00 a.m. and midnight will be paid a minimum of two (2) hours at the applicable overtime rate.

An employee called out to work outside his regular schedule between the hours of midnight and 6:00 a.m. will be paid a minimum of three (3) hours at the applicable overtime rate.

In case more than one call-out occurs within the minimum period the employee will receive pay at the applicable rate for the applicable minimum period, or actual hours worked, whichever is greater.

If the minimum period overlaps into the employee's scheduled hours of work, he will be paid at the applicable rate only for that portion of the minimum period that preceded his scheduled starting time.

Callout pay shall not apply in cases where an employee has not left the Company property.

(b) When employees are required to remain at a particular place on call during Sundays, holidays or their scheduled hours off, such shall be considered as hours worked. The practice of employees notifying the Company of the availability for obtaining emergency work shall not be considered as being on call.

3.6 OVERTIME WORK—OBLIGATION, DISTRIBUTION

To the extent that is reasonable and practicable to do so, the Company will endeavor to equitably distribute overtime assignments over reasonable periods of time. Overtime records, cumulated on a biweekly basis, will be posted as soon as practicable after the closing of the pay period.

If overtime is assigned to the wrong classification, the qualified employee in the proper classification who should have been assigned the overtime shall be provided make-up overtime equal to the number of hours of the missed assignment. In no event shall the remedy for a violation of this Section 3.6 (b) be paid for time not worked. However, the provisions of Section 3.6 (b) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

3.7 REST PERIOD

(a) An employee who is required to work sixteen (16) hours within any twenty-four (24) hour period shall be entitled to an eight (8) hour rest period. Such rest period shall begin (a) upon release from work, (b) at the beginning of a regularly scheduled shift, or (c) at the time during the regularly scheduled shift when an employee completes sixteen (16) hours of work in a twenty-four (24) hour period, whichever is earlier. If any part of this eight (8) hour rest period falls within his regular scheduled hours, he shall suffer no loss in regular straight-time pay for such hours which are not worked. Should an employee be required to work any part of this eight (8) hour rest period which falls within a regularly scheduled shift, he shall receive his regular straight-time rate for having worked such hours in this period, in addition to the regular rate to which he would have been entitled under this provision, had he not been required to work.

Meal periods, paid or unpaid, shall be included in computations of the sixteen-hour eligibility requirement under this section.

The pay provisions of this rest period clause shall not apply to any hours scheduled or worked on a recognized holiday or to any hours scheduled or worked that are subject to overtime premium.

Hours worked which have been considered in determining eligibility for a rest period granted, shall not be considered again for any subsequent entitlement.

(b) The provisions of Section 3.7 (a) above shall not apply when the Company deems it necessary to invoke the Major Service Restoration provisions.

(c) However, if the rest period under (a) above is interrupted by recall, a new rest period shall begin at the earlier time occurring under (a) or (b) above.

3.8 JOB SITE REPORTING

(a) When conditions require that an employee work at a distance from his regular headquarters, the Company shall provide transportation and pay for travel time both ways between headquarters and job locations.

(b) Notwithstanding Section 6.9 (A) above, an employee may be required to furnish his own transportation and travel on his own time when he is assigned to report to work at job locations which are within thirty (30) miles of his regular headquarters.

When an employee is assigned to work at job locations which are between thirty (30) and sixty (60) miles of his regular headquarters he may be required to travel on his own time and will be paid Thirty-Four Dollars (\$34) for furnishing his own transportation.

3.9 **LODGING AND BOARD PER DIEM**

When employees are required to be away from their headquarters overnight, the Company shall either (1) furnish a one hundred twenty-five dollar (\$125.00) “travel allotment” for lodging, meals and miscellaneous expenses, or (2) furnish actual meals and lodging or (3) furnish lodging and provide per diem amounts for meals based on the meals to be provided according to the chart immediately below:

Per Diem Meal Amounts

Meal(s) to be provided	Effective 4/1/22	Effective 4/1/24
Breakfast	\$11.00	\$13.00
Mid-Shift	\$11.00	\$13.00
Evening	\$20.00	\$22.00
Breakfast and Mid-shift	\$22.00	\$26.00
Mid-shift and Evening	\$31.00	\$35.00
All three meals	\$42.00	\$48.00

The Company shall deduct from the applicable per diem the cost of any meals which it may provide. Travel time between lodging and job locations shall not be considered as time worked, except when the Company invokes the major service restoration provisions in Article V of the IBEW Master Agreement and work is performed outside the American Electric Power System. Travel time between lodging and job locations shall not be considered as time worked. An employee working away from their headquarters may not be required to remain away on his regular off days unless paid for all work done on those days, or all time spent during the normal working hours of such days, at the appropriate rate of pay.

3.10 MEAL ALLOWANCE

An employee will be entitled to a \$15.00 (*Effective April 1, 2024* – \$17.00) meal allowance when he:

- (a) works overtime for two (2) hours or more immediately before or after his regular shift, or
- (b) is called out to work overtime without advance notice and such overtime is worked six (6) hours or more, or
- (c) is called out to work overtime without advance notice and such overtime is worked into a normal meal time (i.e., 6:30 a.m. to 7:30 a.m., 12:00 noon to 1:00 p.m., and 5:30 p.m. to 6:30 p.m.), or
- (d) is scheduled to work overtime outside of, but not immediately before or after, his regular shift and such overtime is worked more than ten (10) hours, or
- (e) is called out to work overtime and is prevented from providing his own regular mid-shift meal, or
- (f) works overtime continuously for six (6) hours or more after becoming entitled to an initial meal allowance under (1), (2), (3), or (4) above, and will be entitled to additional meal allowances for each subsequent six (6) hour interval of continuous overtime worked thereafter.
- (g) Any time provided to eat a meal shall not be deemed time worked.

3.11 HEALTH AND SAFETY

The Union will cooperate with the Company by encouraging its members to observe the Company's safety rules and practices and by informing the Company of safety hazards or unsafe practices.

The Company shall furnish the Union a copy of the Report of Injury or Illness of any accident affecting an employee covered by this Agreement and resulting in lost time.

The formulation and installation of safety rules is the responsibility of management and employees shall be required to observe such rules. The reasonableness of a safety rule is subject to the grievance and arbitration procedure.

The Company shall provide and maintain first aid equipment at all headquarters, in convenient locations, and in automotive equipment used by employees; and employees shall be instructed to observe all safety rules.

The Company shall furnish prescription safety eyeglasses (the style and type of which shall be determined by the Company) for employees whose duties, as determined by the Company, require eye protection and who have need for prescription lenses. The employee will pay for his eye examination and furnish the Company a copy of the prescription to be used.

3.12 TOOLS AND EQUIPMENT

The Company will furnish all necessary tools to employees. Suitable rain protection equipment is to be furnished to employees required to work outdoors. When tools and equipment are issued, the employee will be held responsible for their return in good condition, reasonable wear and loss excepted. Employees shall be allowed a reasonable length of time to return their tools and equipment to their proper place before their regular

quitting time. When employees are furnished with Company equipment, such as vehicles, lockers, desks, etc., the Company may inspect such at any time.

Work gloves (the material and style of which shall be determined by the Company) shall be furnished to employees whose regular assignment of work, in the judgment of the Company, include: (1) the handling of tools or materials, or (2) the handling of equipment at such temperatures as may reasonably require the wearing of gloves. Gloves will be replaced as needed upon receipt by the Company of the worn gloves as evidence of need for replacement.

Uniforms (the material and style of which shall be determined by the Company) shall be furnished to employees.

3.13 REPORTING OFF DUTY

Employees who are unable to report for work shall, if possible, notify their supervisors at least two (2) hours before their starting time of such inability to report to work. However, any employee who is unable to report for work is expected to notify his supervisor as soon as he knows of his inability to report to work.

ARTICLE IV VACATIONS

4.1 Vacation to which an employee is entitled during any calendar year must be taken during the calendar year, with two (2) exceptions:

4.2 If an employee is required by the Company to postpone his scheduled vacation so that it cannot be rescheduled during the remainder of the year, the Company will either (1) pay such employee at his regular straight-time rate for such vacation or (2) schedule such vacation during the following year.

4.3 If any employee is required to return from his vacation prior to its expiration date, he shall be reimbursed for all out-of-pocket expenses in connection with such recall and allotted an additional vacation period for the unexpired portion thereof.

4.4 Employees will be granted their vacations at the time they desire as far as is practical, however, length of service, number of employees off duty at one time, shift assignment and workload will be taken into account in scheduling vacations. The employee senior in service shall have first choice of one vacation period and then go to the bottom of the service list until other employees, in the order of their service, have had one choice. Employees who request and are permitted to split their vacations shall repeat the above process for second and third choice, however, any employee submitting his preference before March 1st shall have preference over any request submitted after March

1st and the Company shall verify preferences received by March 1st no later than April 1. Attachment 1
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Any request received after March 1st shall be considered in order received. Employees who have not scheduled their vacation by June 1 will have their vacation periods assigned by the Company.

4.5 Any employee having more than one (1) week's vacation will be permitted to divide his vacation insofar as is practical.

4.6 If one of the nine (9) regular holidays falls during the vacation of any employee, on one of the days that he normally would have been scheduled to work, or on one of the days for which the employee would have received holiday pay, he will be entitled to an extra eight (8) hours of vacation with pay for eight (8) hours at the regular straight-time rate at a time convenient to the Company or equivalent vacation pay at the option of the Company. If the employee should for any reason leave the employ of the Company prior to the scheduling of such extra day, the Company will pay the employee for such extra day eight (8) hours vacation pay at his regular job rate.

**ARTICLE V
HOLIDAYS**

5.1 PAY FOR HOLIDAYS NOT WORKED

All full-time employees not normally required to work on recognized holidays will be paid for holiday time on the following basis:

(a) When a holiday falls within the normal work schedule of the employee and is not worked, the employee will be paid for eight (8) hours at his regular straight-time rate.

(b) When a holiday is observed on any employee's scheduled day off and such regular day off is not a Saturday or a Sunday, the Company will either:

(1) Pay such employee for eight (8) hours at his regular straight-time rate for such holiday, or

(2) Give such employee a day off on one of his currently scheduled days of work for that workweek and pay him for eight (8) hours at his regular straight-time rate for such day.

(c) An employee who has been notified to work on a holiday and does not work, unless excused by the Company, shall receive no pay for that day.

(d) An employee who has an unexcused absence on his scheduled work day immediately preceding or immediately following a holiday, will receive no pay for such holiday.

(e) No employee shall receive holiday pay (or a day off with eight [8] hours pay in lieu thereof) if, on any one of said holidays, he:

(1) Was unable to work because of illness or injury, or

(2) Was on leave of absence, or

(3) Was absent from work due to a labor dispute.

5.2 PAY FOR HOLIDAYS WORKED

An employee required to work on a day observed as a holiday shall be paid eight (8) hours at his regular straight-time rate of pay as holiday pay, and in addition, shall receive pay for work performed on that day on the following basis:

(a) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(b) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

(c) In applying paragraphs (A) and (B) of this Section 9.3 when the holiday worked is observed on a employee's scheduled day off, "work schedule for that day" shall mean the work schedule of the employee on his last day of work previous to the holiday.

5.3 PERSONAL DAYS OFF

Each regular employee will be granted three (3) Personal Days Off (eight [8] hours each; total of 24 hours) during each calendar year on the following basis:

(a) Requests for a Personal Day Off should be made at least one (1) week in advance of the day to be observed, unless extenuating circumstances prevent the asking for the day in such advance time, and the day for observing such Personal Day Off must be approved by the employee's immediate supervisor.

(b) If more employees request a Personal Day Off on a specific day than can be accommodated within the work group, requests will be honored in the order in which they were received.

(c) An employee observing his Personal Day Off will be paid for eight (8) hours at his regular straight-time rate for such day, provided:

(1) If the employee has been notified to work on his Personal Day Off and does not work, unless excused by the Company, he shall receive no pay for that day.

(2) An employee who has an unexcused absence on his scheduled workday immediately preceding or immediately following his Personal Day Off, will receive no pay for such day.

(3) If, on the day observed as the Personal Day Off, the employee:

(a) Was unable to work because of illness or injury, or

(b) Was on leave of absence, or

(c) Was absent from work due to a labor dispute, he will receive no pay for such day.

(d) An employee required to work on a day scheduled to be observed as his Personal Day Off shall be paid eight (8) hours at his regular straight-time rate of pay, and in addition shall receive pay for work performed on that day or the employee may request to reschedule the holiday to another day prior to December 31.

(1) Hours worked by the employee after his scheduled starting time and prior to his scheduled quitting time in accordance with his work schedule for that day shall be paid at one and one-half (1½) times his regular straight-time rate of pay.

(2) Hours worked by the employee shall, after his scheduled quitting time and/or prior to his scheduled starting time in accordance with his work schedule for that day, be paid at double his regular straight-time rate of pay.

**ARTICLE VI
WAGES**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate schedules apart from this Agreement (which are in writing and bear their signatures).

6.2 TEMPORARY WORK ASSIGNMENTS

If an employee is temporarily assigned to a job of higher rate for one (1) hour or more, either within or outside of his department, he shall receive the higher rate for the actual hours worked in the higher rated job.

If temporary assignments cover a full day before and a full day after a holiday, any pay for the holiday not worked shall be based upon the straight-time hourly rate for time worked on the scheduled day preceding the holiday.

6.3 RATE OF PAY FOR NEW OR CHANGED JOB CLASSIFICATIONS

If new job classifications are created or if the duties of any job classification are substantially changed during the period of this Agreement, the wage rates for such new or changed job classifications shall be established by the Company in proper relationship to other existing job rates in the bargaining unit, and the Union shall be promptly notified of such established rates.

If the Company and the Union cannot agree on the new rate, the union may resort to the grievance and arbitration procedure provided in the Master Agreement for final determination of the proper rate of pay for such job to be determined upon the basis hereinbefore provided.

**ARTICLE VII
WAIVER OF BARGAINING**

It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements, understandings, customs and practices, oral or written, expressed or implied, and this Agreement incorporates their full and complete understandings and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union, for the life of this Agreement, hereby waives any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

The CBA front cover shall contain the IBEW logo.

**ARTICLE VII
EFFECTIVE DATE
TERMINATION – AMENDMENTS**

6.1 The parties hereto have agreed to a Wage Agreement with attached wage rate-schedules apart from this Agreement (which is in writing and bears their signatures).

6.2 Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

6.3 The CBA front cover shall contain the IBEW logo.

6.4 It is the intent of the parties that the provisions of this Agreement will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The Union for the life of this Agreement hereby waives any rights to request to negotiate, or to negotiate or to bargain with respect to any matters contained in this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed this 7th day of April, 2022.

FOR THE COMPANY:

Kentucky Power Company


Labor Relations Manager

FOR THE UNION:

Local Union 978, International
Brotherhood of Electrical Workers
Pikeville FRO Bargaining Unit


Business Manager

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Agreement

KPSC Case No. 2023-00159

Commission Staff's First Set of Data Requests

By and Between

Dated May 31, 2023

American Electric Power

Item 26

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Companies: Appalachian Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, Public Service Company of Oklahoma and Southwestern Electric Power Company, AEP Service Corporation and AEP Generation Resources, Inc.

And

International Brotherhood of Electrical Workers

Effective: April 1, 2018 – March 31, 2021

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**AEP COMPANIES/IBEW SYSTEM COUNCIL U-9
MASTER COLLECTIVE BARGAINING**

KPSB Case No. 2023-00159
Commission Staff First Set of Data Requests
AGREEMENT

Dated May 31, 2023

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**AEP COMPANIES/IBEW SYSTEM COUNCIL U-9
MASTER COLLECTIVE BARGAINING
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PURPOSE

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The Companies and the Unions have common mutual interests in the electric utility industry. Stabilized conditions of employment improve the relationship between the Companies and the Unions and the Public. All will benefit by harmonious relations and by adjusting any differences through rational, common sense methods.

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NOW, THEREFORE, to these ends and on consideration of the mutual promises and agreements herein contained, the parties hereto agree as follows:

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Section 1. Recognition

(a) American Electric Power Service Corporation, AEP Generation Resources, Inc., Appalachian Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, Public Service Company of Oklahoma, and Southwestern Electric Power Company, (jointly referred to as "the Companies"), the International Brotherhood of Electrical Workers, Local Unions 329, 386, 696, 738, 876, 934, 978, 1002, 1392, and 1466 (jointly referred to as "the Local Unions"), and System Council U-9 ("System Council" and, with the Companies and Local Unions, sometimes collectively referred to as the "Parties") entered into a revised Memorandum of Understanding on June 21, 2011 ("MOU", a copy of which is attached as an addendum), the terms and conditions of which are attached hereto and incorporated herein by reference.

(b) Through System Council U-9, the Local Unions have expressed their desire to negotiate with the Companies for a single Master Agreement (the "Agreement"), the terms and conditions of which shall apply to all of the employees who are represented by the Local Unions, while reserving certain issues to be negotiated locally in the bargaining process that heretofore has occurred at the local level and resulted in separate collective bargaining agreements (the "Local Agreements"). The Parties recognize that the change in approach to the collective bargaining process is a "permissive" subject of bargaining, as that term is used and understood by the National Labor Relations Board and the courts of the United States in construing the National Labor Relations Act,

29 U.S.C. §151, et. seq., and the Local Unions and System Council U-9 acknowledge that the Companies have voluntarily agreed to engage in the process of negotiating this Agreement and Local Agreements as an accommodation to them.

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Section 2. Union Security – OH,

(a) Maintenance of Membership Provision

In order that employees do their part in assisting a respective Local Union to meet its obligations as a party to this Agreement, an employee hired before June 15, 2000, who on or after June 15, 2000, personally pays Union dues or authorizes Union dues deduction, may only discontinue such payments or revoke a prior authorization within the ten (10) calendar day calendar period preceding the expiration date of this Agreement. Such revocation must be in writing and must be delivered to the respective Local Union and the respective Company.

(b) Agency Fee Provision

In order that employees do their part in assisting a Local Union to meets its obligations as a party to this Agreement, an employee hired on or after June 15, 2000, shall either personally pay Union dues or authorize Union dues deductions.

(c) Failure to Pay Required Union Fees or Dues

Should any employee covered under Section (a) or (b) above fail to pay the dues or fees required as a condition of employment, the employee shall be terminated.

(d) Dues Membership

The Company agrees to deduct from the pay of each employee who executes a written authorization, an amount equal to the current respective Local Union

dues as set forth in the respective Local Union By-Laws and the Constitution of the International Brotherhood of Electrical Workers. The amount of these deductions will be paid by Electronic Funds Transfer (EFT) to the Financial Secretary of the Local Union. The respective Local Unions shall notify the respective Companies of any changes in the dues amounts to be deducted.

(e) The Companies shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues.

(f) The respective Local Unions shall indemnify and save the Companies harmless against any and all claims, demands, lawsuits or other forms of liability that may arise out of or by reason of action taken by a Company in making payroll deductions of Union membership dues as hereinabove defined.

(g) A Local Union will not (a) interfere with employees not belonging to the Union (b) use threats, intimidation, or coercion to influence employees to join the Union or (c) discriminate against any employee because of his nonmembership in the Union or (d) solicit memberships during working hours.

Section 3. Union Security – AR, IN, KY, LA, MI, OK, TN, TX, VA, WV

(a) Dues Membership

The Company agrees to deduct from the pay of each employee who executes a written authorization, an amount equal to the current Union dues as set forth in the Local Union By-Laws and the Constitution of the International Brotherhood of Electrical Workers. The amount of these deductions will be paid to the

Financial Secretary of the Local Union. The deductions will be renewed for successive periods of one year unless revoked by written notice to the Union within ten (10) days prior to the anniversary date of the authorization or the expiration of the Agreement. The Union shall notify the Company of any changes in the dues amounts to be deducted and any changes in dues authorization for any employee.

(b) The Companies shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues.

(c) The respective Local Unions shall indemnify and save the Companies harmless against any and all claims, demands, lawsuits or other forms of liability that may arise out of or by reason of action taken by a Company in making payroll deductions of Union membership dues as hereinabove defined.

(d) A Local Union will not (a) interfere with employees not belonging to the Union (b) use threats, intimidation, or coercion to influence employees to join the Union or (c) discriminate against any employee because of his nonmembership in the Union or (d) solicit memberships during working hours.

Section 4. Employees Off For Union Business

(a) Union officers or representatives shall be granted permission to be absent with or without pay for Union conventions, and/or conferences above the Local Union level; or may be granted permission to be absent with or without pay for other specific Union activities, upon written request for such absence.

Should the Union request more than two (2) employees to be absent at the same time, the Company will consider such request and may permit more than two (2) employees to be absent for Union Business. However, the Company reserves the right to limit the number of employees permitted to be absent for Union Business at any one time.

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(b) Reimbursement For Time Off For Union Business

Regular full-time employees appointed or elected by the Union to represent the Union in its business with the Company, will suffer no loss of regular straight-time pay at the employee's regular base rate or benefits when conducting official authorized Union business.

The Unions agree to reimburse the Company, on a timely basis, for all wages paid at a premium of 140% of Union Business paid-wages to reimburse the Company's cost of base pay plus benefits.

The provisions of this Section 4(b) do not apply to any employee on leave of absence or any employee who is off to conduct official authorized Union Business in excess of 200 regularly scheduled work hours in a calendar year. In addition, these provisions do not apply when the Collective Bargaining Agreement calls for the continuation of regular straight-time pay for grievance meetings or safety meetings.

Employees conducting such Union business are expected to properly code their time records using a designated Union Pay code (PUB) and to notify the Union of reported Union Business hours.

The Company will send an invoice on a periodic basis to each applicable designated IBEW Local Union Representative notifying each Local Union of the

amount owed to the Company. Each Local Union accepts the responsibility to promptly reimburse the Company upon receiving their invoice. Frequency of invoicing will be determined by the Company.

Failure of any Local Union to reimburse the Company on a timely basis, according to the payment terms stated on the invoice, will nullify the use of this provision for that particular Local Union for the remainder of the term of the Collective Bargaining Agreement.

Should this program become administratively burdensome or unforeseen problems arise that cannot be effectively resolved, the Company reserves the right to eliminate this provision with thirty calendar (30) days written notice to the Unions.

Section 5. Leave Of Absence For Union Officials

(a) A maximum of two (2) employees elected or appointed to full-time union positions from each Local Union shall be granted leaves of absence for a period of such election or appointment. The employees shall continue to accrue seniority during such leaves, and upon termination of the leaves of absence, shall be reinstated to their former positions (or the equivalent if such former positions no longer exist) provided the employees are qualified to return to work.

(b) Employees appointed pursuant to Section 5(a) above, shall be permitted to extend their medical and dental coverages for the duration of their Union leave of absence by paying 102% of plan cost.

Section 6. Organizing Conduct

The parties agree that in the event that the

Union engages in organizing efforts among AEP unrepresented employees, neither party shall coerce or intimidate employees during the course of an organizing campaign. The Companies agree to refrain from negative public statements concerning the IBEW or any IBEW officer, representative or member. The Unions, its officers, representatives and employees agree not to publicly express negative comments concerning the Companies' integrity or motives including the integrity or motives of the Companies' officers, directors, agents or employees. The parties agree that all oral or written statements made during the course of an organizing campaign shall be factual.

The parties further agree that the provisions of this Section 6, shall not be subject to the Grievance and Arbitration Procedure.

Section 7. P.A.C.

Subject to applicable laws and upon receipt of a written authorization from an employee, the Company shall deduct from the pay due such an employee Political Action Committee (P.A.C.) donations and transmit such, separately from Union dues deductions, to the Financial Secretary of each Local Union. An employee's written authorization for the Company to deduct P.A.C. donations shall continue in effect for the duration of this Agreement, or until receipt by the Company of a written notice of revocation, or when the employee ceases to be represented by the Union, whichever occurs earlier.

The Company shall have no obligation to deduct P.A.C. donations for any period in which the employee received (after all other deductions) pay less than the amount of such donation. The Union shall indemnify and save the Company harmless against any and all

claims, demands, lawsuits, or other forms of liability that may arise out of or by any reason of action taken by the Company in making payroll deductions of P.A.C. donations as hereinabove defined.

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Section 8. Classes Of Employees

(a) Probationary employees are those employees who have not satisfactorily completed six (6) consecutive months from the date of employment and who are not hired for specific temporary jobs of limited duration. Probationary employees may be discharged, at the discretion of the Company, at any time during the probationary period; and such discharge shall not be subject to arbitration.

(b) Regular employees are those employees hired for full-time employment who have satisfactorily completed six (6) consecutive months from the date of employment and who are not hired for specific jobs of limited duration.

(c) The word "employee" or "employees" wherever used in this Agreement shall mean and refer only to those regular full-time and probationary employees who are now or hereafter in the employment of a Company and represented by a Local Union.

(d) It is agreed that a Local Union will be notified when a new employee is hired, giving the name, telephone number, address and status of the new employee. The giving of this information must not, however, be construed as binding the Company against later changing the status of such an employee. The Local Union will also be notified of any change in an employee's status or classification.

Section 9. List Of Eligible Employees

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A list will be furnished monthly to the Union showing employees in job classifications represented by the Union who have a changed address or who have been hired, reclassified, or whose employment has terminated. Such list will show the employee's classification, starting date in present classification, and date his last continuous employment with the Company commenced.

Section 10. Successorship

The Company agrees that the adoption of this Agreement will be a condition of the sale, divestiture or transfer of any facility covered by this Agreement. When the sale, divestiture, or transfer is publicly disclosed, the Company will provide the Union with relevant information concerning such transaction upon request.

Section 11. Printing Of Agreements

The Companies will furnish each Local Union with printed copies of this Memorandum of Agreement (1½ times the number of bargaining unit employees). The Union will thereafter be responsible for all distribution to employees.

Section 12. Union Orientation

When new employees are hired or employee are transferred into union represented positions, the Company will allow up to thirty (30) minutes for a Union representative to discuss Union activities and sign the appropriate Union membership forms.

This thirty (30) minute Union orientation will normally take place during new employee orientation and the designated Union representative will not lose regular straight-time pay for this orientation. Each Local Union will designate a readily available Union representative from each location (building or service center) and provide that list to the applicable Company.

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ARTICLE II
MANAGEMENT AND UNION RELATIONSHIP

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(a) Except as otherwise specifically limited in this Agreement, the Company has the right to exercise the regular and customary functions of management, subject, however, to the employee's privilege of bringing a grievance as provided for in this Agreement.

(b) The rights, powers, and authorities mentioned in (a) above shall include but shall not be confined to the following:

(1) The right to determine equipment to be used, the process, techniques, methods and means of operation, production, transmission and distribution, the schedules of production, schedules of working hours, standards of quality and workmanship; the right to establish, maintain and amend reasonable working rules and regulations [including safety rules, programs and regulations] and job classifications and job descriptions and the necessary qualifications for all job classifications including reasonable residency requirements of employees required to perform the work.

(2) The right to create, eliminate, modify or combine jobs; the right to assign work and contract work; the right to determine manning needs, including the number and classifications of employees to be used on specific jobs and in the general operation of the Company's business; the right to lay off employees due to lack of work or for other reasons.

(3) The authority to hire, promote, demote or transfer, assign to shifts, maintain discipline and efficiency; and the right to warn, suspend, discharge or otherwise discipline employees for justifiable reasons.

(4) The Company shall also have the right to assign or contract work to persons or organizations not represented by a Local Union. This right is limited only to the extent that it shall not be exercised when such actions directly result in the layoff or discharge of any employee covered by this Agreement. In the event of arbitration over the Company's exercise of the right set forth herein, the sole question for the arbitrator shall be whether the Company has violated the foregoing limitation.

(c) Where the rights, powers, and authorities itemized in (b) above are modified or limited by the terms and provisions of this Agreement they shall only be modified or limited to the extent specifically provided therein.

ARTICLE III
COVERAGE, DURATION OF AGREEMENT

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Section 1. Duration of Agreement

This Agreement, effective 12:01 a.m., April 1, 2018, except as specifically noted otherwise herein, will continue in full force and effect through March 31, 2021, and for yearly periods thereafter unless either party shall notify the other party in writing not less than sixty (60) days before any termination date of such party's desire to commence negotiations for a new contract.

Section 2. Coverage of Agreement

It is the intent of the parties that the provisions of this Agreement (meaning Master Agreement and respective Local Agreement for each individual Bargaining Unit) will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The parties for the life of this Agreement hereby waive any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

Section 3. Separability

If any state or federal legislation, court decision or government regulation invalidates any article or section of the Agreement, all other articles and sections not invalidated shall remain in full force and effect. Within thirty calendar days, the Company and Union shall meet to negotiate new contract language to replace the article or sections, which have been invalidated.

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ARTICLE IV
MUTUAL RESPONSIBILITIES

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(a) There shall be no strikes, work stoppages, slow-downs, sit-downs, sympathy strikes, picketing, failures to cross any picket line or other forms of interference with production or interruption of production for any reason during the life of this Agreement or extension thereof. This prohibition shall apply to each Local Union, and their subordinate bodies, and to each employee. The Companies shall not engage in a lockout of its employees during the life of this Agreement.

(b) Each Local Union, and their subordinate bodies, shall not sanction, aid or abet, encourage or continue any strike, work stoppage, picketing, failure to cross any picket line or other interference or interruption of production during the life of this Agreement or extension thereof, and shall undertake by all possible means to prevent or to terminate any such activity. Any employee who participates in or encourages any activities which interfere with production or interrupt production during the life of this Agreement or extension thereof shall be subject to disciplinary action, including discharge. In the event of any interference with or interruption of production, the Local Union will immediately instruct, order and use its best efforts to cause the Union and their subordinate bodies and the employees to cease violating this Article. In the event that either party believes that a violation of this Article has occurred, that party shall notify the Director of the Federal Mediation and Conciliation Service (FMCS) of its belief. Upon receipt of such notification, the FMCS will immediately designate an arbitrator, who shall hold a hearing as soon as practicable. This hearing shall begin within seventy-two (72) hours after receipt of such notification

by the FMCS. The sole issue at the hearing shall be whether a violation of this Article has occurred. The arbitrator in holding such hearing shall have no authority to consider any factor in justification, explanation or mitigation of a violation of this Article. There shall be no adjournment or continuance of the hearing, and the arbitrator shall issue his award at the conclusion of the hearing. The award of the arbitrator pursuant to this Article may be enforced by either party, if necessary, in a court proceeding and the Parties hereby waive any rights inconsistent with this procedure.

(c) Any employee disciplined under this Article shall have the right to grieve such discipline under Article XI and if such grievance is taken to arbitration under Article XI, to have the arbitrator determine if such discipline is appropriate.

(d) Provided that the Company reserves the right not to invoke the procedures of this Article if the crossing of a specific picket line would expose an employee to injury.

(e) The right to strike by employees represented by the Local Unions shall be governed by the following schedule and under the following circumstances:

1. For purposes of this provision, the Expiration Date shall be defined as the occurrence of any one of the following three events:
 - i. the date upon which the Agreement has expired because either the Companies or the System Council has served written notice of their/its intent to not renew the Agreement; or
 - ii. the Parties attempt to renew the

Agreement but, having satisfied the notice requirements set forth in Section 8(d) of the National Labor Relations Act, are unable to reach agreement on terms and conditions for a new Agreement by the time that the Agreement expires, or

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iii. the Parties agree to open negotiations during the term of the Agreement for one or more issues and are unable to reach agreement on that issue(s).

2. In the event that the Parties reach the Expiration Date of the Agreement, the right to strike by bargaining unit employees shall occur at 12:01 a.m. on the day following the date reflected below:

<u>Strike Date</u>	<u>Local Union</u>	<u>Bargaining Unit</u>
Expiration Date	1002	PSO
Expiration Date	876	Three Rivers
Expiration Date	1392	Ft. Wayne
Expiration Date	1392	Muncie
Expiration Date	1392	Michiana/MHG
Expiration Date	1392	Transmission – IN
Expiration Date	1392	SMG Station – IN
Expiration Date + 3 months	978	Beckley
Expiration Date + 3 months	978	Charleston
Expiration Date + 3 months	978	Fieldale
Expiration Date + 3 months	978	Huntington
Expiration Date + 3 months	978	Logan
Expiration Date + 3 months	978	Lynchburg
Expiration Date + 3 months	978	Point Pleasant - Ripley
Expiration Date + 3 months	978	Roanoke
Expiration Date + 3 months	978	Roanoke RDC
Expiration Date + 3 months	978	Clinch River
Expiration Date + 3 months	978	Hydro – South
Expiration Date + 3 months	978	Big Sandy
Expiration Date + 6 months	1392	Cook RPEC Techs
Expiration Date + 6 months	329, 386, 738	SWEPCO
Expiration Date + 6 months	1466 Unit 3A	Ohio Power Company AEP Service Corporation

Strike Date	Local Union	Bargaining Unit
Expiration Date + 6 months	1466 Unit 3B	AEP Service
Expiration Date + 9 months	978	Ashland
Expiration Date + 9 months	978	Hazard
Expiration Date + 9 months	978	Pikeville – Revenue
Expiration Date + 9 months	1392	Cook – Maintenance
Expiration Date + 12 months	934	Kingsport
Expiration Date + 12 months	696	Steubenville
Expiration Date + 12 months	1392	Cook – Stores
Expiration Date + 12 months	1466-2	Newark, Lancaster, Zanesville
Expiration Date + 12 months	1466-1	Transmission – OH

3. In the event that, pursuant to Article IV, Section (e)(1)(i) of this Agreement, either the Companies or the System Council serves written notice of their/its intent to not renew the Agreement, representatives from the Companies and the Local Unions shall begin to conduct negotiations for each of the bargaining units in the manner described in Paragraph 7 of the MOU. The negotiations shall begin, where practicable, prior to the Expiration Date.

ARTICLE V

WORK HOURS, SCHEDULES, SHIFTS, OVERTIME

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Section 1. Work Day and Work Week

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For payroll accounting and record purposes only.
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(a) The workweek shall consist of seven (7) consecutive calendar days starting and ending at midnight on a day designated by the Company, or the starting or quitting time of a shift that overlaps the day so designated as determined by the Company.

The Company shall give fourteen (14) calendar days advance notice of any change in the designated payroll workweek.

(b) The workday shall be the period of twenty-four (24) hours starting and ending at midnight, or the starting or quitting time of a shift that overlaps midnight as determined by the Company.

Section 2. Work Schedules

The scheduling of employees' daily and weekly working hours, including the scheduling of employees to work more or less than eight (8) hours in a workday or forty (40) hours in a workweek, shall be determined solely by the Company. However, to the extent practicable, work schedules shall include consecutive workdays of between eight (8) and twelve (12) consecutive hours (exclusive of an unpaid lunch period where provided by the Company) and workweeks of between thirty-two (32) and forty-eight (48) hours. This Section 2 shall not be construed as a guarantee of hours of work or pay.

Section 3. Overtime

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(a) The Company shall be the sole judge as to the necessity for overtime work. Employees shall make themselves reasonably available for overtime assignments and overtime work as a condition of employment.

(b) One and one-half (1½) times an employee's regular straight-time rate shall be paid for all time worked outside of his assigned schedule, or for all hours worked in excess of forty (40) hours per workweek except as otherwise herein provided.

(c) An employee shall be paid at one and one-half (1½) times his regular straight-time rate of pay for hours worked on his scheduled days off within the workweek except as provided in a Local Agreement.

(d) In all work locations, the Company agrees to make overtime records available to the Union upon request.

(e) Employees who are normally subject to overtime shall have a telephone or a telephone contact.

Section 4. Shift, Sunday Premiums

(a) Premiums shall be paid on scheduled shifts of classified jobs in accordance with the following schedule in addition to the regular straight-time hourly rates.

<u>Premium</u>	<u>Definition</u>	<u>Per Hour</u>
Day Shift	Where the majority of scheduled hours worked are as designated in Local Agreements.	80.0¢
Afternoon Shift	Where the majority of scheduled hours worked are as designated in Local Agreements.	80.0¢
Night Shift	Where the majority of scheduled hours worked are as designated in Local Agreements.	85.0¢
Sunday	Where the majority of scheduled hours worked are as designated in Local Agreements.	\$1.10

(b) Where a shift overlaps from one day into another the shift shall be paid for at the rate pertaining to the day in which the majority of its hours fall.

(c) The Sunday premium is in addition to the employee's straight-time rate and any applicable shift premium, but this Sunday premium will not apply to any hours for which an employee is paid at a rate equal to or in excess of one and one-half (1½) times his regular straight-time rate.

(d) If during the course of a regularly scheduled workweek, an employee is paid Afternoon or Night

Shift premium in addition to his regular straight-time hourly rate and such employee also works overtime, the hourly rate for the overtime work shall include the following increments:

- Where the majority of the employee's shift premium hours during the work week were paid at the Afternoon Shift rate - 80.0¢
- Where the majority of the employee's shift premium hours during the work week were paid at the Night Shift rate - 85.0¢

(e) Shift differentials shall be added to employee's rate of pay prior to application of overtime rates.

Section 5. Shift Trades

Subject to the approval of the Company, employees in the same job classification may be permitted to interchange work days or hours within a workweek, if the employees making the exchange are both qualified and agreeable and such exchanges shall not require the Company to pay either employee involved overtime or other premium rates of pay for hours worked.

Section 6. Non-Pyramiding Of Premiums Or Benefits

When two or more types of overtime or premium pay provisions of this Agreement are applicable to the same hours worked, the single provision which results in the greater benefit to the employee shall apply. When two or more pay provisions for time not worked are applicable to the same hours not worked, the single provision which results in the greater benefit to the employee shall apply.

Section 7. Major Service Restoration

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(a)

The Company, at its sole discretion, may invoke the following "major service restoration" provisions:

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- (1) When an employee is assigned to service restoration work he shall be paid one and one-half (1-1/2) times his regular straight- time rate for all hours worked.
(For employees in the district affected, the MSR pay provisions become effective with the end of the 24th hour. For employees sent in from outside the affected district for a declared or anticipated MSR declaration, the MSR pay provisions become effective when they depart in a vehicle to travel to the affected district.)
- (2) When an employee is assigned to service restoration work assisting other utilities outside of the AEP System properties, he shall be paid two (2) times his regular straight- time rate for all hours worked.
(For employees sent to assist other utilities, the MSR pay provisions in this Section 7(a)(2) become effective when they depart in a vehicle to travel to the affected utility.)
- (3) When an employee is released from work he shall have eight (8) hours off duty time prior to being required to return to work.
- (4) When the Company assigns an employee to return to his regular work and/or schedule the above "major

- (b) In the event of arbitration over the Company's rights set forth in the “major service restoration provisions, the sole question for the arbitrator shall be whether (a) (1), (2), (3) and (4) above have been properly applied.
- (c) The provisions of this Article V, Section 7, shall not be applicable to employees in the Fossil/ Hydro or Nuclear Generation Groups.
- (d) In the event that an employee is called between Midnight and the start of the employee's regularly scheduled shift and asked to pack clothing for an MSR out-of-town assignment and the out-of-town assignment is subsequently cancelled, the employee shall receive the applicable minimum callout pay.

ARTICLE VI
HOLIDAYS and PAID PERSONAL HOLIDAYS

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Section 1. Holidays

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The following days shall be recognized as

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holidays:

- New Year's Day
- Good Friday
- Memorial Day (last Monday in May)
- Independence Day
- Labor Day
- Thanksgiving Day
- The Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Three (3) Personal Days Off

The Christmas Eve and Christmas Day holidays will be observed as follows:

Christmas is on:

Holidays observed on:

Sunday

Friday, Monday

Monday

Friday, Monday

Tuesday

Monday, Tuesday

Wednesday

Tuesday, Wednesday

Thursday

Thursday, Friday

Friday

Thursday, Friday

Saturday

Thursday, Friday

With the above exception of the Christmas holidays, when a holiday falls on a Saturday it will be observed on the preceding Friday, and when it falls on a Sunday, it will be observed on the following Monday.

When an employee who has been notified to work on a holiday does not work, he shall receive no pay for such holiday unless excused from work by the Company.

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When an employee is absent from work on scheduled days immediately before or after a holiday, he shall receive no pay for such holiday unless excused from work by the Company.

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If one of the days observed as one of the recognized holidays listed above falls during the vacation period of any employee, the holiday will be observed in accordance with the provisions of this Article VI, and the amount of his vacation entitlement shall not be reduced thereby.

Section 2. Personal Days Off

Each regular employee will be granted three (3) Personal Days Off [eight (8) hours each, twenty-four (24) hours total] during each calendar year on the following basis:

1. The days to be observed as the Personal Days Off must not be Company-recognized holidays and must be regularly scheduled work days for the employee.
2. Requests for a Personal Day Off are subject to the approval of the employee's immediate supervisor.
3. If an employee does not observe his Personal Days Off prior to December 31, they shall be forfeited and no additional compensation will be paid in lieu thereof.

4. If an employee terminates his employment with the Company before he has observed his Personal Days Off, he shall be deemed to have forfeited such Personal Days Off, and no additional compensation will be paid in lieu thereof.

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Section 1. Service and Vacation Eligibility

For the purposes of this Article, service shall be defined as the length of continuous employment as a probationary or regular employee in any part of the American Electric Power System, Ohio Valley Electric Corporation or Indiana-Kentucky Electric Corporation including credit for prior periods of employment as a probationary or regular employee with any American Electric Power System affiliated Company.

Section 2. Vacation Entitlement

(a) Vacation entitlement shall be as set forth in the following table:

Service Requirement

In the calendar year of hire:

- On January 1st of the calendar year in which the following service will be obtained:

1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5–6 years of service	120 hours
7–8 years of service	128 hours
9–10 years of service	136 hours
11–12 years of service	144 hours
13–14 years of service	152 hours
15–23 years of service	160 hours
24 years of service	200 hours

Hours of Vacation

8 hours for each full month of service with a maximum of 80 hours.

(b) Vacation for employees rehired and credited with prior employment as set forth in Section 1(a) above shall be in accordance with the table in Section 2(a) above, except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the next whole hour. However, the pro-rated vacation allowance for a rehired employee shall not be less than that of a new employee hired on the same date.

(c) In the calendar year of hire, rehire or return from leave of absence, if an employee is employed or returns from leave on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave on or after the 16th of a month, the month would not be counted.

Section 3. Vacation Pay

Vacation pay is at the employee's regular straight-time rate.

Section 4. Vacation Entitlement Upon Returning From Leave

Vacation entitlement for an employee returning from a Leave of Absence shall be based on the total years of service in the year of return from leave in accordance with the table in Section 2(a) above. However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave be less than that of a new employee hired on the same date.

The provisions of this Section 4 will not apply to an employee returning from Military Leave, paid FMLA Leave or Sick Pay. Such returning employees will receive the full entitlement in accordance with the table in Section 2(a) above.

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Section 5. Vacation Pay Upon Termination or Layoff

(a) When an employee retires, is removed from the payroll, terminates his employment, or is laid off, the Company will either give the employee his vacation that he would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

(b) When an employee dies or retires from the Company, the Company will pay the employee or the employee's designated beneficiary, the pro rata part of the vacation he has earned during the year in which he dies or retires. The provisions of this Section 5(b) only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired or rehired after January 1, 2000.

(c) In case an employee is laid off and later is recalled, the following shall apply:

(1) If he is recalled during the same calendar year as that in which he was laid off, he will be entitled to receive in the next calendar year the full vacation entitlement in accordance with the table in Section 2(a) above.

(2) If he is recalled after the calendar year in which he was laid off, he will be entitled to receive in the calendar year in which he is recalled, pro-rated vacation for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from layoff be less than that of a new employee hired on the same date and in the following calendar year he shall receive vacation in accordance with the applicable provisions of this Article VII.

Section 6. Vacation Deferral

An employee with 23 years of service or less may defer from eight (8) to eighty (80) hours of vacation entitlement from year-to-year into a “deferral bank”; however, the “deferral bank” cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (½) of his vacation entitlement from year-to-year; however, the “deferral bank” cannot exceed a maximum of one hundred (100) hours. Such “deferral bank” vacation entitlement is subject to the same scheduling criteria as the regular vacation entitlement.

Section 7. Vacation Pay – Converting Unpaid Time Off

(a) An employee may elect to utilize hours of vacation entitlement by requesting that they be applied toward converting unpaid time off on a holiday to paid time off. This Section 7 shall be applicable only to employees regularly scheduled to work in excess of eight (8) hours per day.

Section 8. Vacation Buy Program

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(a) Commission Staff's First Set of Data Requests Effective January 1, 2015, employees will be allowed to purchase up to five (5) additional vacation days (40 hours maximum) per calendar year. purchased vacation must be in whole day increments up to a maximum of 40 hours total. Any vacation purchased shall be in addition to the employee's vacation entitlement in accordance with the table in Section 2(a) above and any deferred vacation carried over in accordance with Section 6 above.

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(b) The cost of any purchased vacation hours shall be calculated based on the employee's January 1st pay rate and such cost will be deducted from each paycheck on a before-tax basis over the calendar year.

(c) Such "purchased" vacation entitlement is subject to the same scheduling criteria as the employee's regular and deferred vacation entitlement except that the employee's regular annual vacation entitlement and any deferred vacation entitlement must be utilized prior to using any purchased vacation. Any purchased vacation entitlement shall be used in the year in which it was purchased and no deferral of "purchased" vacation entitlement shall be allowed.

(d) Employees who terminate employment prior to using purchased vacation will be issued a refund for the amount already paid.

Employees who terminate employment who have taken "purchased" vacation but not fully paid for the "purchased" vacation shall reimburse the Company.

Employees who have their "purchased" vacation canceled for business reasons and are unable to reschedule such vacation will be reimbursed for the amount paid.

Employees who have purchased vacation and have not had the opportunity to utilize the "purchased" vacation will, in December, be offered the opportunity to be reimbursed for the amount paid in during the calendar year.

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Section 1. Wage Agreements

The parties hereto have agreed upon wage rate schedules apart from this Agreement (which are in writing and bear their signatures), which wage rate schedules shall remain in effect for the duration of this Agreement.

For purposes of this Article VIII, the annual general wage increase effective dates of the respective Wage Agreement for each Local Bargaining Unit are:

<u>Local Union</u>	<u>Bargaining Unit</u>	<u>Effective Date</u>
978	Beckley, Charleston, Fieldale, Huntington, Logan, Lynchburg, Point Pleasant-Ripley, Roanoke, Roanoke RDC, Clinch River, Hydro – South	April 1
1392	Cook – Maintenance, Cook – Stores, Cook RPEC Techs	April 1
934	Kingsport	April 1
978	Ashland, Hazard, Pikeville – Revenue, Big Sandy	May 1
696	Steubenville	July 1
1466-2	Newark, Lancaster, Zanesville	July 1

<u>Local Union</u>	<u>Bargaining Unit</u>	<u>Effective Date</u>
1466-1	Commission Staff's First Set of Data Requests Transmission - OH	July 1, 2023
1466	Unit 3A	July 15, 2023
1466	Unit 3B	July 15, 2023
329, 386, 738	SWEPCO	September 1, 2023
1002	PSO	October 1, 2023
876	Three Rivers	November 1, 2023
1392	Ft. Wayne, Muncie, Michiana/MHG, Transmission - IN, SMG Station - IN	November 1, 2023

Section 2. Job Descriptions

The nature of the work involved under each job classification shall be defined by the Companies. Job descriptions for all job classifications covered by this Agreement may be prepared by a Company and when such descriptions are prepared, they shall be made available to the respective Local Union.

Section 3. Pay Period

All employees covered by this Agreement shall be paid bi-weekly.

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Section 1. Jury Duty

An employee serving on jury duty shall be paid his regular straight-time rate of pay for time necessarily lost from his regular scheduled workweek as a result of such jury duty. An employee will not be required to report to work prior to reporting for jury duty on any day on which he serves as a juror, but if he is relieved from jury duty during his regular scheduled hours he may be required to report to work when so released in order to be entitled to pay under this Section.

If an employee's regular schedule includes a shift or shifts other than a day shift, his shift may, at the Company's discretion, be changed to a day shift effective with the first day of jury duty. When an employee is relieved from jury duty, he may be returned to the shift and/or schedule to which he was assigned before he was changed to a day shift. Shift changes for the purposes of this paragraph shall not be subject to the shift and/or schedule modification provisions in the respective Local Agreements.

During workweeks regularly scheduled to exceed forty (40) hours, hours of absence under this Section shall be regarded as hours worked for the purpose of computing an employee's entitlement to weekly overtime.

Section 2. Funeral Leave

(a) In the event of death of the father or stepfather, mother or stepmother, brother, sister, husband, wife, domestic partner, child, father-in-law, mother-in-law, son-in-law, daughter-in-law, a stepchild who is or has been a member of the employee's immediate

household, or a member of the employee's immediate household, he shall receive, by notifying his supervisor, up to a maximum of three (3) regular scheduled days off without loss in regular straight-time pay during the period beginning with the day of death, and up to and including the day following the funeral.

(b) In the event of death of an employee's sister-in-law, brother-in-law, grandchild, or his grandparents, the employee, by notifying his supervisor, will be given one (1) day off without loss of regular straight-time pay on the day of the funeral to attend the services.

(c) If an employee serves as an active pallbearer for a deceased active employee or retired employee, he will be given reasonable time off from work without loss of regular straight-time pay on the day of the funeral.

(d) The intent of the above provisions is to permit an employee to take time off from work to make arrangements for the funeral and/or attend the service without loss in regular straight-time pay as outlined above. Additional time off without pay will be granted whenever such additional time is reasonably required by the employee.

(e) The provisions of these sections covering absence for death in immediate family will apply within the time limits of an employee's scheduled vacation or Personal Day(s) Off but not when the employee is off duty due to illness or injury or for any other reason except should a Company observed holiday occur during the period beginning with the day of the funeral, the employee will receive holiday pay for such day. The payment of holiday pay for such day will not affect nor reduce the other pay provisions covered by the above paragraph (a).

(f) Employees who are military veterans or reservists will be provided one day paid time off to attend funeral services for a member of their military unit with whom they have served who has died as a result of wounds, disease or injury incurred while serving on active duty status in the United States armed forces.

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Section 3. Retrogression of Employees

An employee who becomes physically incapacitated for his regular work may be placed in any available job covered by this Agreement which he can do without regard to the seniority provisions of this Agreement and his rate of pay will be determined according to the rate of pay for the job classification in which he is placed.

(a) Applies to employees retrogressed to a job classification which provides for time step increases:

If such employee has less than fifteen (15) years of service, his rate of pay will be: [1] The top rate of pay for the classification in which he is placed provided his former rate is equal to or exceeds the top rate of the new classification, or [2] the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or [3] the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

If such an employee has fifteen (15) or more years of service, he will receive the maximum rate of pay for the job classification in which he is placed, plus a percentage of the difference between his former rate of pay and such maximum for the new job classification. Such percentage will be twenty (20)

percent for fifteen (15) years of service and increased by three and three-fourths (3 3/4) percent for each additional year of service, but not to exceed in total seventy-six (76) percent of such difference.

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An employee with fifteen (15) or more years of service who is retrogressed due to disability resulting from occupational illness or injury arising out of the course of his employment with the Company shall receive the maximum rate of the job classification in which he is placed plus twenty (20) percent of the difference between his former and new rates. Further, such retrogressed employee shall receive an additional five (5) percent of the difference between his former and new rates for each additional year of service over fifteen (15), up to a maximum equaling his former rate.

As long as such employee is paid more than the maximum rate for the job classification in which he is placed, he shall receive only fifty (50) percent of any general wage increase, such fifty (50) percent to be calculated on his personal rate.

(b) Applies to employees retrogressed to a job classification included in the salary plan for nonexempt salaried employees:

If the disabled employee has less than fifteen (15) years of service, his initial rate of pay upon retrogression will be: [1] the midpoint of the salary range for the job classification in which he is placed, provided his former rate of pay is equal to or is more than the midpoint of the salary range for his new classification, or [2] his former rate of pay provided such former rate is less than the midpoint of the salary range for his new classification, or [3] the minimum of the salary range for his new job classification, provided

his former rate of pay is less than the minimum of the salary range for his new job classification.

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If such an employee has fifteen (15) or more years of service, he will receive the midpoint of the salary range for the job classification in which he is placed, plus a percentage of the difference between his former rate of pay and such midpoint for the new job classification. Such percentage will be twenty (20) percent for fifteen (15) years of service and increased by three and three-fourths (3 3/4) percent for each additional year of service, but not to exceed in total seventy-six (76) percent of such difference.

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An employee with fifteen (15) or more years of service who is retrogressed due to disability resulting from occupational illness or injury arising out of the course of his employment with the Company shall receive the midpoint of the salary range for the job in which he is placed plus twenty (20) percent of the difference between his former and new rates. Further, such retrogressed employee shall receive an additional five (5) percent of the difference between his former and new rates for each additional year of service over fifteen (15), up to a maximum equaling his former rate.

Salary adjustments after retrogression shall be in accordance with the salary plan, except that as long as such employee is paid more than the maximum of the salary range for the job classification in which he is placed, he shall receive only fifty (50) percent of any salary range structure movement, such fifty (50) percent shall be calculated on his personal rate.

(c) Such an employee may be provided the above opportunity only with approval of Company management in respect to his ability to perform the job in question.

(d) Where an employee was receiving an Alternate Straight-Time Rate immediately prior to his retrogression, his former rate of pay will be determined by reference to such Alternate Straight-Time Rate only in the event his new job is paid at an Alternate Straight-Time Rate.

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(e) Employees incapacitated due to willfully self-inflicted injury, self-employment or employment by others for remuneration, or injured in the commission of a felony shall not be eligible for a position under this section. The Human Resources Department will notify the Local Union when an employee is placed on retrogression.

(f) An employee retrogressed under this Section 3 shall retain his seniority in the classification from which he was retrogressed for a period of two (2) years or a period equal to his Company seniority at the time of his retrogression, whichever is less.

(g) Should a retrogressed employee recover from the disability during the period in which he has retained seniority [as provided in paragraph (f) above] to the extent that he is considered by the Company to be qualified to perform the normal duties of the job classification from which retrogressed, he shall be returned to such job provided his retained seniority is sufficient to displace an employee in the job classification from which retrogressed. The Company may require medical evidence on which to make its consideration.

Section 4. Non- Discrimination

There shall be no discrimination, interferences, restraint or coercion by the Company or its agents or the Union or its agents against any employee

because of such employee's race, religion, color, sex, age, national origin, disability, or status as a Military Veteran. Whenever the masculine gender is used in this Agreement, it shall be deemed to include the masculine and feminine gender.

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Section 5. Union Bulletin Boards

The Company agrees to permit the Union to erect bulletin boards in conspicuous locations to be agreed upon by the parties hereto, and the Union shall make no postings elsewhere on Company property. Only the following types of notices, provided they are not of a political, commercial, or inflammatory nature, may be posted after they are signed by an authorized officer of the Union: (a) notices of recreational or social affairs of the Union, or (b) notices of Union elections and appointments, or (c) notices of business meetings of the Union.

Section 6. Fire Retardant Clothing

Employees who are required to wear fire retardant ("FR") clothing in the performance of their job duties will be allowed to participate in the Company's Fire Retardant Clothing Allowance Program. The Company, at its sole discretion, may choose to provide FR protective clothing to employees whose job assignment requires the use of FR clothing for specific jobs.

Section 7. Training

The Company will be responsible for training all newly hired employees in the operations and safety issues of their jobs. Employees accept the responsibility to actively participate in the training and learn the skills required to operate efficiently and safely.

In an effort to enhance Line Mechanic training through the collaborative input of the Union(s), the parties agree to actively explore the establishment of Apprenticeship Program(s) that may be registered with the applicable Federal or State Bureau of Apprenticeship and Training. The purpose of this effort is to provide the Union(s) an advisory role in the development of Line Mechanic training. Such program(s) shall not involve the creation of required numeric ratios of apprentices to journeymen and shall be otherwise in compliance with the terms and conditions of this Agreement or any associated local Agreement.

Section 8. Safety

(a) In such organizational units as the Company determines, the management of the Company shall meet with a Union safety committee, consisting of three members (upon mutual agreement of the parties additional employees may be added), for that unit for the express purpose of receiving suggestions and comments from the Union regarding the Company's safety program. Upon receipt of a written request from the Union, along with an agenda, a meeting shall be scheduled by the Company at quarterly intervals, as needed. The meetings shall be held during normal working hours, and the members of the Union safety committee shall not suffer a loss of their regular straight-time earnings while attending the meetings.

(b) In the event of a serious accident involving an employee within the bargaining unit, the Company will notify the Business Manager of such and when the Company's Accident Investigation Committee investigates an accident involving an employee within the bargaining unit, at the employee's request, a Union representative or another employee of his choosing who is readily available from the employee's regular

headquarters may be present during such interview without loss of regular straight-time earnings.

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Section 9. Medical Examinations

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The Company reserves the right to require, at its own expense, medical examinations and/or tests, including random and/or other drug tests, of any employee. The examined employee, upon his request, shall be furnished with a copy of the medical report.

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Section 10. Personal Vehicle Use

When an employee is not furnished transportation by the Company and, at the request of management, furnishes his own transportation in the performance of his assigned duties, he shall be paid according to the applicable job site reporting or travel pay provisions of his applicable Local Agreement. However, at the option of the employee, provided the employee submits the required proof of insurance, an employee furnishing his own transportation for trips over 30 miles from his regular headquarters may be paid the authorized mileage amount in lieu of any job site reporting or travel pay provisions provided in his applicable Local Agreement.

Section 11. Licenses And Certifications

(a) Each employee who may be required to operate a motor vehicle which requires a Commercial Driver's License (CDL) shall maintain a valid CDL.

(b) The Company shall pay the cost of the Department of Transportation CDL physical examination and reimburse the employee for the difference between the full cost of the CDL and the cost of a regular State driver's license.

(c) If the Company deems it necessary to require any new license or certification as a condition of employment, the Company will meet with the Union to discuss the certification or licensing requirements and consider the Union's request for grandfathering an employee who holds the classification that requires the license or certification. This provision does not apply to licenses or certifications required by any governmental agencies or industry oversight groups.

(d) An employee in a position which requires the maintenance of a valid Commercial Drivers License and who has such license suspended or revoked by reason of a non-work related first offense for driving under the influence of either alcohol or unlawful drugs shall be treated as follows. First, he shall be accommodated with non-driving duties for the first 60 days following such suspension or revocation. Thereafter, he shall be permitted to use any remaining vacation entitlement. Upon the expiration of the 60-day accommodation period and the use of any available vacation, he shall be placed on an unpaid leave of absence, which shall not exceed 18 months. If his Commercial Drivers License is reinstated during the 18-month leave of absence, he will be permitted to return to his former classification or any other classification for which he is qualified, provided there is a vacancy.

If the employee's Commercial Driver's License is not reinstated within the 18-month period, or he incurs a second suspension or revocation, his employment will be terminated.

Section 12. Employee Leave of Absence

When the Company's business conditions permit, an employee may be granted a leave of absence for

a period not exceeding one (1) year, during which he shall continue to accumulate seniority; provided, however, that for a cause determined sufficient by the Company such leave may be granted for not more than one (1) additional year. No leave may be granted for an employee to take employment elsewhere during such leave, except for employment arranged by or consented to by the Company.

All leaves of absence shall be issued in writing and state the conditions thereof. A copy of such leave shall be kept on file by the Human Resources Manager and a copy furnished to the employee and a copy to the Union.

Section 13. Moving Expense

When it is deemed necessary by the Company and the employee agrees to move to a new residence, the Company shall furnish an insured carrier in the moving business to transport the employee's household articles, furniture and such personal effects as may be necessary to be packed with the household articles and furniture to the new address.

In the event that such employee cannot immediately find a suitable location to which to move his/her family, the Company will pay only the employee's individual reasonable living expenses at his/her new headquarters for a period not to exceed fourteen (14) calendar days.

The section above will only apply when an employee's headquarters is changed at the request of the Company. That is, when an employee initiates a change of headquarters under the provisions of an applicable Local Agreement, the Company will not be required to pay either moving or living expenses.

**ARTICLE X
BENEFITS**

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Section 1. Employees shall be permitted to participate in the American Electric Power System Comprehensive Dental Plan, Comprehensive Medical Plan [or alternate medical coverage such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) should such be made available by the Company], Spending Accounts, Group Accidental Death and Dismemberment Insurance Plan, Group Life Insurance Plan, Dependent Life Insurance Plan, Critical Insurance Plan, Dependent Care Plan, Long Term Care Plan, Long Term Disability Plan, Retirement Plan, Retirement Savings Plan and Sick Pay Plan.

(b) As set forth in the above-named Plans or the Summary Plan Description (SPD) with respect thereto, the Company reserves the right to change or end any of the Plans, in whole or in part, at any time or for any reason, which could result in modification or termination of the benefits available to employees, former employees, retirees or other participants. The Company's decision to amend, replace or terminate any Benefit Plan may be due to changes in Federal or State law or for any other reason. If the Company does make a change or decides to terminate a Plan, it may decide to set up a different Plan for similar-type benefits. If a Benefit Plan is terminated, no further benefits will be available except for losses or expenses incurred before the Plan was terminated. Any changes made to the above-named Plans will apply to all Company employees participating in the Plans, including not only IBEW-represented employees of the Company, but also employees represented by other Unions, and all unrepresented employees.

(c) With respect to any individual hired on or after January 1, 2014 who is covered by this Agreement, it is agreed and understood that such employees will not be eligible for retiree medical insurance coverage under any plans now in effect and offered by American Electric Power.

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Section 2. (a) Employees shall be permitted to participate in the American Electric Power Company wide Incentive Plan (CIP).

(b) Employees shall be permitted to participate in the American Electric Power Paid Parental Leave Plan.

Section 3. An IBEW represented employee on the payroll on February 17, 2009, will have a one-time Layoff Allowance Bank (up to a maximum of 1040 hours) as of February 17, 2009.

The Layoff Allowance Bank entitlement shall be as set forth in the following table:

Years of Service	One Time Layoff Allowance Bank
Less than 5 years	816 hours
5 though 7 years	928 hours
8 or more years	1040 hours

Should an employee be laid off, this bank will be payable in bi-weekly installments equal to the employee's regular straight-time rate for eighty (80) hours per two-week period less any unemployment compensation entitlement and by any other income earned in the course of other employment, including self-employment. The Layoff Allowance Bank will be reduced by forty (40) hours per week of layoff

regardless of the unemployment compensation offset or other earnings offset. This one-time Layoff Allowance Bank will be available to the employee regardless of the number of times the individual is laid off. However, the total number of Layoff Allowance hours available shall not exceed the original Layoff Allowance Bank established on February 17, 2009 and such Bank shall not be renewable.

The parties further agree that the provisions of this Section 3 shall not be subject to the Grievance and Arbitration Procedure.

Section 4. VEBA

Should the Company fund medical and health care benefits for employees and retirees by establishing a tax-exempt trust in compliance with the provisions of any federal law or regulation, upon request, the Company shall provide to the Unions:

- 1) a yearly financial report of the status of VEBA:
- 2) A financial update limited to two times during a calendar year, January 1 to January 1

Section 1. Grievance Procedure

Should any dispute or disagreement arise between an employee or a Local Union and the Company, except disputes or disagreements arising under the Mutual Responsibilities (Article IV, above) or disputes or disagreements relating to the Benefit Plans or the Companywide Incentive Plan specified in Article X, such dispute or disagreement shall constitute a grievance and be disposed of in the following manner:

First Step - The grievance shall be presented by the employee or his Local Union to his immediate supervisor within fourteen (14) calendar days after the incident or occurrence. It is recognized that a grievance involving compensation may not become known to an employee until he receives his paycheck for the work period during which the difference actually occurred. In such instances, an employee may present his grievance within fourteen (14) calendar days of the day he receives his paycheck. The immediate supervisor and/or appropriate Manager shall meet with the aggrieved employee within ten (10) calendar days after receipt of the grievance and shall give an answer in writing within ten (10) calendar days after the grievance meeting.

Second Step - If the grievance is not settled in the First Step, the aggrieved employee or his Local Union may, within ten (10) calendar days after the First Step answer is sent, submit the grievance in writing, including the provisions, if any, of the Agreements alleged to be violated, to the aggrieved employee's Department Manager. The Department Manager (or a designated representative) shall meet with the

aggrieved employee within ten (10) calendar days after receipt of the grievance and an answer shall be given in writing within ten (10) calendar days after the meeting.

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Third Step - If the grievance is not settled in the second step, the aggrieved employee or his Union may, within ten (10) calendar days after the Second Step answer is sent, submit the written grievance, including the provisions, if any, of the Agreements alleged to be violated, to the Labor Relations Manager. Within ten (10) calendar days after receipt of the grievance, the Labor Relations Manager (or his designee) shall schedule a mutually agreeable date for meeting with the aggrieved employee. The Labor Relations Manager (or his designee) shall give an answer in writing within ten (10) calendar days following the meeting.

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In each step of the grievance procedure, a Local Union designated representative who is reasonably available shall be present with an aggrieved employee at any of the meetings provided for above in the three steps of this grievance procedure.

The aggrieved employee or aggrieved employees (maximum of three) and one Local Union representative (an employee who is reasonably available) shall not lose their regular straight-time pay for the time spent at such grievance meetings if held during their regularly scheduled hours of employment.

If the Company fails to render a decision within the time allotted in any step of the foregoing procedure, the grievance shall be deemed denied as of the last day of such allotted time. The aggrieved employee shall have the right to continue with the next step in accordance with the procedure for advancing grievances as defined in each step. If the aggrieved

employee fails to meet any of the time deadlines set forth in the foregoing procedure, the grievance shall be deemed withdrawn.

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Grievance investigations by employee Local Union representatives will normally be made during other than working hours. However, if such investigations can only be conducted during working hours, permission from the Company must be obtained before proceeding with such investigations. If permission is granted, the employee or employees involved will not lose their regular straight-time rate of pay therefor.

Copies of written answers to all grievances shall be furnished to designated Local Union representatives.

Section 2. Appeal From Suspension Or Discharge

Any regular employee who considers himself improperly suspended or discharged may bypass the first two steps of the grievance procedure and submit a grievance in writing to the Third Step of the grievance procedure. Such grievance must be submitted within fourteen (14) calendar days following the first day of a suspension or the date of discharge and will otherwise be handled in accordance with the grievance procedure as heretofore defined.

Section 3. Arbitration Procedure

(a) In the event of failure to satisfactorily settle or adjust any grievance involving an allegation of a violation of a provision or provisions of the Agreements according to the foregoing grievance procedure, then within thirty (30) calendar days after the answer has been given in the Third Step, such arbitrable grievance may be submitted to arbitration in the following manner:

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1. The Local Union shall within said thirty (30) calendar day period give written notice to the Company of its desire to arbitrate the grievance. Such written notice shall include, at a minimum, a statement of the remedy to be sought in arbitration, and the specific provision(s) of this Agreement alleged to have been violated.
 2. The Company shall then request a panel of seven arbitrators from the FMCS.
 3. The Company and the Local Union then shall select an arbitrator from the panel or panels submitted by the FMCS. Both the Union and the Company have the right to reject one entire panel.
 4. The arbitrator shall hold a hearing on a date satisfactory to the Company and the Local Union, for the purpose of receiving such evidence as the Parties may have to present with respect to the grievance.
 5. If a stenographic recording of the hearing is requested by either party, the cost of the original transcript shall be borne by the requesting party and a copy of the transcript shall be made available to the Arbitrator for his sole use. If the other party wants a copy of the transcript, it shall make such desire known before the close of the hearing and shall equally share the cost of the original transcript. No other electronic recordings of the hearing other than the above shall be permitted.
 6. Within sixty (60) calendar days after the receipt by the arbitrator of all arguments, documents and records pertaining to the grievance, he shall render in writing a statement of findings and a decision. Such decision shall be final and binding on both Parties.

(b) The arbitrator shall have no authority to:

1. add to, detract from, or in any way modify the terms of the Agreements, or
2. pass upon any question involving wage rate schedules, or
3. pass upon any question arising from incidents occurring after the right to strike date established in Article IV, (e)(2), or
4. pass upon any question involving the re-employment rights of a former employee discharged from military service; or the job classification to which an employee on leave of absence for military service is entitled to upon discharge from military service; or
5. pass upon any question involving whether or not a disability of an employee is a result of an injury or occupational disease occurring in the course of employment with the Company; or
6. pass upon any questions which do not involve interpretation or applications of a specific term or terms of the Agreements; or
7. pass upon any question relating to benefits under the American Electric Power System Comprehensive Dental Plan, Spending Accounts, Group Life Insurance Plan, Long Term Care Plan, Long Term Disability Plan, Comprehensive Medical Plan [or alternative medical coverage such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) should such be made available by the Company], Group Accidental Death and Dismemberment Insurance Plan, Retirement Plan, Retirement Savings Plan and Sick Pay Plan;

- or
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Companywide Incentive Plan or Paid
Parental Leave; Dated May 31, 2023
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8. pass upon any question relating to the
or
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9 . pass upon any question relating to the
MOU, or to the subject matter contained
therein. Page 353 of 430

(c) The Company and the Union shall each bear their own expenses and shall equally bear all compensation and expenses of the arbitration.

(d) If the Local Union, in submitting a grievance to arbitration, fails to meet any time deadline set forth in the foregoing arbitration procedure (unless the time is extended by mutual consent in writing), the grievance shall be deemed withdrawn.

(e) In all time steps stated in this Article XI, the date of the event which begins the time limit (answer sent, meeting held, etc.) shall not be included in counting the days of the time limit.

Section 4. The System Council will furnish the Company with the names of its duly elected officers and the names of its duly authorized representatives.

Each affiliated Local Union will furnish the Company with the names of its duly elected officers and representatives.

IN WITNESS WHEREOF, the parties hereto
have hereunto set their hands and seals this 27 day of
March 27, 2018. Commission Staff's First Set of Data Requests

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For The Companies

For System Administrators

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By: Tony Brown

By: Jeff B...

By: Tony Glavin

By: C. A. Coleman #

By: Thomas D...

By: _____

By: Jane Beckler

By: _____

By: Robert Wagner

By: _____

By: TP Householder

By: _____

By: Malcolm Smeak

By: Kay Wilson

2018 IBEW Master Collective Bargaining Agreement

For IBEW Local Union 329 For IBEW Local Union 386
Commission Staff's First Set of Data Requests

For IBEW Local Union 329

Dated May 31, 2023
For IBEW Local Union 386
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By: [Signature]

By: [Signature]

Date: 3-27-18

Date: 4/6/18

For IBEW Local Union 696

For IBEW Local Union 738

By: [Signature]

By: [Signature]

Date: 5-21-18

Date: 3/30/2018

For IBEW Local Union 876

For IBEW Local Union 934

By: [Signature]

By: [Signature]

Date: May 9th 2018

Date: 3-30-18

For IBEW Local Union 978

For IBEW Local Union 1002

By: [Signature]

By: [Signature]

Date: 3/27/18

Date: 3-28-18

For IBEW Local Union 1392

For IBEW Local Union 1466

By: [Signature]

By: [Signature]

Date: 3/27/18

Date: 3-26-2018

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MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING
REGARDING
NEGOTIATIONS FOR A NEW MASTER IBEW AND
LOCAL IBEW AGREEMENTS

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This Memorandum of Understanding ("MOU") is made by and between:

American Electric Power Service Corporation, Appalachian Power Company, Columbus Southern Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, Public Service Company of Oklahoma, and Southwestern Electric Power Company, (jointly referred to as "the Companies") and

The International Brotherhood of Electrical Workers, Local Unions 329, 386, 696, 738, 876, 934, 978, 1002, 1392, and 1466 (jointly referred to as "the Local Unions"), and System Council U-9 ("System Council").

The System Council, The Local Unions and The Companies ("the Parties") agree as follows:

1. System Council

The Local Unions represent certain employees who are employed by the Companies in separate bargaining units that have been certified by the National Labor Relations Board. (The parties recognize that the number of bargaining units has increased from thirty-three to thirty-four since 2006. Nothing in this MOU prevents changes in the number of bargaining units during the period that a successor Master Agreement would be in effect.) The Local Unions have established the System Council for the purpose of, among other things, engaging in collective bargaining to establish the terms and conditions of

employment for the employees represented by the
Local Unions.

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2. Approval of the MOU

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This MOU will be effective upon the date that the last
Local Union signs and dates the MOU. This date
shall hereafter be referred to as the "Effective Date"
of the MOU. This MOU replaces the 2006 MOU
used to establish the bargaining process for the initial
Master Agreement and Local Agreements that became
effective February 17, 2009.

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3. Collective Bargaining – Prior to the Initial Master Agreement

The collective bargaining process between the
Companies and the Unions had historically occurred
at the local level and resulted in separate collective
bargaining agreements. Many of the collective
bargaining agreements that have been negotiated by
the Companies and the Unions had different beginning
and ending dates.

4. Collective Bargaining Process– The Initial Master and Local Agreements

Through the System Council, the Local Unions
expressed their desire to negotiate with the Companies
for a single Master Agreement, the terms and conditions
of which applied to all of the employees who are
represented by the Local Unions, while reserving
certain issues to be negotiated locally in the traditional
manner (hereafter referred to as "Local Agreements").

- a. The scope of the negotiations for the
initial Master Agreement encompassed
terms and conditions of employment

recognizing, however, that the Parties could by mutual consent reserve certain issues to be negotiated and contained in the Local Agreements. Local negotiations commenced only after negotiations for a Master Agreement were successfully concluded.

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- b. As each of the initial thirty-three bargaining units separately concluded negotiations for its Local Agreement, represented employees in each of the bargaining units were provided with the opportunity to ratify both the Master Agreement and the Local Agreement that was applicable to that bargaining unit.

- c. The initial Master and Local Agreements had common expiration dates and became effective only after all of the thirty-three collective bargaining units had ratified both the Master Agreement and the applicable Local Agreement. The effective date of the initial Master and Local Agreements was at 12:01 a.m. on the day following the date upon which the last of the thirty-three bargaining units ratified the Master Agreement and the applicable Local Agreement. At that time the terms and conditions of employment contained in the Master and Local Agreements superseded and replaced any existing collective bargaining agreement that has been previously negotiated by the Companies and the Local Unions. Until the Master and Local Agreements were successfully ratified effective February 17, 2009, the existing IBEW collective bargaining agreements remained in effect.

5. Expiration of the Initial Master Agreement and the Right To Strike

- a. Once the Master and Local Agreements were successfully negotiated and ratified by employees within each of the bargaining units (and, as a consequence of which, a unified expiration date was established – Midnight, February 16, 2012), the right to strike by employees represented by the Local Unions shall be governed by the following schedule.
- b. In the event that the Parties reach the Expiration Date of a subsequent Master and Local Agreements, the right to strike by IBEW-represented bargaining unit employees shall occur at 12:01 a.m. on the day following the date reflected in the following schedule.

STRIKE DATE	LOCAL UNION	BARGAINING UNIT
EXPIRATION DATE	1002	PSO
EXPIRATION DATE	876	THREE RIVERS
EXPIRATION DATE	1392	FT. WAYNE
EXPIRATION DATE	1392	MUNCIE
EXPIRATION DATE	1392	SOUTH BEND
EXPIRATION DATE	1392	TRANSMISSION – IN
EXPIRATION DATE	1392	STATION – IN
EXPIRATION DATE + 3 MONTHS	978	BECKLEY
EXPIRATION DATE + 3 MONTHS	978	CHARLESTON
EXPIRATION DATE + 3 MONTHS	978	FIELDALE
EXPIRATION DATE + 3 MONTHS	978	HUNTINGTON
EXPIRATION DATE + 3 MONTHS	978	LOGAN
EXPIRATION DATE + 3 MONTHS	978	LYNCHBURG
EXPIRATION DATE + 3 MONTHS	978	POINT PLEASANT
EXPIRATION DATE + 3 MONTHS	978	WELSH, BLUEFIELD
EXPIRATION DATE + 3 MONTHS	978	ROANOKE
EXPIRATION DATE + 3 MONTHS	978	CLINCH RIVER
EXPIRATION DATE + 3 MONTHS	978	GLEN LYN
EXPIRATION DATE + 3 MONTHS	978	HYDRO – SOUTH

STRIKE DATE	LOCAL UNION	BARGAINING UNIT
EXPIRATION DATE + 3 MONTHS	978	KANAWAH RIVER
EXPIRATION DATE + 3 MONTHS	978	BIG SANDY
EXPIRATION DATE + 3 MONTHS	1392	COOK - RPEC TECH GROUP
EXPIRATION DATE + 6 MONTHS	329, 386, 738	SWEPCO
EXPIRATION DATE + 6 MONTHS	1466	CSP
EXPIRATION DATE + 6 MONTHS	1466	DOLAN LAB
EXPIRATION DATE + 9 MONTHS	978	ASHLAND
EXPIRATION DATE + 9 MONTHS	978	HAZARD
EXPIRATION DATE + 9 MONTHS	978	PIKEVILLE - REVENUE
EXPIRATION DATE + 9 MONTHS	1392	COOK - MAINTENANCE
EXPIRATION DATE + 12 MONTHS	934	KINGSPORT
EXPIRATION DATE + 12 MONTHS	696	STEBENVILLE
EXPIRATION DATE + 12 MONTHS	1392	COOK - STORES
EXPIRATION DATE + 12 MONTHS	1466-2	NEWARK, LANCASTER, ZANESVILLE
EXPIRATION DATE + 12 MONTHS	1466-1	TRANSMISSION - OH

- c. The Parties agree that this Paragraph 5 of this MOU shall be incorporated into, and made a part, of the Master Agreement.

6. Collective Bargaining Process– Future Master and Local Agreements

Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the Parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

7. Collective Bargaining Process– Future Master and Local Agreements – Opt Out Process

a. Single Bargaining Unit Opt-Out

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If any single Bargaining Unit chooses to opt out of the bargaining process for a new Master and Local Agreements as described in Paragraph 6 above, that Bargaining Unit must notify the Company in writing of its decision. Such single bargaining unit choosing to opt out agrees that to provide the necessary time to negotiate a successor individual collective bargaining agreement that the provisions of the then-current (or recently expired) Master and Local Agreement will remain in effect and that Local Bargaining Unit cannot go on strike until the later of:

- 60 calendar days from the date of its written notification, or
- the date during the year that its Collective Bargaining Agreement expired in accordance with Paragraph 3 above - the Collective Bargaining Process prior to the Initial Master Collective Bargaining Agreement.

b. Master Negotiations Process Opt-Out

Either the Companies or the System Council shall have the right to unilaterally terminate the process of negotiating a Successor Master and Local Agreements described in Paragraph 6 of this MOU and revert back to conducting negotiations for each of the bargaining units as described in Paragraph 3 of this MOU, by serving written notice of its intent to terminate upon its counterpart during the period beginning sixty calendar days before and ending sixty calendar days after the Expiration Date of the then current (or recently expired) Master and Local Agreements. Following

notification, the Parties shall immediately cease any negotiations that may then be ongoing with respect to the Master and/or Local Agreements and begin negotiations for separate collective bargaining agreements for each of the bargaining units. Should the process of negotiations for a Master Agreement and Local Agreements be terminated by either party, the parties agree that to provide the necessary time to negotiate successor individual collective bargaining agreements that the provisions of the then-current Master and Local Agreement will remain in effect and the Local Bargaining Units cannot go on strike until the later of:

- 60 calendar days from the date of its written notification, or
- the date during the year that its Collective Bargaining Agreement expired in accordance with Paragraph 3 above - the Collective Bargaining Process prior to the Initial Master Collective Bargaining Agreement.

8. Miscellaneous

- a. The Parties expressly agree that they are not under any obligation to negotiate a Master Agreement or participate in the process associated with negotiating a Master and Local Agreements since this constitutes a “permissive” subject of collective bargaining.
- b. The Companies voluntarily agree to participate in this process as an accommodation to the Local Unions and the System Council. The Parties agree that nothing (i) in this MOU, (ii) associated with the process of attempting to

bargain for the Master and Local Agreements, or (iii) associated with entering into a Master and/or Local Agreements, shall be construed as indicating the desire of the Parties to change or modify the underlying bargaining unit certifications.

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For The Companies (Date: May 21, 2011)

By: TP Housholder

By: Frederic Ledoux

Title: Manufacturing Director, LUSOR.

Title: SVP - Stand Service

By: Tim C. Brown

By: Thomas B. Jensen

Title: Labor Relations Mgr

Title: Manager Labor Rel. & EPD

By: _____

By: _____

Title: _____

Title: _____

We, the authorized representatives for the Local Unions listed below, authorize System Council U-9 to bargain on behalf of the Local Unions for a Master Agreement, the terms and conditions of which shall apply to all bargaining unit employees that we represent.

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For IBEW Local Union 329

For IBEW Local Union 386

By: Benny Jones

By: [Signature]

Date: 2-16-2015

Date: 2-16-15

For IBEW Local Union 696

For IBEW Local Union 738

By: [Signature]

By: J. G. Bussow

Date: 2/12/2015

Date: 2/20/2015

For IBEW Local Union 876

For IBEW Local Union 934

By: [Signature]

By: Roger D. Farnum

Date: 2-16-2015

Date: 2-13-15

For IBEW Local Union 978

For IBEW Local Union 1002

By: C. P. Coleman II

By: [Signature]

Date: _____

Date: 2-13-15

For IBEW Local Union 1392

For IBEW Local Union 1466

By: [Signature]

By: David M. German

Date: 2/16/15

Date: 2-13-2015

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The Companies and the Unions have common mutual interests in the electric utility industry. Stabilized conditions of employment improve the relationship between the Companies and the Unions and the Public. All will benefit by harmonious relations and by adjusting any differences through rational, common sense methods.

NOW, THEREFORE, to these ends and on consideration of the mutual promises and agreements herein contained, the parties hereto agree as follows:

Article I UNION REPRESENTATION

Section 1. Recognition

(a) American Electric Power Service Corporation, AEP Generation Resources, Inc., Appalachian Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, Public Service Company of Oklahoma, and Southwestern Electric Power Company, (jointly referred to as “the Companies”), the International Brotherhood of Electrical Workers, Local Unions 329, 386, 696, 738, 876, 934, 978, 1002, 1392, and 1466 (jointly referred to as “the Local Unions”), and System Council U-9 (“System Council” and, with the Companies and Local Unions, sometimes collectively referred to as the “Parties”) entered into a revised Memorandum of Understanding on June 21, 2011 (“MOU”, a copy of which is attached as an addendum), the terms and conditions of which are attached hereto and incorporated herein by reference.

(b) Through System Council U-9, the Local Unions have expressed their desire to negotiate with the Companies for a single Master Agreement (the “Agreement”), the terms

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and conditions while serving
who are represented by the Local Unions, Dated May 31, 2023
ing certain issues to be negotiated locally in the bargaining Item 26
ing process that heretofore has occurred at the local level Attachment 1
and resulted in separate collective bargaining agreements Page 371 of 430
(the "Local Agreements"). The Parties recognize that the
change in approach to the collective bargaining process is
a "permissive" subject of bargaining, as that term is used
and understood by the National Labor Relations Board and
the courts of the United States in construing the National
Labor Relations Act, 29 U.S.C. §151, et. seq., and the Lo-
cal Unions and System Council U-9 acknowledge that the
Companies have voluntarily agreed to engage in the pro-
cess of negotiating this Agreement and Local Agreements
as an accommodation to them.

Section 2. Union Security – OH,

(a) Maintenance of Membership Provision

In order that employees do their part in assisting a respec-
tive Local Union to meet its obligations as a party to this
Agreement, an employee hired before June 15, 2000, who
on or after June 15, 2000, personally pays Union dues or
authorizes Union dues deduction, may only discontinue
such payments or revoke a prior authorization within the
ten (10) calendar day calendar period preceding the expira-
tion date of this Agreement. Such revocation must be in
writing and must be delivered to the respective Local Union
and the respective Company.

(b) Agency Fee Provision

In order that employees do their part in assisting a Local
Union to meets its obligations as a party to this Agreement,
an employee hired on or after June 15, 2000, shall either
personally pay Union dues or authorize Union dues deduc-
tions.

(c) Failure to Pay Required Union Fees or Dues

Should any employee covered under Section (a) or (b)
above fail to pay the dues or fees required as a condition of

(d) Dues Membership

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The Company agrees to deduct from the pay of each employee who executes a written authorization, an amount equal to the current respective Local Union dues as set forth in the respective Local Union By-Laws and the Constitution of the International Brotherhood of Electrical Workers. The amount of these deductions will be paid by Electronic Funds Transfer (EFT) to the Financial Secretary of the Local Union. The respective Local Unions shall notify the respective Companies of any changes in the dues amounts to be deducted.

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(e) The Companies shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues.

(f) The respective Local Unions shall indemnify and save the Companies harmless against any and all claims, demands, lawsuits or other forms of liability that may arise out of or by reason of action taken by a Company in making payroll deductions of Union membership dues as hereinabove defined.

(g) A Local Union will not (a) interfere with employees not belonging to the Union (b) use threats, intimidation, or coercion to influence employees to join the Union or (c) discriminate against any employee because of his non-membership in the Union or (d) solicit memberships during working hours.

Section 3. Union Security – AR, IN, KY, LA, MI, OK, TN, TX, VA, WV

(a) Dues Membership

The Company agrees to deduct from the pay of each employee who executes a written authorization, an amount

equal to the Commission Staffs First Set of Data Requests
Union By-Laws and the Constitution of the Brotherhood of Electrical Workers. The amount of these deductions will be paid to the Financial Secretary of the Local Union. The deductions will be renewed for successive periods of one year unless revoked by written notice to the Union within ten (10) days prior to the anniversary date of the authorization or the expiration of the Agreement. The Union shall notify the Company of any changes in the dues amounts to be deducted and any changes in dues authorization for any employee.

(b) The Companies shall have no obligation to collect Union dues for any pay period in which the employee received (after all other deductions) pay less than the amount of such dues.

(c) The respective Local Unions shall indemnify and save the Companies harmless against any and all claims, demands, lawsuits or other forms of liability that may arise out of or by reason of action taken by a Company in making payroll deductions of Union membership dues as hereinabove defined.

(d) A Local Union will not (a) interfere with employees not belonging to the Union (b) use threats, intimidation, or coercion to influence employees to join the Union or (c) discriminate against any employee because of his non-membership in the Union or (d) solicit memberships during working hours.

Section 4. Employees Off For Union Business

(a) Union officers or representatives shall be granted permission to be absent with or without pay for Union conventions, and/or conferences above the Local Union level; or may be granted permission to be absent with or without pay for other specific Union activities, upon written request for such absence.

Should the Union request more than two (2) employees to be absent at the same time, the Company will consider such request and may permit more than two (2) employees to be absent for Union Business. However, the Company reserves the right to limit the number of employees permitted to be absent for Union Business at any one time.

(b) Reimbursement For Time Off For Union Business

Regular full-time employees appointed or elected by the Union to represent the Union in its business with the Company, will suffer no loss of regular straight-time pay at the employee's regular base rate or benefits when conducting official authorized Union business.

The Unions agree to reimburse the Company, on a timely basis, for all wages paid at a premium of 138% of Union Business paid-wages to reimburse the Company's cost of base pay plus benefits.

The provisions of this Section 4(b) do not apply to any employee on leave of absence or any employee who is off to conduct official authorized Union Business in excess of 200 regularly scheduled work hours in a calendar year. In addition, these provisions do not apply when the Collective Bargaining Agreement calls for the continuation of regular straight-time pay for grievance meetings or safety meetings.

Employees conducting such Union business are expected to properly code their time records using a designated Union Pay code (PUB) and to notify the Union of reported Union Business hours.

The Company will send an invoice on a periodic basis to each applicable designated IBEW Local Union Representative notifying each Local Union of the amount owed to the Company. Each Local Union accepts the responsibility to promptly reimburse the Company upon receiving their

Failure of any Local Union to reimburse the Company on a timely basis, according to the payment terms stated on the invoice, will nullify the use of this provision for that particular Local Union for the remainder of the term of the Collective Bargaining Agreement.

Should this program become administratively burdensome or unforeseen problems arise that cannot be effectively resolved, the Company reserves the right to eliminate this provision with thirty calendar (30) days written notice to the Unions.

Section 5. Leave Of Absence For Union Officials

(a) A maximum of two (2) employees elected or appointed to full-time union positions from each Local Union shall be granted leaves of absence for a period of such election or appointment. The employees shall continue to accrue seniority during such leaves, and upon termination of the leaves of absence, shall be reinstated to their former positions (or the equivalent if such former positions no longer exist) provided the employees are qualified to return to work.

(b) Employees appointed pursuant to Section 5(a) above, shall be permitted to extend their medical and dental coverages for the duration of their Union leave of absence by paying 102% of plan cost.

Section 6. Organizing Conduct

The parties agree that in the event that the Union engages in organizing efforts among AEP unrepresented employees, neither party shall coerce or intimidate employees during the course of an organizing campaign. The Companies agree to refrain from negative public statements concerning the IBEW or any IBEW officer, representative or member.

The Unions, Commission Staff's First Set of Data Requests agree not to publicly express negative comments concerning the Companies' integrity or motives including the integrity or motives of the Companies' officers, directors, agents or employees. The parties agree that all oral or written statements made during the course of an organizing campaign shall be factual.

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The parties further agree that the provisions of this Section 6, shall not be subject to the Grievance and Arbitration Procedure.

Section 7. P.A.C.

Subject to applicable laws and upon receipt of a written authorization from an employee, the Company shall deduct from the pay due such an employee Political Action Committee (P.A.C.) donations and transmit such, separately from Union dues deductions, to the Financial Secretary of each Local Union. An employee's written authorization for the Company to deduct P.A.C. donations shall continue in effect for the duration of this Agreement, or until receipt by the Company of a written notice of revocation, or when the employee ceases to be represented by the Union, whichever occurs earlier.

The Company shall have no obligation to deduct P.A.C. donations for any period in which the employee received (after all other deductions) pay less than the amount of such donation. The Union shall indemnify and save the Company harmless against any and all claims, demands, lawsuits, or other forms of liability that may arise out of or by any reason of action taken by the Company in making payroll deductions of P.A.C. donations as hereinabove defined.

Section 8. Classes Of Employees

(a) Probationary employees are those employees who have not satisfactorily completed six (6) consecutive months from the date of employment and who are not hired

for specific to Commission Staff's First Set of Data Requests
any employees may be discharged, at the Dated May 31, 2023
Company, at any time during the probationary period; and Item 26
such discharge shall not be subject to arbitration. Attachment 1

(b) Regular employees are those employees hired for full time employment who have satisfactorily completed six (6) consecutive months from the date of employment and who are not hired for specific jobs of limited duration.

(c) The word "employee" or "employees" wherever used in this Agreement shall mean and refer only to those regular full time and probationary employees who are now or hereafter in the employment of a Company and represented by a Local Union.

(d) It is agreed that a Local Union will be notified when a new employee is hired, giving the name, telephone number, address and status of the new employee. The giving of this information must not, however, be construed as binding the Company against later changing the status of such an employee. The Local Union will also be notified of any change in an employee's status or classification.

Section 9. List Of Eligible Employees

A list will be furnished monthly to the Union showing employees in job classifications represented by the Union who have a changed address or who have been hired, reclassified, or whose employment has terminated. Such list will show the employee's classification, starting date in present classification, and date his last continuous employment with the Company commenced.

Section 10. Successorship

The Company agrees that the adoption of this Agreement will be a condition of the sale, divestiture or transfer of any facility covered by this Agreement. When the sale, divestiture, or transfer is publicly disclosed, the Company

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will provide the Union with relevant information concern-
ing such transaction upon request. Dated May 31, 2023

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Section 11. Printing Of Agreements Attachment 1

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The Companies will furnish each Local Union with printed copies of this Memorandum of Agreement (1½ times the number of bargaining unit employees). The Union will thereafter be responsible for all distribution to employees.

Section 12. Union Orientation

When new employees are hired or employee are transferred into union represented positions, the Company will allow up to thirty (30) minutes for a Union representative to discuss Union activities and sign the appropriate Union membership forms.

This thirty (30) minute Union orientation will normally take place during new employee orientation and the designated Union representative will not lose regular straight-time pay for this orientation. Each Local Union will designate a readily available Union representative from each location (building or service center) and provide that list to the applicable Company.

ARTICLE II MANAGEMENT AND UNION RELATIONSHIP

(a) Except as otherwise specifically limited in this Agreement, the Company has the right to exercise the regular and customary functions of management, subject, however, to the employee's privilege of bringing a grievance as provided for in this Agreement.

(b) The rights, powers, and authorities mentioned in (a) above shall include but shall not be confined to the following:

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- (1) The right to determine equipment to be used, the process, techniques, methods and means of operation, production, transmission and distribution, the schedules of production, schedules of working hours, standards and workmanship; the right to establish, maintain and amend reasonable working rules and regulations [including safety rules, programs and regulations] and job classifications and job descriptions and the necessary qualifications for all job classifications including reasonable residency requirements of employees required to perform the work.
 - (2) The right to create, eliminate, modify or combine jobs; the right to assign work and contract work; the right to determine manning needs, including the number and classifications of employees to be used on specific jobs and in the general operation of the Company's business; the right to lay off employees due to lack of work or for other reasons.
 - (3) The authority to hire, promote, demote or transfer, assign to shifts, maintain discipline and efficiency; and the right to warn, suspend, discharge or otherwise discipline employees for justifiable reasons.
 - (4) The Company shall also have the right to assign or contract work to persons or organizations not represented by a Local Union. This right is limited only to the extent that it shall not be exercised when such actions directly result in the layoff or discharge of any employee covered by this Agreement. In the event of arbitration over the Company's exercise of the right set forth herein, the sole question for the arbitrator shall be whether the Company has violated the foregoing limitation.

(c) Where Commission Staffs First Set of Data Requests
ized in (b) above are modified or limited by the terms and
provisions of this Agreement they shall only be modified or
limited to the extent specifically provided therein. Item 26
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ARTICLE III COVERAGE, DURATION OF AGREEMENT

Section 1. Duration of Agreement

This Agreement, effective 12:01 a.m., April 1, 2022, except as specifically noted otherwise herein, will continue in full force and effect through March 31, 2026, and for yearly periods thereafter unless either party shall notify the other party in writing not less than sixty (60) days before any termination date of such party's desire to commence negotiations for a new contract.

Section 2. Coverage of Agreement

It is the intent of the parties that the provisions of this Agreement (meaning Master Agreement and respective Local Agreement for each individual Bargaining Unit) will supersede all prior agreements and understandings, oral or written, expressed or implied, between such parties and shall govern their entire relationship and shall be the sole source of any and all rights or claims which may be asserted in arbitration hereunder or otherwise.

The parties for the life of this Agreement hereby waive any rights to request to negotiate or to negotiate or to bargain with respect to any matters contained in this Agreement.

Section 3. Separability

If any state or federal legislation, court decision or government regulation invalidates any article or section of the Agreement, all other articles and sections not invalidated

shall remain in full force and effect. Within thirty calendar days, the Company and Union shall meet to negotiate new contract language to replace the article or sections, which have been invalidated.

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ARTICLE IV MUTUAL RESPONSIBILITIES

(a) There shall be no strikes, work stoppages, slow-downs, sit-downs, sympathy strikes, picketing, failures to cross any picket line or other forms of interference with production or interruption of production for any reason during the life of this Agreement or extension thereof. This prohibition shall apply to each Local Union, and their subordinate bodies, and to each employee. The Companies shall not engage in a lockout of its employees during the life of this Agreement.

(b) Each Local Union, and their subordinate bodies, shall not sanction, aid or abet, encourage or continue any strike, work stoppage, picketing, failure to cross any picket line or other interference or interruption of production during the life of this Agreement or extension thereof, and shall undertake by all possible means to prevent or terminate any such activity. Any employee who participates in or encourages any activities which interfere with production or interrupt production during the life of this Agreement or extension thereof shall be subject to disciplinary action, including discharge. In the event of any interference with or interruption of production, the Local Union will immediately instruct, order and use its best efforts to cause the Union and their subordinate bodies and the employees to cease violating this Article. In the event that either party believes that a violation of this Article has occurred, that party shall notify the Director of the Federal Mediation and Conciliation Service (FMCS) of its belief. Upon receipt of such notification, the FMCS will immediately designate an arbitrator, who shall hold a hearing as soon as practicable. This hearing shall begin within

seventy-two Commission Staff's First Set of Data Requests the FMCS. The sole issue at the hearing shall be whether a violation of this Article has occurred. The arbitrator in holding such hearing shall have no authority to consider any factor in justification, explanation or mitigation of a violation of this Article. There shall be no adjournment or continuance of the hearing, and the arbitrator shall issue his award at the conclusion of the hearing. The award of the arbitrator pursuant to this Article may be enforced by either party, if necessary, in a court proceeding and the Parties hereby waive any rights inconsistent with this procedure.

(c) Any employee disciplined under this Article shall have the right to grieve such discipline under Article XI and if such grievance is taken to arbitration under Article XI, to have the arbitrator determine if such discipline is appropriate.

(d) Provided that the Company reserves the right not to invoke the procedures of this Article if the crossing of a specific picket line would expose an employee to injury.

(e) The right to strike by employees represented by the Local Unions shall be governed by the following schedule and under the following circumstances:

1. For purposes of this provision, the Expiration Date shall be defined as the occurrence of any one of the following three events:
 - i. the date upon which the Agreement has expired because either the Companies or the System Council has served written notice of their/its intent to not renew the Agreement; or
 - ii. the Parties attempt to renew the Agreement but, having satisfied the notice requirements set forth in Section 8(d) of the National Labor Relations Act, are unable to reach agreement on terms and conditions for a new Agreement by

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the time that the Agreement expires, or
Dated May 31, 2023

iii. the Parties agree to open negotiations during the term of the Agreement for one or more issues and are unable to reach agreement on that issue(s).

2. In the event that the Parties reach the Expiration Date of the Agreement, the right to strike by bargaining unit employees shall occur at 12:01 a.m. on the day following the date reflected below:

Strike Date	Local Union	Bargaining Unit
Expiration Date	1002	PSO
Expiration Date	876	Three Rivers
Expiration Date	1392	Ft. Wayne
Expiration Date	1392	Muncie
Expiration Date	1392	Michiana/MHG
Expiration Date	1392	Transmission – IN
Expiration Date	1392	SMG Station – IN
Expiration Date + 3 months	978	Beckley
Expiration Date + 3 months	978	Charleston
Expiration Date + 3 months	978	Fieldale
Expiration Date + 3 months	978	Huntington
Expiration Date + 3 months	978	Logan
Expiration Date + 3 months	978	Lynchburg
Expiration Date + 3 months	978	Point Pleasant - Ripley
Expiration Date + 3 months	978	Roanoke
Expiration Date + 3 months	978	Roanoke RDC
Expiration Date + 3 months	978	Clinch River
Expiration Date + 3 months	978	Hydro – South
Expiration Date + 3 months	978	Big Sandy
Expiration Date + 3 months	978	Charleston CD Techs
Expiration Date + 3 months	978	Christiansburg/ Glen Lyn
Expiration Date + 3 months	978	Pulaski
Expiration Date + 3 months	1392	Cook Plant Planners
Expiration Date + 6 months	1392	Cook RPEC Techs
Expiration Date + 6 months	1392	Cook Plant Non-Licensed Operators

Expiration Date Commission Staff First Set of Data Requests
Expiration Date + 6 months 1466 Unit 3A Dated May 31, 2023
Ohio Power Company AEP
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Expiration Date + 9 months 978 Ashland Page 384 of 430
Expiration Date + 9 months 978 Hazard
Expiration Date + 9 months 978 Pikeville – Revenue
Expiration Date + 9 months 1392 Cook – Maintenance
Expiration Date + 12 months 934 Kingsport
Expiration Date + 12 months 934 Grundy
Expiration Date + 12 months 934 Clintwood
Expiration Date + 12 months 696 Steubenville
Expiration Date + 12 months 1392 Cook – Stores
Expiration Date + 12 months 1466-2 Newark, Lancaster, Zanesville
Expiration Date + 12 months 1466-1 Transmission – OH

- 3. In the event that, pursuant to Article IV, Section (e)(1)(i) of this Agreement, either the Companies or the System Council serves written notice of their/its intent to not renew the Agreement, representatives from the Companies and the Local Unions shall begin to conduct negotiations for each of the bargaining units in the manner described in Paragraph 7 of the MOU. The negotiations shall begin, where practicable, prior to the Expiration Date.

**ARTICLE V
WORK HOURS, SCHEDULES, SHIFTS,
OVERTIME**

Section 1. Work Day and Work Week

For payroll accounting and record purposes only:

- (a) The workweek shall consist of seven (7) consecutive calendar days starting and ending at midnight on a day designated by the Company, or the starting or quitting time

of a shift that the Commission Staff's First Set of Data Requests
by the Company.

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The Company shall give fourteen (14) calendar days
advance notice of any change in the designated payroll
workweek.

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(b) The workday shall be the period of twenty four (24) hours starting and ending at midnight, or the starting or quitting time of a shift that overlaps midnight as determined by the Company.

Section 2. Work Schedules

The scheduling of employees' daily and weekly working hours, including the scheduling of employees to work more or less than eight (8) hours in a workday or forty (40) hours in a workweek, shall be determined solely by the Company. However, to the extent practicable, work schedules shall include consecutive workdays of between eight (8) and twelve (12) consecutive hours (exclusive of an unpaid lunch period where provided by the Company) and workweeks of between thirty two (32) and forty eight (48) hours. This Section 2 shall not be construed as a guarantee of hours of work or pay.

Section 3. Overtime

(a) The Company shall be the sole judge as to the necessity for overtime work. Employees shall make themselves reasonably available for overtime assignments and overtime work as a condition of employment.

(b) One and one half (1½) times an employee's regular straight time rate shall be paid for all time worked outside of his assigned schedule, or for all hours worked in excess of forty (40) hours per workweek except as otherwise herein provided.

(c) An employee shall be paid at one and one half (1½)

times his regular Commission Staff's First Set of Data Requests on his scheduled days off within the workweek except as provided in a Local Agreement. Dated May 31, 2023

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(d) In all work locations, the Company agrees to make overtime records available to the Union upon request. Page 386 of 430

(e) Employees who are normally subject to overtime shall have a telephone or a telephone contact.

Section 4. Shift, Sunday Premiums

(a) Premiums shall be paid on scheduled shifts of classified jobs in accordance with the following schedule in addition to the regular straight time hourly rates.

Premium	Definition of	Cents Per Hour
Day Shift.	Where the majority of the scheduled hours worked are as designated in Local Agreements.	0.0¢
Afternoon Shift.	Where the majority of the scheduled hours worked are as designated in Local Agreements	80.0¢
Night Shift.	Where the majority of the scheduled hours worked are as designated in Local Agreements	85.0¢
Sunday.	Where the majority of the scheduled hours worked are as designated in Local Agreements.	\$1.10

(b) Where a shift overlaps from one day into another the shift shall be paid for at the rate pertaining to the day in

(c) The Sunday premium is in addition to the employee's straight time rate and any applicable shift premium, but this Sunday premium will not apply to any hours for which an employee is paid at a rate equal to or in excess of one and one half (1½) times his regular straight time rate.

(d) If during the course of a regularly scheduled workweek, an employee is paid Afternoon or Night Shift premium in addition to his regular straight time hourly rate and such employee also works overtime, the hourly rate for the overtime work shall include the following increments:

- Where the majority of the employee's shift premium hours during the work week were paid at the Afternoon Shift rate - 80.0¢
- Where the majority of the employee's shift premium hours during the work week were paid at the Night Shift rate - 85.0¢

(e) Shift differentials shall be added to employee's rate of pay prior to application of overtime rates.

Section 5. Shift Trades

Subject to the approval of the Company, employees in the same job classification may be permitted to interchange work days or hours within a workweek, if the employees making the exchange are both qualified and agreeable and such exchanges shall not require the Company to pay either employee involved overtime or other premium rates of pay for hours worked.

Section 6. Non-Pyramiding Of Premiums Or Benefits

When two or more types of overtime or premium pay provisions of this Agreement are applicable to the same

hours worked. Commission Staff's First Set of Data Requests
greater benefit to the employee shall apply. When two or more
more pay provisions for time not worked are applicable to the
to the same hours not worked, the single provision which
results in the greater benefit to the employee shall apply.
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Section 7. Major Service Restoration

(a) The Company, at its sole discretion, may invoke the following “major service restoration” provisions:

- (1) When an employee is assigned to service restoration work he shall be paid one and one-half (1-1/2) times his regular straight- time rate for all hours worked. (For employees in the district affected, the MSR pay provisions become effective with the end of the 24th hour. For employees sent in from outside the affected district for a declared or anticipated MSR declaration, the MSR pay provisions become effective when they depart in a vehicle to travel to the affected district.)
- (2) When an employee is assigned to service restoration work assisting other utilities outside of the AEP System properties, he shall be paid two (2) times his regular straight- time rate for all hours worked. (For employees sent to assist other utilities, the MSR pay provisions in this Section 7(a)(2) become effective when they depart in a vehicle to travel to the affected utility.)
- (3) When an employee is released from work he shall have eight (8) hours off duty time prior to being required to return to work.
- (4) When the Company assigns an employee to return to his regular work and/or schedule the above “major service restoration” provisions shall no longer apply.

(b) In the event of arbitration over the Company’s rights

set forth in the Commission Staff's First Set of Data Requests
sole question for the arbitrator shall be whether (1), (2),
(3) and (4) above have been properly applied. Dated May 31, 2023
Item 26

(c) The provisions of this Article V, Section 7, shall not
be applicable to employees in the Fossil/Hydro or Nuclear
Generation Groups. Attachment 1
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(d) In the event that an employee is called between Mid-
night and the start of the employee's regularly scheduled
shift and asked to pack clothing for an MSR out-of-town
assignment and the out-of-town assignment is subsequently
cancelled, the employee shall receive the applicable mini-
mum callout pay.

ARTICLE VI
HOLIDAYS and PAID PERSONAL HOLIDAYS

Section 1. Holidays

The following days shall be recognized as holidays:

- New Year's Day
- Good Friday
- Memorial Day (last Monday in May)
- Independence Day
- Labor Day
- Thanksgiving Day
- The Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Three (3) Personal Days Off

The Christmas Commission Staffs First Set of Data Requests observed as follows: Dated May 31, 2023

Christmas is on:	Holidays observed on:
Sunday	Friday, Monday
Monday	Friday, Monday
Tuesday	Monday, Tuesday
Wednesday	Tuesday, Wednesday
Thursday	Thursday, Friday
Friday	Thursday, Friday
Saturday	Thursday, Friday

Item 26
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With the above exception of the Christmas holidays, when a holiday falls on a Saturday it will be observed on the preceding Friday, and when it falls on a Sunday, it will be observed on the following Monday.

When an employee who has been notified to work on a holiday does not work, he shall receive no pay for such holiday unless excused from work by the Company.

When an employee is absent from work on scheduled days immediately before or after a holiday, he shall receive no pay for such holiday unless excused from work by the Company.

If one of the days observed as one of the recognized holidays listed above falls during the vacation period of any employee, the holiday will be observed in accordance with the provisions of this Article VI, and the amount of his vacation entitlement shall not be reduced thereby.

Section 2. Personal Days Off

Each regular employee will be granted three (3) Personal Days Off [eight (8) hours each, twenty-four (24) hours total] during each calendar year on the following basis:

1. The days to be observed as the Personal Days Off

Commission Staff's First Set of Data Requests
must not be regularly scheduled work days for the employee.
Dated May 31, 2023

2. Requests for a Personal Day Off are subject to the approval of the employee's immediate supervisor. Item 26
3. If an employee does not observe his Personal Days Off prior to December 31, they shall be forfeited and no additional compensation will be paid in lieu thereof. Attachment 1
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4. If an employee terminates his employment with the Company before he has observed his Personal Days Off, he shall be deemed to have forfeited such Personal Days Off, and no additional compensation will be paid in lieu thereof.

Section 1. Service and Vacation Eligibility Attachment 1

For the purposes of this Article, service shall be defined as the length of continuous employment as a probationary or regular employee in any part of the American Electric Power System, Ohio Valley Electric Corporation or Indiana Kentucky Electric Corporation including credit for prior periods of employment as a probationary or regular employee with any American Electric Power System affiliated Company.

Section 2. Vacation Entitlement

(a) Vacation entitlement shall be as set forth in the following table:

<u>Service Requirement</u>	<u>Hours of Vacation</u>
In the calendar year of hire:	8 hours for each full month of service with a maximum of 80 hours.
• On January 1st of the calendar year in which the following service will be obtained:	
1 year of service	80 hours
2 years of service	88 hours
3 years of service	96 hours
4 years of service	104 hours
5-6 years of service	120 hours
7-8 years of service	128 hours
9-10 years of service	136 hours
11-12 years of service	144 hours
13-14 years of service	152 hours
15-23 years of service	160 hours
24 years of service	200 hours

(b) Vacation Commission Staffs First Set of Data Requests prior employment as set forth in Section 1(a) above shall be in accordance with the table in Section 2(a) above, except that entitlement in the year of rehire will be pro-rated for the remaining months of the year rounded up to the next whole hour. However, the pro-rated vacation allowance for a rehired employee shall not be less than that of a new employee hired on the same date.

(c) In the calendar year of hire, rehire or return from leave of absence, if an employee is employed or returns from leave on or before the 15th of a month, the month will be counted as a full month for determining vacation entitlement in the following month. If an employee is hired or returns from leave on or after the 16th of a month, the month would not be counted.

Section 3. Vacation Pay

Vacation pay is at the employee's regular straight-time rate.

Section 4. Vacation Entitlement Upon Returning From Leave

Vacation entitlement for an employee returning from a Leave of Absence shall be based on the total years of service in the year of return from leave in accordance with the table in Section 2(a) above. However, the entitlement for vacation in the year of return will be pro-rated for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from leave be less than that of a new employee hired on the same date.

The provisions of this Section 4 will not apply to an employee returning from Military Leave, paid FMLA Leave or Sick Pay. Such returning employees will receive the full entitlement in accordance with the table in Section 2(a) above.

Section 5. ~~Vacation Pay Upon Termination or Layoff~~ Commission Staff's First Set of Data Requests
Dated May 31, 2023

(a) When an employee retires, is removed from the pay-roll, terminates his employment, or is laid off, the Company will either give the employee his vacation that he would be entitled to take during that year prior to the termination of his employment or, in lieu of vacation, pay to the employee as of the date of termination of his employment, the amount of vacation pay that the employee would have received if he had taken his vacation during the period of his employment with the Company.

(b) When an employee dies or retires from the Company, the Company will pay the employee or the employee's designated beneficiary, the pro rata part of the vacation he has earned during the year in which he dies or retires. The provisions of this Section 5(b) only apply to employees who were AEP employees prior to January 1, 2000, and are not applicable to any employee who became an AEP employee or was hired or rehired after January 1, 2000.

(c) In case an employee is laid off and later is recalled, the following shall apply:

- (1) If he is recalled during the same calendar year as that in which he was laid off, he will be entitled to receive in the next calendar year the full vacation entitlement in accordance with the table in Section 2(a) above.
- (2) If he is recalled after the calendar year in which he was laid off, he will be entitled to receive in the calendar year in which he is recalled, pro-rated vacation for the remaining months of the year rounded up to the next whole hour. In no case will the pro-rated vacation entitlement for an employee returning from layoff be less than that of a new employee hired on the same date and in the following calendar year he shall receive vacation in accordance with the applicable provisions of this Article VII.

Section 6. Commission Staff's First Set of Data Requests
Dated May 31, 2023

An employee with 23 years of service or less may defer from eight (8) to eighty (80) hours of vacation entitlement from year to year into a "deferral bank"; however, the "deferral bank" cannot exceed a maximum of eighty (80) hours. An employee with 24 years of service or more may defer up to one-half (½) of his vacation entitlement from year-to-year; however, the "deferral bank" cannot exceed a maximum of one hundred (100) hours. Such "deferral bank" vacation entitlement is subject to the same scheduling criteria as the regular vacation entitlement.

Section 7. Vacation Pay – Converting Unpaid Time Off

(a) An employee may elect to utilize hours of vacation entitlement by requesting that they be applied toward converting unpaid time off on a holiday to paid time off. This Section 7 shall be applicable only to employees regularly scheduled to work in excess of eight (8) hours per day.

Section 8. Vacation Buy Program

(a) Effective January 1, 2015, employees will be allowed to purchase up to five (5) additional vacation days (40 hours maximum) per calendar year. Vacation purchased must be in whole day increments up to a maximum of 40 hours total. Any vacation purchased shall be in addition to the employee's vacation entitlement in accordance with the table in Section 2(a) above and any deferred vacation carried over in accordance with Section 6 above.

(b) The cost of any purchased vacation hours shall be calculated based on the employee's January 1st pay rate and such cost will be deducted from each paycheck on a before-tax basis over the calendar year.

(c) Such "purchased" vacation entitlement is subject to the same scheduling criteria as the employee's regular and deferred vacation entitlement except that the employee's

regular annual vacation entitlement and any deferred vacation entitlement must be utilized prior to May 31, 2023 purchased vacation. Any purchased vacation entitlement shall be used in the year in which it was purchased and no deferral of "purchased" vacation entitlement shall be allowed. Attachment 1 Page 396 of 430

(d) Employees who terminate employment prior to using purchased vacation will be issued a refund for the amount already paid.

Employees who terminate employment who have taken "purchased" vacation but not fully paid for the "purchased" vacation shall reimburse the Company.

Employees who have their "purchased" vacation canceled for business reasons and are unable to reschedule such vacation will be reimbursed for the amount paid.

Employees who have purchased vacation and have not had the opportunity to utilize the "purchased" vacation will, in December, be offered the opportunity to be reimbursed for the amount paid in during the calendar year.

ARTICLE VIII COMPENSATION AND WAGES

Section 1. Wage Agreements

The parties hereto have agreed upon wage rate schedules apart from this Agreement (which are in writing and bear their signatures), which wage rate schedules shall remain in effect for the duration of this Agreement.

The parties hereto have agreed upon a premium pay of \$3.00/hour added to their base rate for those employees in the classifications of Line Mechanic A, Line Servicer and Distribution Station Servicer who are located in the Colum-

bus SE, SW, Commission Staffs and First Set of Data Requests
 American Electric Power employees in the Columbus District, Dated May 31, 2023
 of Line Mechanic A, Line Servicer, General Servicer, Lineman, Item 26
 man A, Journeyman Lineman, Sr. Lineman, Troublemaker Attachment 1
 and Working Foreman not located in the above mentioned Page 397 of 430
 garages but are assigned to perform physical journeyman
 line mechanic work in the Columbus District area for any
 reason will have \$3.00/hour added to their base wage. Line
 school training and any other non-physical work meetings
 will not be paid a premium of \$3.00/hour.

For purposes of this Article VIII, the annual general wage increase effective dates of the respective Wage Agreement for each Local Bargaining Unit are:

Local Union	Bargaining Unit	Effective Date
978	Beckley, Charleston, Fieldale, Huntington, Logan, Lynchburg, Point Pleasant-Ripley, Roanoke, Roanoke RDC, Clinch River, Hydro – South, Christiansburg/Glen Lyn, Pulaski	April 1
1392	Cook – Maintenance, Cook – Stores, Cook RPEC Techs, Cook Non-Licensed Operators	April 1
934	Kingsport, Grundy, Clintwood	April 1
978	Ashland, Hazard, Pikeville – Revenue, Big Sandy	May 1
696	Steubenville	July 1

Local Union	Commission Staff's First Set of Data Requests Bargaining Unit	Effective Date
1466-2	Newark, Lancaster, Zanesville	July 1
1466-1	Transmission – OH	July 1
1466	Unit 3A	July 15
329, 386, 738	SWEPCO	September 1
1002	PSO	October 1
876	Three Rivers	November 1
1392	Ft. Wayne, Muncie, Michiana/MHG, Transmission - IN, SMG Station - IN	November 1

Section 2. Job Descriptions

The nature of the work involved under each job classification shall be defined by the Companies. Job descriptions for all job classifications covered by this Agreement may be prepared by a Company and when such descriptions are prepared, they shall be made available to the respective Local Union.

Section 3. Pay Period

All employees covered by this Agreement shall be paid bi-weekly.

**ARTICLE IX
 MISCELLANEOUS**

Section 1. Jury Duty

An employee serving on jury duty shall be paid his regular straight time rate of pay for time necessarily lost from his regular scheduled workweek as a result of such jury

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duty. An employee will not be required to report to work prior to reporting for jury duty on any day on which he serves as a juror, but if he is relieved from jury duty during his regular scheduled hours he may be required to work when so released in order to be entitled to this Section.

If an employee's regular schedule includes a shift or shifts other than a day shift, his shift may, at the Company's discretion, be changed to a day shift effective with the first day of jury duty. When an employee is relieved from jury duty, he may be returned to the shift and/or schedule to which he was assigned before he was changed to a day shift. Shift changes for the purposes of this paragraph shall not be subject to the shift and/or schedule modification provisions in the respective Local Agreements.

During workweeks regularly scheduled to exceed forty (40) hours, hours of absence under this Section shall be regarded as hours worked for the purpose of computing an employee's entitlement to weekly overtime.

Section 2. Funeral Leave

(a) In the event of death of the father or stepfather, mother or stepmother, brother, sister, husband, wife, domestic partner, child, father in law, mother in law, son in law, daughter in law, a stepchild who is or has been a member of the employee's immediate household, or a member of the employee's immediate household, he shall receive, by notifying his supervisor, up to a maximum of three (3) regular scheduled days off without loss in regular straight-time pay during the period beginning with the day of death, and up to and including the day following the funeral.

(b) In the event of death of an employee's sister in law, brother in law, grandchild, or his grandparents, the employee, by notifying his supervisor, will be given one (1) day off without loss of regular straight time pay on the day

(c) If an employee serves as an active pallbearer for a deceased active employee or retired employee, he will be given reasonable time off from work without loss of regular straight-time pay on the day of the funeral. Attachment 1
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(d) The intent of the above provisions is to permit an employee to take time off from work to make arrangements for the funeral and/or attend the service without loss in regular straight-time pay as outlined above. Additional time off without pay will be granted whenever such additional time is reasonably required by the employee.

(e) The provisions of these sections covering absence for death in immediate family will apply within the time limits of an employee's scheduled vacation or Personal Day(s) Off but not when the employee is off duty due to illness or injury or for any other reason except should a Company observed holiday occur during the period beginning with the day of the funeral, the employee will receive holiday pay for such day. The payment of holiday pay for such day will not affect nor reduce the other pay provisions covered by the above paragraph (a).

(f) Employees who are military veterans or reservists will be provided one day paid time off to attend funeral services for a member of their military unit with whom they have served who has died as a result of wounds, disease or injury incurred while serving on active duty status in the United States armed forces.

Section 3. Retrogression of Employees

An employee who becomes physically incapacitated for his regular work may be placed in any available job covered by this Agreement which he can do without regard to the seniority provisions of this Agreement and his rate of pay will be determined according to the rate of pay for the job classification in which he is placed.

Commission Staff's First Set of Data Requests
(a) Applies to employees retrogressed to a job classification which provides for time step increases.

Dated May 31, 2023

Item 26

If such employee has less than fifteen (15) years of service, his rate of pay will be: [1] The top rate of the job classification in which he is placed provided his former rate is equal to or exceeds the top rate of the new classification, or [2] the rate immediately below his former rate provided his former rate is less than the top rate of the new classification, or [3] the beginning rate of the new classification provided his former rate is less than the beginning rate of the new classification.

If such an employee has fifteen (15) or more years of service, he will receive the maximum rate of pay for the job classification in which he is placed, plus a percentage of the difference between his former rate of pay and such maximum for the new job classification. Such percentage will be twenty (20) percent for fifteen (15) years of service and increased by three and three fourths (3 3/4) percent for each additional year of service, but not to exceed in total seventy six (76) percent of such difference.

An employee with fifteen (15) or more years of service who is retrogressed due to disability resulting from occupational illness or injury arising out of the course of his employment with the Company shall receive the maximum rate of the job classification in which he is placed plus twenty (20) percent of the difference between his former and new rates. Further, such retrogressed employee shall receive an additional five (5) percent of the difference between his former and new rates for each additional year of service over fifteen (15), up to a maximum equaling his former rate.

As long as such employee is paid more than the maximum rate for the job classification in which he is placed, he shall receive only fifty (50) percent of any general wage increase, such fifty (50) percent to be calculated on his personal rate.

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Dated May 31, 2023
(b) Application included in the salary plan for non-union employees:
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If the disabled employee has less than fifteen (15) years of service, his initial rate of pay upon retrogression will be:
[1] the midpoint of the salary range for the job classification in which he is placed, provided his former rate of pay is equal to or is more than the midpoint of the salary range for his new classification, or [2] his former rate of pay provided such former rate is less than the midpoint of the salary range for his new classification, or [3] the minimum of the salary range for his new job classification, provided his former rate of pay is less than the minimum of the salary range for his new job classification.

If such an employee has fifteen (15) or more years of service, he will receive the midpoint of the salary range for the job classification in which he is placed, plus a percentage of the difference between his former rate of pay and such midpoint for the new job classification. Such percentage will be twenty (20) percent for fifteen (15) years of service and increased by three and three fourths (3 3/4) percent for each additional year of service, but not to exceed in total seventy six (76) percent of such difference.

An employee with fifteen (15) or more years of service who is retrogressed due to disability resulting from occupational illness or injury arising out of the course of his employment with the Company shall receive the midpoint of the salary range for the job in which he is placed plus twenty (20) percent of the difference between his former and new rates. Further, such retrogressed employee shall receive an additional five (5) percent of the difference between his former and new rates for each additional year of service over fifteen (15), up to a maximum equaling his former rate.

Salary adjustments after retrogression shall be in

accordance with the salary Staff's First Set of Data Requests
employee is paid more than the maximum of the salary
range for the job classification in which he is placed, he
shall receive only fifty (50) percent of any salary range
structure movement, such fifty (50) percent shall be
calculated on his personal rate.

(c) Such an employee may be provided the above opportunity only with approval of Company management in respect to his ability to perform the job in question.

(d) Where an employee was receiving an Alternate Straight Time Rate immediately prior to his retrogression, his former rate of pay will be determined by reference to such Alternate Straight Time Rate only in the event his new job is paid at an Alternate Straight Time Rate.

(e) Employees incapacitated due to willfully self inflicted injury, self employment or employment by others for remuneration, or injured in the commission of a felony shall not be eligible for a position under this section. The Human Resources Department will notify the Local Union when an employee is placed on retrogression.

(f) An employee retrogressed under this Section 3 shall retain his seniority in the classification from which he was retrogressed for a period of two (2) years or a period equal to his Company seniority at the time of his retrogression, whichever is less.

(g) Should a retrogressed employee recover from the disability during the period in which he has retained seniority [as provided in paragraph (f) above] to the extent that he is considered by the Company to be qualified to perform the normal duties of the job classification from which retrogressed, he shall be returned to such job provided his retained seniority is sufficient to displace an employee in the job classification from which retrogressed. The Company may require medical evidence on which to make its consideration.

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Section 4. Non- Discrimination

Dated May 31, 2023

There shall be no discrimination, interferences, restraints, or coercion by the Company or its agents or the Company's agents against any employee because of such employee's race, religion, color, sex, age, national origin, disability, or status as a Military Veteran. Whenever the masculine gender is used in this Agreement, it shall be deemed to include the masculine and feminine gender.

Section 5. Union Bulletin Boards

The Company agrees to permit the Union to erect bulletin boards in conspicuous locations to be agreed upon by the parties hereto, and the Union shall make no postings elsewhere on Company property. Only the following types of notices, provided they are not of a political, commercial, or inflammatory nature, may be posted after they are signed by an authorized officer of the Union: (a) notices of recreational or social affairs of the Union, or (b) notices of Union elections and appointments, or (c) notices of business meetings of the Union.

Section 6. Fire Retardant Clothing

Employees who are required to wear fire retardant ("FR") clothing in the performance of their job duties will be allowed to participate in the Company's Fire Retardant Clothing Allowance Program. The Company, at its sole discretion, may choose to provide FR protective clothing to employees whose job assignment requires the use of FR clothing for specific jobs.

Section 7. Training

The Company will be responsible for training all newly hired employees in the operations and safety issues of their jobs. Employees accept the responsibility to actively participate in the training and learn the skills required to operate efficiently and safely.

In an effort to enhance Line Mechanic training through

Commission Staff's First Set of Data Requests

the collaborative input of the Union(s), the parties agree to actively explore the establishment of Apprenticeship Program(s) that may be registered with the applicable Federal or State Bureau of Apprenticeship and Training. The purpose of this effort is to provide the Union a consultative role in the development of Line Mechanic training. Such program(s) shall not involve the creation of required numeric ratios of apprentices to journeymen and shall be otherwise in compliance with the terms and conditions of this Agreement or any associated local Agreement.

Dated May 31, 2023
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Section 8. Safety

(a) In such organizational units as the Company determines, the management of the Company shall meet with a Union safety committee, consisting of three members (upon mutual agreement of the parties additional employees may be added), for that unit for the express purpose of receiving suggestions and comments from the Union regarding the Company's safety program. Upon receipt of a written request from the Union, along with an agenda, a meeting shall be scheduled by the Company at quarterly intervals, as needed. The meetings shall be held during normal working hours, and the members of the Union safety committee shall not suffer a loss of their regular straight time earnings while attending the meetings.

(b) In the event of a serious accident involving an employee within the bargaining unit, the Company will notify the Business Manager of such and when the Company's Accident Investigation Committee investigates an accident involving an employee within the bargaining unit, at the employee's request, a Union representative or another employee of his choosing who is readily available from the employee's regular headquarters may be present during such interview without loss of regular straight time earnings.

Section 9. Medical Examinations
Commission Staff's First Set of Data Requests
Dated May 31, 2023

The Company reserves the right to require at its own expense, medical examinations and/or tests, including random and/or other drug tests, of any employee. The examined employee, upon his request, shall be furnished with a copy of the medical report.

Section 10. Personal Vehicle Use

When an employee is not furnished transportation by the Company and, at the request of management, furnishes his own transportation in the performance of his assigned duties, he shall be paid according to the applicable job site reporting or travel pay provisions of his applicable Local Agreement. However, at the option of the employee, provided the employee submits the required proof of insurance, an employee furnishing his own transportation for trips over 30 miles from his regular headquarters may be paid the authorized mileage amount in lieu of any job site reporting or travel pay provisions provided in his applicable Local Agreement.

Section 11. Licenses And Certifications

(a) Each employee who may be required to operate a motor vehicle which requires a Commercial Driver's License (CDL) shall maintain a valid CDL.

(b) The Company shall pay the cost of the Department of Transportation CDL physical examination and reimburse the employee for the difference between the full cost of the CDL and the cost of a regular State driver's license.

(c) If the Company deems it necessary to require any new license or certification as a condition of employment, the Company will meet with the Union to discuss the certification or licensing requirements and consider the Union's request for grandfathering an employee who holds the classification that requires the license or certification. This pro-

(d) An employee in a position which requires the maintenance of a valid Commercial Drivers License and who has such license suspended or revoked by reason of a non-work related first offense for driving under the influence of either alcohol or unlawful drugs shall be treated as follows. First, he shall be accommodated with non-driving duties for the first 60 days following such suspension or revocation. Thereafter, he shall be permitted to use any remaining vacation entitlement. Upon the expiration of the 60-day accommodation period and the use of any available vacation, he shall be placed on an unpaid leave of absence, which shall not exceed 18 months. If his Commercial Drivers License is reinstated during the 18-month leave of absence, he will be permitted to return to his former classification or any other classification for which he is qualified, provided there is a vacancy.

If the employee's Commercial Driver's License is not reinstated within the 18-month period, or he incurs a second suspension or revocation, his employment will be terminated.

Section 12. Employee Leave of Absence

When the Company's business conditions permit, an employee may be granted a leave of absence for a period not exceeding one (1) year, during which he shall continue to accumulate seniority; provided, however, that for a cause determined sufficient by the Company such leave may be granted for not more than one (1) additional year. No leave may be granted for an employee to take employment elsewhere during such leave, except for employment arranged by or consented to by the Company.

All leaves of absence shall be issued in writing and state the conditions thereof. A copy of such leave shall be kept on file by the Human Resources Manager and a copy furnished to the employee and a copy to the Union.

Section 13. Moving Expenses

When it is deemed necessary by the Company and the employee agrees to move to a new residence, the Company shall furnish an insured carrier in the moving business to transport the employee's household articles, such personal effects as may be necessary to be packed with the household articles and furniture to the new address.

In the event that such employee cannot immediately find a suitable location to which to move his/her family, the Company will pay only the employee's individual reasonable living expenses at his/her new headquarters for a period not to exceed fourteen (14) calendar days.

The section above will only apply when an employee's headquarters is changed at the request of the Company. That is, when an employee initiates a change of headquarters under the provisions of an applicable Local Agreement, the Company will not be required to pay either moving or living expenses.

**ARTICLE X
BENEFITS**

Section 1.

Employees shall be permitted to participate in the American Electric Power System Comprehensive Dental Plan, Comprehensive Medical Plan [or alternate medical coverage such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) should such be made available by the Company], Spending Accounts, Group Accidental Death and Dismemberment Insurance Plan, Group Life Insurance Plan, Dependent Life Insurance Plan, Critical Insurance Plan, Dependent Care Plan, Long Term Care Plan, Long Term Disability Plan, Retirement Plan, Retirement Savings Plan and Sick Pay Plan.

Commission Staff's First Set of Data Requests
(b) As set forth in the above-named Plans or the Summary Plan Description (SPD) with respect thereto, the Company reserves the right to change or end any of the Plans, in whole or in part, at any time or for any reason, which could result in modification or termination of benefits available to employees, former employees, retirees or other participants. The Company's decision to amend, replace or terminate any Benefit Plan may be due to changes in Federal or State law or for any other reason. If the Company does make a change or decides to terminate a Plan, it may decide to set up a different Plan for similar-type benefits. If a Benefit Plan is terminated, no further benefits will be available except for losses or expenses incurred before the Plan was terminated. Any changes made to the above-named Plans will apply to all Company employees participating in the Plans, including not only IBEW-represented employees of the Company, but also employees represented by other Unions, and all unrepresented employees.

(c) With respect to any individual hired on or after January 1, 2014 who is covered by this Agreement, it is agreed and understood that such employees will not be eligible for retiree medical insurance coverage under any plans now in effect and offered by American Electric Power.

Section 2.

(a) Employees shall be permitted to participate in the American Electric Power Incentive Compensation Plan (ICP).

(b) Employees shall be permitted to participate in the American Electric Power Paid Parental Leave Plan.

Section 3.

An IBEW represented employee on the payroll on February 17, 2009, will have a one-time Layoff Allowance Bank (up to a maximum of 1040 hours) as of February 17, 2009.

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The Layoff Allowance Bank entitlement shall be set forth in the following table: Dated May 31, 2023

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Years of Service	One Time Layoff Allowance Bank
Less than 5 years	816 hours
5 though 7 years	928 hours
8 or more years	1040 hours

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Should an employee be laid off, this bank will be payable in bi-weekly installments equal to the employee's regular straight-time rate for eighty (80) hours per two-week period less any unemployment compensation entitlement and by any other income earned in the course of other employment, including self-employment. The Layoff Allowance Bank will be reduced by forty (40) hours per week of layoff regardless of the unemployment compensation offset or other earnings offset. This one-time Layoff Allowance Bank will be available to the employee regardless of the number of times the individual is laid off. However, the total number of Layoff Allowance hours available shall not exceed the original Layoff Allowance Bank established on February 17, 2009 and such Bank shall not be renewable.

The parties further agree that the provisions of this Section 3 shall not be subject to the Grievance and Arbitration Procedure.

Section 4. VEBA

Should the Company fund medical and health care benefits for employees and retirees by establishing a tax-exempt trust in compliance with the provisions of any federal law or regulation, upon request, the Company shall provide to the Unions:

- 1) a yearly financial report of the status of VEBA:
- 2) A financial update limited to two times during a calendar year, January 1 to January 1

Section 1. Grievance Procedure

Should any dispute or disagreement arise between an employee or a Local Union and the Company, except disputes or disagreements arising under the Mutual Responsibilities (Article IV, above) or disputes or disagreements relating to the Benefit Plans or the Incentive Compensation Plan

specified in Article X, such dispute or disagreement shall constitute a grievance and be disposed of in the following manner:

First Step - The grievance shall be presented by the employee or his Local Union to his immediate supervisor within fourteen (14) calendar days after the incident or occurrence. It is recognized that a grievance involving compensation may not become known to an employee until he receives his paycheck for the work period during which the difference actually occurred. In such instances, an employee may present his grievance within fourteen (14) calendar days of the day he receives his paycheck. The immediate supervisor and/or appropriate Manager shall meet with the aggrieved employee within ten (10) calendar days after receipt of the grievance and shall give an answer in writing within ten (10) calendar days after the grievance meeting.

Second Step - If the grievance is not settled in the First Step, the aggrieved employee or his Local Union may, within ten (10) calendar days after the First Step answer is sent, submit the grievance in writing, including the provisions, if any, of the Agreements alleged to be violated, to the aggrieved employee's Department Manager. The Department Manager (or a designated representative) shall meet with the aggrieved employee within ten (10) calendar days after receipt of the grievance and an answer shall be

Commission Staff's First Set of Data Requests
given in writing within ten (10) calendar days after the meeting.
Dated May 31, 2023

Item 26

Third Step - If the grievance is not settled in the **Attachment 1**
step, the aggrieved employee or his Local Union representative **Page 412 of 430**
in ten (10) calendar days after the Second Step answer is
sent, submit the written grievance, including the provisions,
if any, of the Agreements alleged to be violated, to the La-
bor Relations Manager. Within ten (10) calendar days after
receipt of the grievance, the Labor Relations Manager (or
his designee) shall schedule a mutually agreeable date for
meeting with the aggrieved employee. The Labor Relations
Manager (or his designee) shall give an answer in writing
within ten (10) calendar days following the meeting.

In each step of the grievance procedure, a Local Union
designated representative who is reasonably available shall
be present with an aggrieved employee at any of the meet-
ings provided for above in the three steps of this grievance
procedure.

The aggrieved employee or aggrieved employees
(maximum of three) and one Local Union representative
(an employee who is reasonably available) shall not lose
their regular straight-time pay for the time spent at such
grievance meetings if held during their regularly scheduled
hours of employment.

If the Company fails to render a decision within the
time allotted in any step of the foregoing procedure, the
grievance shall be deemed denied as of the last day of
such allotted time. The aggrieved employee shall have the
right to continue with the next step in accordance with the
procedure for advancing grievances as defined in each step.
If the aggrieved employee fails to meet any of the time
deadlines set forth in the foregoing procedure, the griev-
ance shall be deemed withdrawn.

Grievance Commission Staffs First Set of Data Requests
 representatives will normally be made during other than 31, 2023
 working hours. However, if such investigations can only be conducted during working hours, permission from the Company must be obtained before proceeding with such investigations. If permission is granted, the employee or employees involved will not lose their regular straight-time rate of pay therefor.

Copies of written answers to all grievances shall be furnished to designated Local Union representatives.

Section 2. Appeal From Suspension Or Discharge

Any regular employee who considers himself improperly suspended or discharged may bypass the first two steps of the grievance procedure and submit a grievance in writing to the Third Step of the grievance procedure. Such grievance must be submitted within fourteen (14) calendar days following the first day of a suspension or the date of discharge and will otherwise be handled in accordance with the grievance procedure as heretofore defined.

Section 3. Arbitration Procedure

(a) In the event of failure to satisfactorily settle or adjust any grievance involving an allegation of a violation of a provision or provisions of the Agreements according to the foregoing grievance procedure, then within thirty (30) calendar days after the answer has been given in the Third Step, such arbitrable grievance may be submitted to arbitration in the following manner:

1. The Local Union shall within said thirty (30) calendar day period give written notice to the Company of its desire to arbitrate the grievance. Such written notice shall include, at a minimum, a statement of the remedy to be sought in arbitration, and the specific term(s)

or Commission(s) of Staff Grievance. All of the above requests have been violated.

Dated May 31, 2023

2. The Company shall then request a panel of seven arbitrators from the FMCS. Item 26
3. The Company and the Local Union then shall select an arbitrator from the panel or panels submitted by the FMCS. Both the Union and the Company have the right to reject one entire panel. Attachment 1
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4. The arbitrator shall hold a hearing on a date satisfactory to the Company and the Local Union, for the purpose of receiving such evidence as the Parties may have to present with respect to the grievance.
5. If a stenographic recording of the hearing is requested by either party, the cost or the original transcript shall be borne by the requesting party and a copy of the transcript shall be made available to the Arbitrator for his sole use. If the other party wants a copy of the transcript, it shall make such desire known before the close of the hearing and shall equally share the cost of the original transcript. No other electronic recordings of the hearing other than the above shall be permitted.
6. Within sixty (60) calendar days after the receipt by the arbitrator of all arguments, documents and records pertaining to the grievance, he shall render in writing a statement of findings and a decision. Such decision shall be final and binding on both Parties.

(b) The arbitrator shall have no authority to:

1. add to, detract from, or in any way modify the terms of the Agreements, or
2. pass upon any question involving wage rate schedules, or
3. pass upon any question arising from incidents occurring after the right to strike date established in Article IV, (e)(2), or

- Dated May 31, 2023
Item 26
Attachment 1
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4. pass upon any question involving the re-employment rights of a former employee discharged from military service; or the job classification to which an employee on leave of absence for military service is entitled upon discharge from military service; or
 5. pass upon any question involving whether or not a disability of an employee is a result of an injury or occupational disease occurring in the course of employment with the Company; or
 6. pass upon any questions which do not involve interpretation or applications of a specific term or terms of the Agreements; or
 7. pass upon any question relating to benefits under the American Electric Power System Comprehensive Dental Plan, Spending Accounts, Group Life Insurance Plan, Long Term Care Plan, Long Term Disability Plan, Comprehensive Medical Plan [or alternative medical coverage such as a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) should such be made available by the Company], Group Accidental Death and Dismemberment Insurance Plan, Retirement Plan, Retirement Savings Plan and Sick Pay Plan; or
 8. pass upon any question relating to the Incentive Compensation Plan (ICP) or Paid Parental Leave; or
 9. pass upon any question relating to the MOU, or to the subject matter contained therein.

(c) The Company and the Union shall each bear their own expenses and shall equally bear all compensation and expenses of the arbitration.

(d) If the Local Union, in submitting a grievance to arbitration, fails to meet any time deadline set forth in the foregoing arbitration procedure (unless the time is extended by

mutual consent in writing, the grievance shall be deemed withdrawn.
Commission Staff's First Set of Data Requests
Dated May 31, 2023

Item 26

(e) In all time steps stated in this Article XI, the date of the event which begins the time limit (answer sent, meeting held, etc.) shall not be included in counting the days of the time limit.
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Section 4.

The System Council will furnish the Company with the names of its duly elected officers and the names of its duly authorized representatives.

Each affiliated Local Union will furnish the Company with the names of its duly elected officers and representatives.

KPSC Case No. 2023-00159
Commission Staff's First Set of Data Requests
Dated May 31, 2023

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands
and seals this ___ day of _____, 20

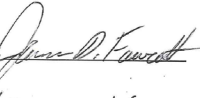
Attachment 1
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For The Companies

For System Council U-9

By: 

By: _____

By: 

By: _____

By: 

By: _____

By: 

By: _____

By: 

By: _____

By: 

By: _____

By: _____

By: _____

KPSC Case No. 2023-00159
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Dated May 31, 2023
Item 26

~~AEP/IBEW Master Offer for a 2022 Collective Bargaining Agreement~~ Attachment 1
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For IBEW Local Union 329

By:

Date: 4-4-2022

For IBEW Local Union 286

By:

Date: 4/4/2022

For IBEW Local Union 696

By: _____

Date: _____

For IBEW Local Union 738

By:

Date: 03/31/2022

For IBEW Local Union 876

By:

Date: April 5th 2022

For IBEW Local Union 934

By:

Date: 4-5-2022

For IBEW Local Union 978

By: _____

Date: _____

For IBEW Local Union 1002

By:

Date: 3/31/22

For IBEW Local Union 1392

By:

Date: 3-31-22

For IBEW Local Union 1466

By:

Date: 3/31/22

KPSC Case No. 2023-00159
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Dated May 31, 2023

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Attachment 1

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AEP/ IBEW Master Offer for a 2022 Collective Bargaining Agreement

For IBEW Local Union 329

By: [Signature]

Date: 4-4-2022

For IBEW Local Union 366

By: [Signature]

Date: 4/4/2022

For IBEW Local Union 696

By: [Signature]

Date: 4-5-2022

For IBEW Local Union 738

By: [Signature]

Date: 03/31/2022

For IBEW Local Union 876

By: [Signature]

Date: April 5th 2022

For IBEW Local Union 934

By: _____

Date: _____

For IBEW Local Union 978

By: [Signature]

Date: 4-5-2022

For IBEW Local Union 1002

By: [Signature]

Date: 3/31/22

For IBEW Local Union 1392

By: [Signature]

Date: 3-31-22

For IBEW Local Union 1466

By: [Signature]

Date: 3/31/22

Scanned with CamScanner

MEMORANDUM OF UNDERSTANDING
Commission Staff's First Set of Data Requests
REGARDING Dated May 31, 2023
NEGOTIATIONS FOR A NEW MASTER IBEW AND
LOCAL IBEW AGREEMENTS
Attachment 1

This Memorandum of Understanding ("MOU") is made by
and between:

American Electric Power Service Corporation, Appalachian Power Company, Columbus Southern Power Company, Indiana Michigan Power Company, Kentucky Power Company, Kingsport Power Company, Ohio Power Company, Public Service Company of Oklahoma, and Southwestern Electric Power Company, (jointly referred to as "the Companies") and

The International Brotherhood of Electrical Workers, Local Unions 329, 386, 696, 738, 876, 934, 978, 1002, 1392, and 1466 (jointly referred to as "the Local Unions"), and System Council U-9 ("System Council").

The System Council, The Local Unions and The Companies ("the Parties") agree as follows:

1. System Council

The Local Unions represent certain employees who are employed by the Companies in separate bargaining units that have been certified by the National Labor Relations Board. (The parties recognize that the number of bargaining units has increased from thirty-three to thirty-four since 2006. Nothing in this MOU prevents changes in the number of bargaining units during the period that a successor Master Agreement would be in effect) The Local Unions have established the System Council for the purpose of, among other things, engaging in collective bargaining to establish the terms and conditions of employment for the employees represented by the Local Unions.

2. Approval of the MOU Staff's First Set of Data Requests

This MOU will be effective upon the date that the last Local Union signs and dates the MOU. This date shall hereafter be referred to as the "Effective Date" of the MOU. This MOU replaces the 2006 MOU used to establish the bargaining process for the initial Master Agreement and Local Agreements that became effective February 17, 2009.

Dated May 31, 2023
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3. Collective Bargaining - Prior to the Initial Master Agreement

The collective bargaining process between the Companies and the Unions had historically occurred at the local level and resulted in separate collective bargaining agreements. Many of the collective bargaining agreements that have been negotiated by the Companies and the Unions had different beginning and ending dates.

4. Collective Bargaining Process- The Initial Master and Local Agreements

Through the System Council, the Local Unions expressed their desire to negotiate with the Companies for a single Master Agreement, the terms and conditions of which applied to all of the employees who are represented by the Local Unions, while reserving certain issues to be negotiated locally in the traditional manner (hereafter referred to as "Local Agreements;.

- a. The scope of the negotiations for the initial Master Agreement encompassed terms and conditions of employment recognizing, however, that the Parties could by mutual consent reserve certain issues to be negotiated and contained in the Local Agreements. Local negotiations commenced only after negotiations for a Master Agreement were successfully concluded.
- b. As each of the initial thirty-three bargaining units separately concluded negotiations for its Local

Commission Staff's First Set of Data Requests
bargaining units were provided with the opportunity to
ratify both the Master Agreement and the Local Agreement that was applicable to that bargaining unit

Dated May 31, 2023

Item 26

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- c. The initial Master and Local Agreements had common expiration dates and became effective only after all of the thirty-three collective bargaining units had ratified both the Master Agreement and the applicable Local Agreement. The effective date of the initial Master and Local Agreements was at 12:01 a.m. on the day following the date upon which the last of the thirty-three bargaining units ratified the Master Agreement and the applicable Local Agreement. At that time the terms and conditions of employment contained in the Master and Local Agreements superseded and replaced any existing collective bargaining agreement that has been previously negotiated by the Companies and the Local Unions. Until the Master and Local Agreements were successfully ratified effective February 17, 2009, the existing IBEW collective bargaining agreements remained in effect.

5. Expiration of the Initial Master Agreement and the Right To Strike

- a. Once the Master and Local Agreements were successfully negotiated and ratified by employees within each of the bargaining units (and, as a consequence of which, a unified expiration date was established - Midnight, February 16, 2012), the right to strike by employees represented by the Local Unions shall be governed by the following schedule.
- b. In the event that the Parties reach the Expiration Date of a subsequent Master and Local Agreements, the right to strike by IBEW-represented bargaining unit employees shall occur at 12:01 a.m. on the day following the date reflected in the following schedule.

Commission Staff's First Set of Data Requests

Strike Date	Local Union	Bargaining Unit	Dated May 31, 2023
Expiration Date	1002	PSO	Item 26
Expiration Date	876	Three Rivers	Attachment 1
Expiration Date	1392	Ft. Wayne	Page 423 of 430
Expiration Date	1392	Muncie	
Expiration Date	1392	South Bend	
Expiration Date	1392	Transmission-IN	
Expiration Date	1392	Station - IN	
Expiration Date + 3 Months	978	Beckley	
Expiration Date + 3 Months	978	Charleston	
Expiration Date + 3 Months	978	Fieldale	
Expiration Date + 3 Months	978	Huntington	
Expiration Date + 3 Months	978	Logan	
Expiration Date + 3 Months	978	Lynchburg	
Expiration Date + 3 Months	978	Point Pleasant	
Expiration Date + 3 Months	978	Welsh, Bluefield	
Expiration Date + 3 Months	978	Roanoke	
Expiration Date + 3 Months	978	Clinch River	
Expiration Date + 3 Months	978	Glen Lyn	
Expiration Date + 3 Months	978	Hydro - South	
Expiration Date + 3 Months	978	Kanawah River	
Expiration Date + 3 Months	978	Big Sandy	
Expiration Date + 3 Months	1392	Cook-RPEC	
		Tech Group	
Expiration Date + 6 Months	329, 386, 738	SWEPCO	
Expiration Date + 6 Months	1466	CSP	
Expiration Date + 6 Months	1466	Dolan Lab	
Expiration Date + 9 Months	978	Ashland	
Expiration Date + 9 Months	978	Hazard	
Expiration Date + 9 Months	978	Pikeville-Revenue	
Expiration Date + 9 Months	1392	Cook-Maintenance	
Expiration Date + 12 Months	934	Kingsport	
Expiration Date + 12 Months	696	Steubenville	
Expiration Date + 12 Months	1392	Cook - Stores	
Expiration Date + 12 Months	1466-2	Newark, Lancaster	
		Zanesville	
Expiration Date + 12 Months	1466-1	Transmission-OH	

c. The Parties to the Commission Staff's First Set of Data Requests shall be incorporated into, and made a part of the Master Agreement. Dated May 31, 2023

Item 26

Attachment 1

6. Collective Bargaining Process- Future Master and Local Agreements Page 424 of 430

Following the expiration of the Initial Master and Local Agreements, for all new Master and Local Agreements negotiated by the Parties thereafter, the Master and Local Agreements shall become effective for each of the collective bargaining units only after all of the bargaining units have ratified the Master Agreement, and then as each bargaining unit then ratifies its applicable Local Agreement.

7. Collective Bargaining Process- Future Master and Local Agreements- Opt Out Process

a. Single Bargaining Unit Opt-Out

If any single Bargaining Unit chooses to opt out of the bargaining process for a new Master and Local Agreements as described in Paragraph 6 above, that Bargaining Unit must notify the Company in writing of its decision. Such single bargaining unit choosing to opt out agrees that to provide the necessary time to negotiate a successor individual collective bargaining agreement that the provisions of the then-current (or recently expired) Master and Local Agreement will remain in effect and that Local Bargaining Unit cannot go on strike until the later of:

- 60 calendar days from the date of its written notification, or
- the date during the year that its Collective Bargaining Agreement expired in accordance with Paragraph 3 above - the Collective Bargaining Process prior to the Initial Master Collective Bargaining Agreement

Commission Staff's First Set of Data Requests

b. Master Negotiations Process Opt-Out Dated May 31, 2023

Item 26

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Either the Companies or the System Council shall have the right to unilaterally terminate the process of negotiating a Successor Master and Local Agreements described in Paragraph 6 of this MOU and revert back to conducting negotiations for each of the bargaining units as described in Paragraph 3 of this MOU, by serving written notice of its intent to terminate upon its counterpart during the period beginning sixty calendar days before and ending sixty calendar days after the Expiration Date of the then current (or recently expired) Master and Local Agreements. Following notification, the Parties shall immediately cease any negotiations that may then be ongoing with respect to the Master and/or Local Agreements; and begin negotiations for separate collective bargaining agreements for each of the bargaining units. Should the process of negotiations a Master Agreement and Local Agreements be terminated by either party, the parties agree that to provide the necessary time to negotiate successor individual collective bargaining agreements that the provisions of the then-current Master and Local Agreement will remain in effect and the Local Bargaining Units cannot go on strike until the later of:

- 60 calendar days from the date of its written notification, or
- the date during the year that its Collective Bargaining Agreement expired in accordance with Paragraph 3 above - the Collective Bargaining Process prior to the initial Master Collective Bargaining Agreement.

8. Miscellaneous

a. The Parties expressly agree that they are not under any obligation to negotiate a Master Agreement or

Commission Staffs First Set of Data Requests
a Master and Local Agreements since this constitutes
"impermissible" subject of collective bargaining. Item 26

Attachment 1

- b. The Companies voluntarily agree to participate in this process as an accommodation to the Local Unions and the System Council. The Parties agree that nothing (i) in this MOU,(ii) associated with the process of attempting to bargain for the Master and Local Agreements, or (iii) associated with entering into a Master and/or Local Agreements, shall be construed as indicating the desire of the Parties to change or modify the underlying bargaining unit certifications.

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For The Companies (Date: May 31, 2011) : Dated May 31, 2023

Item 26

By: TP Hausholder

By: Frederic Leduc Attachment 1

Title: MANAGING DIRECTOR CUSCO

Title: JVP - Shop Page 427 of 430

By: Tim C. Brown

By: John D. ...

Title: Labor Relations Mgr

Title: Mayor Int. Rel. EPD

By: _____

By: _____

Title: _____

Title: _____

We, the authorized representatives for the Local Unions listed below, authorize System Council U-9 to bargain on behalf of the Local Unions for a Master Agreement, the terms and conditions of which shall apply to all bargaining unit employees that we represent.

For IBEW Local Union 329

By: Darryl ...

For IBEW Local Union 388

By: Steve R. ... Pres/Bus Mgr

Date: 6-14-11

Date: _____

For IBEW Local Union 698

By: David ...

For IBEW Local Union 738

By: 2 G. ...

Date: 06-06-11

Date: 6-20-11

For IBEW Local Union 876

By: [Signature] E/M

For IBEW Local Union 934

By: Ronald ...

Date: 6-2-11

Date: 6-2-11

For IBEW Local Union 978

By: Charles P. Coleman II

For IBEW Local Union 1002

By: Jeff ...

Date: 5/25/2011

Date: 6-21-11

For IBEW Local Union 1392

By: J. C. ...

For IBEW Local Union 1466

By: Charles W. Jippu

Date: 5/25/2011

Date: 5-25-2011

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Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_27 Provide each medical insurance policy that Kentucky Power currently maintains.

RESPONSE

Please refer to KPCO_R_KPSC_1_27_Attachment1 and KPCO_R_KPSC_1_27_Attachment2 for the requested information.

Witness: Andrew R. Carlin

**Updates to the 2016 Benefit Plan Summary Plan Descriptions
(2022 Release – Active Employees, Retirees and Surviving Dependents)**

Page No. 1 of 6

To: AEP System Benefit Plan Participants and Covered Family Members

***Please note:** Every effort has been made to ensure this information is accurate. However, the plans are governed by legal documents and insurance contracts. If there is any difference between the information in this update and plan documents, the plan documents will rule.*

Summary Plan Descriptions (SPDs) for various benefit plans were issued in 2016. Updates to those SPDs have been issued to summarize changes from time to time. This document describes provisions of the SPDs that have been added or changed to those 2016 Summary Plan Descriptions listed below (including their updates) that affect AEP active employees, retirees and surviving dependents through those made for the plan year that began January 1, 2022. Please keep this document with those Summary Plan Descriptions and updates. We have tried to include page references to the affected SPDs or update.

The 2016 Summary Plan Descriptions affected by the changes described in this notice are as follows:

- American Electric Power (AEP) System Comprehensive Medical Plan – HSA Plan Options – Summary Plan Description for Active Employees, Retirees and Surviving Dependents Under Age 65 – Issued 2016**
- American Electric Power (AEP) System Comprehensive Medical Plan – HRA Plan Option – Summary Plan Description for Active Employees, Retirees and Surviving Dependents Under Age 65 – Issued 2016**
- American Electric Power (AEP) Comprehensive Medical Plan - Summary Plan Description for Retirees & Surviving Dependents Age 65 and Older - Issued 2016**

1. FirstCare HMO Plan no longer offered effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA SPD (pages 1, 5 – 6 & 10)
- AEP Comprehensive Medical Plan - HSA SPD (pages 1, 6 & 10)

The FirstCare HMO medical plan that had been available to employees in some areas of Texas was eliminated effective December 31, 2016.

2. Change to HSA Basic Plan Deductible limits

- AEP Comprehensive Medical Plan – HSA SPD (pages 5, 41)
- AEP Comprehensive Medical Plan – HRA SPD (page 4)

Effective January 1, 2020, the annual in-network, embedded deductibles¹ for the HSA Basic Plan are as follows:

¹ As described in the SPDs, a deductible is considered embedded when a covered individual within a family can satisfy the amount shown as the participant only annual deductible, and the applicable coinsurance will be applied to

- Participant Only: \$2,800
- Participant + Spouse/Domestic Partner: \$5,600
- Participant + 1 Child: \$5, 600
- Participant + Children: \$8,400
- Family: \$8,400

3. Changes to list of Participating AEP System Companies

- AEP Comprehensive Medical Plan – HSA SPD (page 8)
- AEP Comprehensive Medical Plan – HRA SPD (page 8)
- AEP Comprehensive Medical Plan – Over 65 Retiree & Survivors SPD (page 4)

Eligibility to participate in the American Electric Power System Comprehensive Medical Plan depends, in part, on employment with a Participating AEP System Company. AEP Energy, Inc. was added to the list of Participating AEP System Companies effective as of January 1, 2020. Also, AEP Texas Central Company and AEP Texas North Company were merged and became part of AEP Texas, Inc. effective December 31, 2016. Inclusion of any company in the list of Participating AEP System Companies may change for various reasons, including an amendment to the plan, or disposition of AEP's interest in the company. If you want more information on whether and when a particular AEP System Company participated in the Plan, please call the AEP Benefits Center toll-free at 1-888-237-2363.

4. Change to the description of eligible dependents

- AEP Comprehensive Medical Plan – HSA SPD (page 9)
- AEP Comprehensive Medical Plan – HRA SPD (page 8)
- AEP Comprehensive Medical Plan – Over 65 Retirees and Survivors (page 3)

Because the tax law has not offered individuals the opportunity to take a personal exemption deduction for their dependent children since 2018, we have changed the way the AEP Comprehensive Medical Plan describes children who may be covered by a member by reason of the employee's acting as the child's guardian. Effective since January 1, 2018, an employee's or retiree's eligible dependent children include those who are the employee's or retiree's dependent for federal income tax purposes, provided that neither natural parent of the child lives with the child *and* the employee or retiree is acting as the child's guardian.

Effective January 1, 2020, employees and retirees are permitted to cover their same-sex or different-sex partner and eligible dependent children. To be considered eligible for enrollment, the employee or retiree and their domestic partner must satisfy **all** of the following requirements:

- Must share the same permanent residence
- Must be each other's sole domestic partner and intend to remain so indefinitely

additional covered expenses incurred by that individual. Remaining family members' claims will be used toward the deductible for the applicable coverage level.

- Must have resided in the same household for at least 12 months
- Must both be at least eighteen (18) year and mentally competent to consent to a contract
- Must not be currently married to or legally separated from anyone else nor had another domestic partner within 12 months prior to designating each other as domestic partners
- Must not be in the relationship solely for the purpose of obtaining benefits coverage
- Must be financially interdependent as documented by three (3) of the following:
 - Joint ownership or lease of real property
 - Joint ownership of a motor vehicle
 - Joint bank account or credit account
 - Designation as the primary beneficiary for life insurance, retirement benefit or will
 - Assigned durable property power of attorney or healthcare power of attorney
 - Driver's license listing a common address
- Must have an approved Affidavit of Domestic Partnership on file with the AEP Benefits Center.

Note: Upon the termination of a marriage or domestic partnership, it is your responsibility to inform the AEP Benefits Center regarding the change in eligibility for your former spouse/domestic partner. Failure to do so within 60 days after the date the marriage/domestic partnership ends will not prevent their loss of coverage retroactively, but will result in their loss of eligibility to elect COBRA continuation coverage.

5. Changes to the AEP Benefits Center mailing address and web address

- AEP Comprehensive Medical Plan – HSA SPD (page 17)
- AEP Comprehensive Medical Plan – HRA SPD (page 17)
- AEP Comprehensive Medical Plan – Over 65 Retiree & Survivors SPD (page 48)

The AEP Benefits Center is available to assist you with questions regarding your eligibility, enrollment and participation in the Plan. Effective 07/01/2019, you may access the newly redesigned AEP Benefits Center website at www.aepbenefits.com.

Effective 4/1/2022 the mail address for the AEP Benefits Center is:

AEP Benefits Center
P.O. Box 850552
Minneapolis, MN 55485-0552

Between July 1, 2019 and March 31, 2022, the address for mail to the AEP Benefits Center was Box 310552; Des Moines, IA 50331-0552.

6. Elimination of out-of-network coverage for certain medical services effective January 1, 2020

- AEP Comprehensive Medical Plan - HRA SPD (pages 22, 27, 28, 29,36)
- AEP Comprehensive Medical Plan - HSA SPD (pages 22, 27, 29, 36, 44, 49,51)

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For claims incurred on or after January 1, 2021, the AEP medical plans will no longer cover out-of-network claims for the following services: orthotics, dialysis, durable medical equipment, pain management, prosthetics, sleep studies, and spinal fusions. This change will ensure members are receiving services from providers who meet Anthem's care and cost standards. If there is no in-network provider within 30 miles of your home, Anthem can approve an exception in coverage.

7. LiveHealth Online (LHO) replaced Teladoc as telehealth provider effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 37)
- AEP Comprehensive Medical Plan - HSA SPD (pages 37 & 59)

Prior to January 1, 2018, telehealth services were available only through Teladoc. Effective beginning January 1, 2018, LiveHealth Online (LHO) has replaced Teladoc as AEP's sole telehealth provider. Teladoc is no longer a covered telehealth provider under the AEP medical plans. You may contact LiveHealth Online by calling 1-888-LiveHealth (1-888-548-3432). You may register or log in on its website at www.livehealthonline.com.

8. 30 visits per incidence limit on Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)

- AEP Comprehensive Medical Plan – HSA SPD (pages 38 and 60)
- AEP Comprehensive Medical Plan – HRA SPD (page 38)

The AEP Comprehensive Medical Plan has provided coverage for Physical, Occupational, and Speech therapy services when used for treatment of a congenital defect, condition, sickness, or injury. To be covered, the therapy services must be rendered in accordance with a physician's prescription. Beginning January 1, 2019, the AEP medical plan limits visits for occupational therapy, physical therapy and speech therapy to 30 visits, per incidence.

9. Revised annual limitation on chiropractic visits and massage therapy effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA Option (page 38)
- AEP Comprehensive Medical Plan – HSA SPD (pages 38 & 60)

Effective January 1, 2017, the annual limitation of 15 visits for Chiropractic care is replaced with a 15 Visit Maximum on spinal manipulations and massage therapy. Massage therapy continues to be covered when performed by a licensed provider.

10. Solera Weight Management Program

- AEP Comprehensive Medical Plan - HRA SPD (page 42)
- AEP Comprehensive Medical Plan - HSA SPD (page 65)

Solera Weight Management Program

The cost of this confidential program is covered by the AEP medical plan for plan participants and covered family members age 18 and older.

Some qualifying risk factors include Type 2 diabetes, obesity, high blood pressure and high cholesterol.

Losing 5 to 7 percent of your body weight actually lowers your risk of many chronic diseases and help to keep them in-check. In fact, that's the goal of this nationally recognized lifestyle change program.

Participants in this program take a one-minute quiz asking about their risk factors to help them understand if this program can help them. Then, Solera will help the participant decide whether an in-person support group or an online option is the best fit for them.

Most programs include access to a personal health coach, a small group for support, and tools like a scale with wireless internet connectivity. At week 4 of the program all participants will receive a FitBit activity tracker.

11. Qualified Health Expense (QHE) form no longer required for Health Reimbursement Account (HRA) Plan participant behavioral health claims effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA SPD (page 46)

Prior to January 1, 2017, Anthem may have required you to file a copy of your Explanation of Benefit (EOB) provided by Magellan and/or a copy of your itemized bill or receipt from your Provider along with a Qualified Health Expense (QHE) form to get reimbursed from your HRA. The QHE form is no longer required for covered claims incurred on or after January 1, 2017, for behavioral health benefits (i.e., mental health/substance abuse services).

12. Expanded pre-certification list for medical services

- AEP Comprehensive Medical Plan – HRA SPD (page 47 - 51)
- AEP Comprehensive Medical Plan – HSA SPD (page 69 -72, 93)

Effective January 1, 2021, additional medical services will require pre-certification. In order to confirm whether a service or treatment requires precertification, please call the Member Services telephone number on your Identification Card, log on to www.anthem.com. Under “My Plans”

select "Medical", from the menu bar select "Plan Documents" to access the most up to date prePage No. 6 of 6 certification list. The list is also posted at AEPBenefits.com on the medical plan page.

13. Certain generic statins added to preventive drug program effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 67)
- AEP Comprehensive Medical Plan - HSA SPD (page 89)

To comply with the Affordable Care Act, certain preventive medications are covered at zero copay and no cost to you. You must be covered by the AEP Comprehensive Medical Plan, have a written prescription from a physician, and meet the applicable age and gender guidelines. The Member Pays Difference and Exclusive Home Delivery rules otherwise described in the SPD will apply.

Effective January 1, 2018, the list of preventive medication was expanded to include some generic low to moderate-dose statins for the treatment of high cholesterol for plan members ages 40–75. Please note that not all members and statins qualify to receive their prescription at no cost. Members should contact Express Scripts directly to determine if the statin they are taking is included as preventive and available at no cost.

Medications/products covered as preventive may change from time to time. To access the most up-to-date information about such medications/products, log in to www.express-scripts.com

14. Prescription drug Exclusive Home Delivery program expanded effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 67)
- AEP Comprehensive Medical Plan - HSA SPD (page 89)

Prior to January 1, 2018, participants were subject to limits on prescriptions filled at a retail pharmacy. There was an Exclusive Home Delivery program that limited the filling of prescriptions for maintenance medications to up to three times at a participating retail pharmacy. After the third fill, participants were required to fill their maintenance medications through Express Scripts Pharmacy mail order. If a participant had continued to fill these prescriptions at a retail pharmacy, they would have paid the entire cost of the medication and that cost was not reimbursed from their HRA balance, if applicable, or applied toward their deductible or annual out-of-pocket maximum.

Effective for prescriptions filled on or after January 1, 2018, prescriptions for such maintenance medications can be filled either through the Express Scripts Pharmacy or at a CVS pharmacy (including CVS pharmacies within a Target store).

15. Enhanced clinical review of specialty medications

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- AEP Comprehensive Medical Plan – HRA SPD (page 68)
- AEP Comprehensive Medical Plan – HSA SPD (page 90)

Effective for claims incurred on or after January 1, 2021, members prescribed certain medications that are classified as “specialty” are required to use the specialty mail-order pharmacy, Accredo, the first time the medication is dispensed. Accredo specialty pharmacy services patients with complex and chronic health conditions, including cancer, hepatitis C, HIV, bleeding disorders and multiple sclerosis. Treatment for these conditions can be difficult, and this change ensures that well-trained clinicians specific to these conditions are able to support the member as well as connect them with payment assistance programs, if available. Additional benefits such as nutritional counseling, social worker support, coordination of care and training on proper medication administration are available through Accredo. As a part of this program, to the extent that manufacturer-funded patient assistance is provided for these specialty drugs, the member will not be given credit for those amounts as out-of-pocket expenses and therefore will not be applied to their Plan’s applicable deductible and out-of-pocket maximums. Contact Express Scripts at 1-800-841-3045 for more details.

16. Anthem became the administrator of the Employee Assistance Program (EAP) services and behavioral health benefits effective January 1, 2018

- AEP Comprehensive Medical Plan – HRA SPD (primarily pages 73 - 75)
- AEP Comprehensive Medical Plan – HSA SPD (primarily pages 95- 97)

Effective January 1, 2018, Anthem has replaced Magellan Healthcare Inc. as the company responsible for administration of the Employee Assistance Program (EAP) and of the behavioral health benefits offered under the Medical Plan. Please consider all references in the Medical Plan SPDs to Magellan as replaced by Anthem. Your access to the EAP and the benefits offered under the Medical Plan for behavioral health are the same as those described in the SPDs except as follows:

Precertification of Certain Behavioral Health Services

Please refer to the guidance regarding “Health Care Management – Precertification” starting on page 47 of the HRA SPD and page 69 of the HSA SPD. That discussion is supplemented by the section entitled "Precertification" in the Behavioral Health Benefits area of the SPDs (see page 71 of the HRA SPD and page 93 of the HSA SPD). The list of the services specified there should be replaced with the following as examples for purposes of treatment of covered Behavioral Health/Substance Abuse services:

- Acute Inpatient Admissions
- Transcranial Magnetic Stimulation (TMS)
- Residential Care
- Partial Hospitalization (PHP)
- Intensive Outpatient Therapy (IOP)

- ABA- Applied Behavioral Analysis

Page No. 8 of 6

If precertification is not obtained, claims for these benefits will be denied. However, claims may be reopened and any services found to be medically necessary may be covered.

Call Anthem at the number specified on your AEP medical ID card for “Pre Certification” to precertify behavioral health services.

Coverage for Autism and Developmental Delays

The Medical Plan continues to provide coverage for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), including intellectual disability and developmental delays; however, the plan has excluded the use of certain therapies for treatment of these conditions. Therefore, although the plan provides coverage for Physical Therapy, Occupational Therapy and Speech Therapy services when used for treatment of a congenital defect, condition, sickness or injury, only Speech Therapy services are covered for developmental delays.

That said, beginning January 1, 2018, the plan began providing coverage for Physical Therapy and Occupational Therapy in addition to Speech Therapy services when used for treatment of Autism. Coverage for Physical Therapy and Occupational Therapy continues to be excluded for other developmental delays.

17. Applied Behavior Analysis treatment for autism no longer excluded effective January 1, 2017

- AEP Comprehensive Medical Plan – HRA SPD (page 76)
- AEP Comprehensive Medical Plan – HSA SPD (page 98)

The AEP Comprehensive Medical Plan no longer excludes coverage for medically necessary claims incurred on or after January 1, 2017, for Applied Behavior Analysis (ABA) for the treatment of autism. The medical plan will continue to exclude other services, treatment, educational testing or training related to learning disabilities or developmental delays, although speech therapy is allowed for developmental delays.

Participants will be required to obtain precertification in order to receive benefits for covered ABA treatment. If precertification is not obtained, claims for these benefits will be denied. However, claims may be reopened and any services found to be medically necessary may be covered.

18. Access to expanded services related to diagnosis and treatment of developmental delays and learning disabilities effective January 1, 2019

- AEP Comprehensive Medical Plan – HSA SPD (pages 80 and 98)

- AEP Comprehensive Medical Plan – HRA SPD (pages 62 and 76)
- Update - 2018 Release – Item 5 (description of Coverage for Autism and Developmental Delays)

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The 2016 SPDs describe the following among the limitations and exclusions under the AEP Comprehensive Medical Plan: services, treatment, educational testing, or training related to learning disabilities or developmental delays (such as autism or Asperger's Syndrome) and except for speech therapy for developmental delays regarding speech. In addition to the expansion of services described in the 2018 release related to the 2016 SPDs, effective January 1, 2019, plan participants have access to office visits, labs, x-rays, and outpatient services related to the diagnosis and treatment of developmental delays and learning disabilities, including physical, occupational and speech therapy.

19. Certain pharmacy prescribed medications that are classified as “specialty” will be required to use the specialty mail-order pharmacy, Accredo, and manufacturer provided assistance will not be applied to the Plan deductible or out of pocket maximum

- AEP Comprehensive Medical Plan – HSA SPD (page 89)
- AEP Comprehensive Medical Plan – HRA SPD (page 69)

Starting January 1, 2019, members prescribed certain medications that are classified as “specialty” are required to use the specialty mail-order pharmacy, Accredo, the first time the medication is dispensed. Accredo specialty pharmacy serves patients with complex and chronic health conditions, including cancer, hepatitis C, HIV, bleeding disorders and multiple sclerosis. Treatment for these conditions can be difficult, and this change ensures that well-trained clinicians specific to these conditions are able to support the member as well as connect them with payment-assistance programs, if available. Additional benefits such as nutritional counseling, social worker support, coordination of care and training on proper medication administration are available through Accredo. As a part of this program, to the extent that manufacturer-funded patient assistance is provided for these specialty drugs, the member will not be given credit for those amounts as out-of-pocket expenses and therefore will not be applied to their Plan’s applicable deductible and out-of-pocket maximums. Contact Express Scripts at 1-800-841-3045 for more details.

20. Implement additional Formulary Exclusions

- AEP Comprehensive Medical Plan – HSA SPD (page 91)
- AEP Comprehensive Medical Plan – HRA SPD (page 69)

The AEP Comprehensive Medical Plan does exclude from coverage certain drugs for which appropriate clinical alternatives are available at substantially lower costs. The drugs covered by the Plan as limited or excluded could change from time to time. Plan coverage of drugs can be

checked by calling Express Scripts Member Services at the number listed on the back of your Page No. 10 of 6 Identification Card or at www.Express-Scripts.com by selecting "Prescriptions" and then from the drop down list "Price a Medication".

21. Requirement for Accreditation of Out-of-Network Residential Treatment Centers (RTC), Partial Hospitalization (PHP) and Intensive Outpatient Therapy (IOP) relating to Behavioral Health

- AEP Comprehensive Medical Plan – HSA SPD (page 93)
- AEP Comprehensive Medical Plan – HRA SPD (page 71)

The 2016 SPDs for the AEP Comprehensive Medical Plan describe the requirement that out-of-network Residential Treatment Centers (RTC), and facilities that provide Partial Hospitalization (PHP) and Intensive Outpatient Therapy (IOP) must be duly licensed to be considered able to provide covered services. Effective January 1, 2019, out-of-network Residential Treatment Centers, and out-of-network facilities that provide Partial Hospitalization or Intensive Outpatient Therapy Services will not be covered unless the RTC, PHP, or IOP facility is both licensed and accredited.

22. Subrogation not applicable to Critical Illness Insurance or Accident Insurance coverage

- AEP Comprehensive Medical Plan - HRA SPD (page 94)
- AEP Comprehensive Medical Plan - HSA SPD (page 116)

The Medical Plan currently includes a provision reserving the right to recover payments it makes on your behalf from any party responsible for compensating you for your illnesses or injuries. The Company has made arrangements for employees to be able to purchase Group Critical Illness Insurance coverage and Accident Insurance coverage through Securian Life Insurance Company. To ensure that the Medical Plan remains clear on this point, please understand that its provisions for Subrogation and Reimbursement do not extend to payments that may be issued pursuant the Critical Illness Insurance or Accident Insurance issued under a group policy for employees of the AEP Participating System Companies and their dependents.



POWERING *you*

**American Electric Power (AEP)
System Comprehensive Medical Plan
HRA Plan Option**

Summary Plan Description for Active Employees, Retirees and Surviving Dependents

Under Age 65

Issued 2016

Summary Plan Description

AEP is committed to providing eligible employees and their families the opportunity to purchase quality health care at a cost they and the company can afford. The AEP System Comprehensive Medical Plan is comprised of several medical plan options which vary by location. The HSA Basic Plan, the HSA Plus Plan and the Health Reimbursement Account (HRA) Plan are options available to all eligible employees and their families. In a few other locations, you may also have an HMO option.

This is a summary of the HRA Plan option under the American Electric Power System Comprehensive Medical Plan (the Plan or Group Health Plan) as in effect on January 1, 2016. A summary of the HSA Basic and the HSA Plus Plan options is contained in a separate booklet.

The summary descriptions of any Plan option is not intended as an employment contract or a guarantee of current or future employment. The Company reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, at any time, at its discretion. Any such action may be taken with or without advance notice to participants, subject to applicable law. The Company further reserves the right to change the amount of required participant contributions for coverage under any option at any time, with or without advance notice to participants.

This Summary Plan Description (SPD) is one of the Plan documents that apply to the benefits described in this booklet. In the event of a conflict between this Summary and any Plan document that is not included in this summary, the applicable Plan documents shall govern. For fully insured benefits, any discrepancy will be governed by the insurance certificates or policies.

The following Claims Administrators have been designated by AEP to provide administrative services for this option under the Plan, such as claims processing, care management, and other services, and to arrange for a network of health care Providers whose services are covered by the Plan:

- Medical Benefit Claims – Anthem Blue Cross and Blue Shield, or “Anthem”
- Behavioral Health Benefit Claims – Magellan Healthcare Inc. or “Magellan”
- Prescription Drug Benefit Claims – Express Scripts, Inc. or “Express Scripts”

Important: This is not an insured benefit Plan. The benefits described in this SPD or any rider or amendments attached hereto are funded by the Employer who is responsible for their payment. Anthem, Magellan and Express Scripts provide administrative claims payment services only and do not assume any financial risk or obligation with respect to claims.

NOTE: As context permits, words and phrases within this document that are denoted with initial capitalization have the meaning ascribed to them within the document itself, or within the “Definitions” section.

Si usted necesita ayuda en español para entender este documento, puede solicitarla gratuitamente llamando a Servicios al Cliente al número que se encuentra en su tarjeta de identificación.

If you need assistance in Spanish to understand this document, you may request it for free by calling Customer Service at the number on your Identification Card.

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Your Medical Plan Options at a Glance

The AEP System Comprehensive Medical Plan offers three consumer-directed health plan options (CDHPs) to eligible employee and to electing eligible retirees and surviving dependents who have not reached age 65. Electing eligible retirees and surviving dependents who have reached age 65 should refer to the separate Summary Plan Description for the AEP Comprehensive Medical Plan applicable to them for additional information regarding their medical benefits.

The FirstCare HMO option is available only in certain ZIP codes in West and Central Texas.

The three CDHP options are:

- **HRA** – CDHP with an AEP-funded Health Reimbursement Account (HRA).
- **HSA Plus** – CDHP with a Health Savings Account (HSA) that allows both AEP funding and optional funding via payroll deduction (for active employees only) or via deposits made directly to the account.
- **HSA Basic** – CDHP with an optional Health Savings Account (HSA) that allows employee funding via payroll deduction (for active employees only) or via deposits made directly to the account.

General medical claims under each of the CDHP options are administered by Anthem Blue Cross and Blue Shield and each is available in all areas.

What's included?

All of AEP's medical plan options include coverage under the prescription drug program, behavioral health and fully covered in-network preventive care (meaning you pay nothing for immunizations, routine annual exams, adult screenings and routine colonoscopies as long as you receive this type of care from in-network providers).

Health Reimbursement Account (HRA plan)

The HRA Plan option provides medical coverage and convenience with an AEP-funded account that is used for covered out-of-pocket costs associated with your medical plan. AEP contributes to your HRA annually. The amount of AEP's contribution depends on the coverage level you elect. Your account is automatically set up by AEP when you enroll in the plan. The money in your HRA gets applied automatically to your medical and prescription drug claims until it is gone. However, until the process can be changed, it relies on you to submit to Anthem the Explanation of Benefits (EOB) forms that you receive from Magellan in order to verify your entitlement to reimbursement from the HRA for expenses you incur for behavioral health services. You cannot make contributions to the HRA account. Any unused balance can be carried over from year to year only if you remain in the HRA plan.

How it works

Preventive care – Services are covered at 100% when you use in-network providers.

Annual deductible – You pay the negotiated cost, up to your annual deductible, except to the extent there is an available balance in your HRA. Medical, prescription drugs and behavioral health claims all accrue toward your annual deductible.

Coinsurance – After your annual deductible is met, you pay 15% (in-network) of the cost of care, except to the extent there is an available balance in your HRA.

Out-of-pocket maximum – Once you reach the out-of-pocket maximum, the plan pays 100% of covered charges. You have no further responsibility for covered expenses under the plan (for the remainder of the current plan year).

Use of network providers – Cost of services and your responsibility for these costs will vary based on if you use in-network or out-of-network providers. Review the plan chart on the next page for more detail on how the plan pays in-network and out-of-network claims.

HRA Plan Option Summary		
Annual Contribution to HRA		
Participant only	\$1,000	
Participant + spouse/domestic partner	\$1,500	
Participant + child(ren)	\$1,500	
Participant + family	\$2,000	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Nonembedded deductible*	
Participant only	\$1,500	\$1,500
Participant + spouse/domestic partner	\$2,250	\$2,250
Participant + child(ren)	\$2,250	\$2,250
Participant + family	\$3,000	\$3,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Nonembedded out-of-pocket maximum**	
Participant only	\$4,000	\$6,500
Participant + spouse/domestic partner	\$6,000	\$9,750
Participant + child(ren)	\$6,000	\$9,750
Participant + family	\$8,000	\$13,000
Coinsurance	15%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	15%, after deductible	15%, after deductible
Brand-name	15%, after deductible	15%, after deductible

* **Non-embedded deductible** – an individual within a family can satisfy the full family deductible or it can be a combination of all family members meeting the full annual family deductible. There is no separate individual deductible limit.

** **Non-embedded out-of-pocket maximum** – an individual within a family can satisfy the full out-of-pocket maximum or it can be a combination of all family members meeting the full family out-of-pocket maximum. There is no separate individual out-of-pocket maximum limit.

*** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

Health Savings Account Plan Options

The Plan offers two options which may provide you the ability to fund a Health Savings Account (HSA).

The HSA Plus plan option provides health care coverage and convenience with an AEP-funded account that you can use for out-of-pocket medical costs. AEP contributes to an HSA that is set up for you in conjunction with your enrolling in this option. The amount of AEP's contribution depends on the coverage level you elect.

The HSA Basic plan provides health care coverage and convenience with an optional employee-funded HSA that you can use for out-of-pocket costs. Unlike the HRA and HSA Plus plan options, there is no annual AEP contribution to your HSA or any other account under this option.

The federal income tax code imposes limitations on the contributions that may be made each year to an individual's health savings account. If you want to learn more about those limitations, you may read IRS Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans). AEP also may impose limitations on the ability of certain individuals to enroll in the HSA Plus Plan option. Please refer to the enrollment guide applicable upon your initial enrollment or any subsequent annual enrollment to learn more about any limitations that may be applicable to you.

You have control of where, when and how you use your HSA funds. You can even save the funds in your HSA account and invest them for future expenses. You also may be able to contribute through payroll deduction on a before-tax basis to your HSA account, up to IRS contribution limits. Your HSA is yours to keep even if you move to another plan or leave AEP. Any unused balance remains in your HSA regardless of whether you remain in the AEP plan or any of its benefit options.

How it works

Preventive care – Services are covered at 100% when you use in-network providers.

Annual deductible – You pay the negotiated cost, up to your annual deductible. Medical, prescription drugs and behavioral health claims all accrue toward the applicable annual deductible.

Coinsurance – After the annual deductible applicable to you has been met, you pay a percentage (in-network – 15% for HSA Plus and 10% for HSA Basic) of the cost of care.

Out-of-pocket maximum – Once you reach the out-of-pocket maximum applicable to you, the plan pays 100% of covered charges. You have no further responsibility for covered charges under the plan for the remainder of the current plan year).

Use of network providers – Cost of services and your responsibility for these costs will vary based on if you use in-network or out-of-network providers. Review the plan charts immediately below for more detail on how each of the HSA Plus and HSA Basic options pay in-network and out-of-network claims.

HSA contribution limits – There is a limit on the amount that can be contributed to your HSA each year. That limit takes into account the contribution made to your HSA by AEP under the HSA Plus option.

HSA Plus Plan Option Summary		
AEP Annual Contribution to HSA		
Participant only	\$500	
Participant + spouse/domestic partner	\$750	
Participant + child(ren)	\$750	
Participant + family	\$1,000	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Nonembedded deductible*	
Participant only	\$2,000	\$3,000
Participant + spouse/domestic partner	\$3,000	\$4,500
Participant + child(ren)	\$3,000	\$4,500
Participant + family	\$4,000	\$6,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Embedded out-of-pocket maximum**	
Participant only	\$4,000	\$6,000
Participant + spouse/domestic partner	\$6,000	\$9,000
Participant + child(ren)	\$6,000	\$9,000
Participant + family	\$8,000	\$12,000
Coinsurance	15%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	15%, after deductible	15%, after deductible
Brand-name	15%, after deductible	15%, after deductible

* **Nonembedded deductible** – an individual within a family can satisfy the full family deductible or it can be a combination of all family members meeting the full annual family deductible. There is no separate individual deductible in the family.

** **Embedded out-of-pocket maximum** – the Plan will pay for all covered expenses of a covered individual within the family once the amount shown as the Participant Only out-of-pocket maximum has been reached. Remaining covered family members' claims will be used toward the out-of-pocket maximum shown for the applicable coverage level.

*** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

HSA Basic Plan Option Summary		
AEP Annual Contribution to HSA	n/a	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Embedded deductible*	
Participant only	\$2,700	\$4,000
Participant + spouse/domestic partner	\$5,400	\$8,000
Participant + 1 child	\$5,400	\$8,000
Participant + child(ren)	\$8,100	\$12,000
Participant + family	\$8,100	\$12,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Embedded out-of-pocket maximum**	
Participant only	\$4,000	\$8,000
Participant + spouse/domestic partner	\$8,000	\$16,000
Participant + 1 child	\$8,000	\$16,000
Participant + child(ren)	\$12,000	\$24,000
Participant + family	\$12,000	\$24,000
Coinsurance	10%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	10%, after deductible	10%, after deductible
Brand-name	10%, after deductible	10%, after deductible

- * **Embedded deductible** – a covered individual within a family can satisfy the amount shown as the Participant Only annual deductible, and Coinsurance will be applied to additional Covered Expenses incurred by that individual. Remaining family members' claims will be used towards the deductible for the applicable coverage level.
- ** **Embedded out-of-pocket maximum** – the Plan will pay for all covered expenses of a covered individual within the family once the amount shown as the Participant Only out-of-pocket maximum has been reached. Remaining covered family members' claims will be used toward the out-of-pocket maximum shown for the applicable coverage level.
- *** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

Please refer to the separate Summary Plan Description for the AEP Comprehensive Medical Plan (HSA Plan Options) for additional information regarding the HSA Plus and HSA Basic plan options.

FirstCare HMO Plan Option

The FirstCare HMO is available in parts of West and Central Texas. You may contact the AEP Benefits Center for assistance in determining whether you are eligible for the FirstCare HMO. You may also contact FirstCare HMO directly for specific plan information at www.firstcare.com.

FirstCare HMO Plan Option Summary	
Plan features (in-network)	You pay
Annual medical deductible	No deductible
Annual medical out-of-pocket maximum (includes medical coinsurance and copays; does not include prescription drugs)	\$3,000 participant/\$6,000 family
Office visit – primary care provider	\$20 copay
Office visit – specialist	\$30 copay
Coinsurance	15%
Annual preventive maximum	No limit
Emergency room	15% coinsurance
Urgent care	\$50 copay
Routine lab/X-rays	No copay
Chiropractic care	\$30 copay; medical director authorization required
Annual prescription deductible	Retail: \$50 individual/\$150 family; Mail: \$0
Annual prescription out-of-pocket maximum	\$1,000 individual /\$3,000 family includes annual prescription deductible)
Generic prescription benefit	Retail: \$10 copay; Mail: \$20 copay
Brand-name prescription benefit	Retail, preferred brand-name drug: 20% coinsurance (\$20 minimum/\$100 maximum)* Retail, nonpreferred brand-name drug: 35% coinsurance (\$35 minimum/\$200 maximum)* Mail, preferred brand-name drug: 20% coinsurance (\$50 minimum/\$200 maximum)* Mail, nonpreferred brand-name drug: 35% coinsurance (\$90 minimum/\$300 maximum)*

* If you purchase a brand-name drug and a generic drug is available, you will pay the generic copay plus the difference in cost between the brand-name and generic drug regardless of your doctor's dispense-as-written instructions. All other rules described in the "Prescription Drug Benefits Program" section of this SPD (such as Exclusive Home Delivery, Preferred Drug Step Therapy, Member Pays Difference, Precertification, Preventive Drugs, Limitations and Exclusions, and the use of in- and out-of-network (participating and non-participating) pharmacies, apply.

Eligibility

Members who do not enroll within 31 days of being eligible are considered Late Enrollees. Please refer to the "Late Enrollees" provision in this section.

Active Employees

This SPD describes the benefits an Employee may receive under this health care Plan. The Employee is also called a Subscriber.

You are eligible to enroll yourself and your eligible dependents on your first day of work if you are classified by AEP as:

- A full-time active employee of a Participating AEP System Company scheduled to work an average of at least 40 hours per week; or

- A part-time active employee scheduled to work an average of at least 20 hours per week.

You are not eligible to participate if you are:

- Not an employee of a Participating AEP System Company; or
- Classified by AEP as a contractor, a temporary employee, a leased employee, or an employee under a collective bargaining agreement not covered under the Plan.

Retirees

You remain eligible to elect medical coverage for yourself and your eligible dependents if you were last hired or rehired by an AEP Participating System Company on or before December 31, 2013 and you are at least age 55 with 10 or more years of service with a Participating AEP Company at retirement. In addition, if you are rehired by a Participating AEP System Company on or after January 1, 2014, you may remain eligible to elect medical coverage for yourself and eligible dependents upon your later retirement if you were eligible to elect retiree medical benefits upon your pre-2014 termination of employment with AEP.

In determining whether a Retiree has met the service requirement, any service provided as a temporary employee, independent contractor, leased employee or otherwise had services based upon a fee or contract, will not be taken into account. You also will be excluded from eligibility if your benefits were the subject of a collective bargaining agreement that does not provide for retiree coverage under this Plan.

The benefits available to an eligible retiree once the Retiree is age 65 and become eligible for Medicare are described in a separate Summary Plan Description booklet. Please contact the AEP Benefits Center if you would like to be provided a copy of the summary plan description currently in effect with respect to those benefits.

Surviving Spouse and Dependent Eligibility

Survivors of Active Employees (not retiree benefit eligible)

Surviving spouses of active employees who were not retiree benefit eligible on the date of death can elect to continue medical coverage until the earlier of age 65 or remarriage, if the surviving spouse was enrolled in the medical plan at the time of the employee's death. Surviving dependent children of an active employee who was not retiree benefit eligible on the date of death can elect to continue medical coverage until they reach the limiting age (see the "Dependent Eligibility" section), if the surviving dependent was enrolled in the medical plan at the time of the employee's death.

Survivors of Active Employees (retiree benefit eligible)

Surviving spouses of active employees who were retiree benefit eligible on the date of death can elect medical coverage until remarriage, if the surviving spouse was enrolled in the medical plan at the time of the employee's death. Surviving dependents of active employees who were retiree benefit eligible on the date of death can elect medical coverage until the limiting age (see the "Dependent Eligibility" section), if the surviving dependent was enrolled in medical coverage at the time of the employee's death.

Survivors of Retirees

Surviving spouses of retirees can elect medical coverage until remarriage, if the surviving spouse was enrolled in the medical plan at the time of the retiree's death. Surviving dependents of retirees can elect medical coverage until the limiting age (see the "Dependent Eligibility" section), if the surviving dependent was enrolled in medical coverage at the time of the retiree's death.

Once a survivor waives or terminates participation in the medical plan, he or she cannot re-elect it. See "When Coverage Ends" section.

Domestic Partners are not eligible for survivor medical benefits. However, AEP will offer COBRA-like coverage to eligible Alternative Family Members. Refer to the "Continuing Medical Coverage through COBRA" section for additional information.

Participating AEP System Companies

Eligibility to participate in the Plan depends, in part, on employment with a Participating AEP System Company (generically called the "company" in this SPD). The list of Participating AEP System Companies includes the following as of January 1, 2016, but their inclusion may change for various reasons, including an amendment to the Plan, or disposition of AEP's interest in the Company:

- American Electric Power Service Corporation
- AEP Energy Partners, Inc.
- AEP Energy Services, Inc.
- AEP Generation Company
- AEP Generating Resources, Inc.
- AEP OnSite Partners, LLC
- AEP Pro Serv, Inc.
- AEP Texas Central Company
- AEP Texas North Company
- Appalachian Power Company
- CSW Energy, Inc.
- Dolet Hills Lignite Company, LLC.
- Indiana Michigan Power Company
- Kentucky Power Company
- Kingsport Power Company
- Ohio Power Company
- Public Service Company of Oklahoma
- River Transportation Division I&MP
- Southwestern Electric Power Company
- Wheeling Power Company

This list is not complete. If you want more information on whether and when a particular AEP System Company participated in the plan, please call the AEP Benefits Center, toll-free, at 1-888-237-2363.

Dependent Eligibility

The AEP Comprehensive Medical Plan allows Employees and Retirees covered by the Plan to purchase coverage for their eligible dependents. Survivors of active employees or Retirees generally cannot enroll any of their own dependents who were not covered by the medical plan at the time of the Employee's or Retiree's death. Covered Dependents are also called Members. Eligible dependents include the Employee's or Retiree's:

Spouse: As defined by state law where you live, including common law marriages. However, a same-sex spouse relationship created under applicable law will be respected regardless of whether the state in which you live recognizes it.

Domestic Partner: AEP no longer allows the addition of domestic partners to coverage under the Plan. Only those same-sex domestic partners enrolled prior to October 28, 2015, are permitted to remain covered, but only through December 31, 2016. Coverage after December 31, 2016 will be limited to those who are legally married. Page No. 26 of 6

To qualify one for coverage as a domestic partner, you and your domestic partner must have certified and declared that you met the criteria below. You and your domestic partner:

- Must be the same gender.
- Must not be related by blood.
- Must be at least 18 years of age or older.
- Must be jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. Your partner need not contribute equally or jointly to the cost of these expenses as long as you both agree that you both are responsible for the cost.
- Must have been living with you in the same residence for at least six consecutive months with the intent to continue doing so indefinitely.
- Must be in a serious and committed relationship.
- Must not be legally married to you or anyone else, in a partnership with another individual, or have had another partner within the prior six months. The determination of whether you are legally married will be determined based upon the law of the state in which you reside or where the marriage takes place.
- Must be legally competent – that is, legally and mentally capable of entering into a legally enforceable contract.
- Must have Affidavit of Domestic Partnership on file at the AEP Benefits Center.

Note: If you terminate your domestic partner relationship, or your domestic partner ceases to satisfy the criteria above for an eligible domestic partner, you must notify the AEP Benefits Center to discontinue your domestic partner from coverage. Failure to do so in a timely manner will not prevent their loss of coverage retroactively but will result in their loss of eligibility to elect COBRA-like continuation coverage.

You may cover your domestic partner whether or not he or she qualifies as your tax dependent. If your domestic partner is not your tax dependent, you will incur imputed income on that benefit coverage.

Children: To qualify for coverage, your dependent child(ren) must be under age 26 and fall into one of the following categories:

- Your natural child or the natural child of your spouse or eligible domestic partner;
- A child legally adopted by you, your spouse or eligible domestic partner or placed with you, your spouse or covered domestic partner for adoption. “Placement for adoption” means the assumption and retention by the Employee of the legal obligation for the total or partial support of a child to be adopted. Placement ends whenever the legal support obligation ends.
- Your foster child;
- A child who resides in your household and for whom you, your spouse or your eligible domestic partner are the court-appointed guardian;
- A child for whom you are required to provide coverage as a result of a Qualified Medical Child Support Order (QMSCO); or
- Any other child you claim as a dependent on your federal income tax return, provided that neither natural parent of the child lives with the child and you are acting as the child’s guardian.

Note: The FirstCare HMO medical plan option also allows you to cover your grandchildren whom you claim as a dependent on your federal income tax return at the time of his or her initial enrollment, regardless of whether the child's natural parent resides with you or you are acting as the grandchild's guardian.

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Disabled Dependents: To qualify for coverage beyond age 26, your disabled child(ren) must meet the criteria listed under the "Children" section above, plus:

- Disability must have occurred prior to attaining age 26.
- The child must remain continuously covered under any of the options available under this Plan.

You must submit proof that the child reaching age 26 is disabled and incapable of self-support within 31 days after he or she reaches age 26. If you are enrolling the child for the first time after the child has already reached age 26, you must submit proof that the child has been disabled and incapable of self-support since age 26 within 31 days after enrolling the child. The Medical Claims Administrator has the right to require, at reasonable intervals, proof that the child continues to be disabled and incapable of self-support. If you fail to submit any required proof or if you refuse to permit a medical examination of the child, he or she will not be considered disabled and therefore not eligible for coverage.

If Both You and Your Eligible Dependent have AEP Benefits

If both you and your spouse, domestic partner or eligible dependents are eligible for the medical plan as an AEP employee or retiree:

- You may each enroll as an employee or retiree, as appropriate; or
- One of you may enroll as an employee or retiree and the other as a spouse, domestic partner or child. Neither of you may be covered as both an employee or retiree and as a dependent.
- Neither you or your spouse or domestic partner can cover the same eligible dependent children.

Tax Considerations When Covering Your Dependents

A number of benefits that AEP offers to its employees receive special tax treatment. For the most part, the special tax provisions allow employees to pay their share of the cost of certain benefits on a before-tax basis and AEP to pay its share of the cost without having to include those payments in the employees' taxable wages.

AEP makes medical coverage available to dependents that may not satisfy the requirements to be treated as dependents for tax purposes, and the employee's contributions for covering those dependents would be paid on an after-tax basis and AEP's share of the cost of covering them would be taxable wages for the employee. If you want more information on the requirements to be treated as a dependent for tax purposes, please call the AEP Benefits Center, toll-free, at 1-888-237-2363.

When you enroll one or more dependents, you will be required to declare whether or not they are considered your federal income tax dependent under Sections 152 and 106 of the Internal Revenue Code for group health coverage purposes.

State Eligibility Laws and ERISA

States sometimes pass laws that require benefit plans to provide coverage and/or benefits to individuals who otherwise are not eligible. For example:

- A state might require an employer to provide coverage to an ex-spouse or to a child who is over age 26 and is not otherwise eligible for medical coverage under the Plan; or
- A particular state law may mandate coverage for a particular condition or medication that is not ordinarily covered by AEP's group health coverage.

While an insurer (e.g., under a fully insured benefit option like the HMO option) is generally required to comply with a particular state law, self-insured plans are exempt from many state mandates. So, if you are enrolled in one of AEP's self-insured benefit options, you should know that a state mandate does not apply to these benefits as a result of the federal law known as ERISA. ERISA contains a preemption provision that supersedes most state laws that "relate to an employee benefit plan."

Enrolling For Coverage

How and When to Make Enrollment Elections and Changes

You can enroll for coverage after you meet the eligibility requirements.

As a New Employee

As a newly eligible employee of a Participating AEP System Company, you will receive information and instructions about how to enroll for your benefits. You must indicate your medical election either online or by phone to the AEP Benefits Center within 31 days of your date of hire. If you do not enroll within 31 days, you will be considered to have elected the default coverage which is the HSA Basic Plan option for yourself only, and to have your share of the cost for that coverage deducted from your paychecks.

Social Security Numbers Generally Required for Enrollment

Under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 ("MMSEA"), the Centers for Medicare & Medicaid Services ("CMS") generally require Social Security numbers (or Tax Identification number for non-USA citizens) for employees and dependents to assist with reporting under the Medicare Secondary Payer requirements.

For a newborn child, the newborn may be enrolled under your coverage without a Social Security number (provided you request the enrollment within 90 days of the birth). However, you should apply for the child's Social Security number as soon as possible and provide it to the AEP Benefits Center.

As a New Retiree

Your coverage in effect as an active employee will automatically continue into retirement. If you are under age 65 at the time of your retirement and enrolled in the AEP Medical Plan, you will continue being enrolled in the same option under the plan, covering the same eligible dependents. If you are over age 65 at the time of your retirement and enrolled in the AEP Medical Plan, you will be automatically enrolled into the Maintenance of Benefit (MOB) option applicable to post-age 65 retiree, covering the same eligible dependents. If you wish to drop coverage or add/remove dependents at the time of your retirement, you must do so by contacting the AEP Benefits Center within 31 days of your retirement. You may NOT change options under the AEP Medical Plan due to your retirement event (although post-age 65 retirees may have the opportunity to select an option other than the default MOB option).

If you are not enrolled in an AEP medical plan option at the time of your retirement, you will continue to not be enrolled until you contact the AEP Benefits Center within 31 days of your retirement.

Late Enrollees

If an Employee or Retiree or their Dependents are not enrolled when first eligible, it generally will be necessary to wait for the next annual enrollment period. However, the Employee or Retiree or their Dependents may be eligible for a mid-year enrollment under certain circumstances. See “Making Changes During the Year” section.

As a New Surviving Dependent

As a new AEP surviving spouse or dependent, if all contributions are paid up to date at the time of the Employee's or Retiree's death, you will automatically be enrolled in the same medical plan option you had as of the date of death if under age 65. You may NOT change medical plan options. If you are over age 65 as of the date of death then you will automatically be enrolled in the Maintenance of Benefit (MOB) plan. If you do not wish to continue coverage as a surviving spouse or dependent (or, if you are over 65 and want to select an option other than the default MOB option), you must contact the AEP Benefits Center within 31 days of the Employee's or Retiree's death. If you choose not to enroll in medical coverage as a surviving spouse or dependent, you will not be able to enroll at a later date, regardless of any changes in employment or family status.

Annual Enrollment

Each year, during a designated Annual Enrollment period, Employees, Retirees and then participating Surviving Dependents will be given the opportunity to enroll in or drop coverage or change coverage elections. Employees and Retirees may change the dependents they cover, Surviving Dependents only would have the opportunity to drop any eligible dependents that they cover. Your Annual Enrollment materials will provide the options available to you and your share of the premium cost, if any, for the coverages you elect. Your materials will also include what actions you must take to continue certain coverages and will explain any applicable default coverage that you will be deemed to have elected if you do not make the required elections by the specified deadline. The elections you make will take effect on January 1 and stay in effect through December 31, unless you have a qualifying change in status that permits you to make a mid-year election change. See “Making Changes During the Year” section.

Making Changes During the Year

In general, after you enroll in benefits (or choose to waive a benefit), you may not add, change or cancel your election choices during the year until the next Annual Enrollment period. However, certain qualifying changes in family or employment status may warrant benefit changes if they are due to and consistent with the qualifying change in family or employment status that affects your eligibility for the coverage. If you experience a qualifying change in status, you can make certain mid-year changes to your medical coverage elections. Examples of these qualifying life events and what you need to do relative to your medical coverage are listed in the “Life Events and Your Coverage” section.

Covering Your Family

When you enroll yourself in medical coverage, you decide if you want to enroll your eligible dependents. You can choose one of the following coverage levels:

- Participant only;
- Participant + Spouse or Domestic Partner (not applicable to surviving dependents);
- Participant + Child(ren) and/or Domestic Partner’s Child(ren) (A surviving spouse or dependent child may enroll the other surviving dependent children); or
- Participant + Family (not applicable to surviving dependents).

You must be enrolled in medical coverage to enroll your eligible dependents. Coverage is provided only for those eligible Dependents the Employee, Retiree and Surviving Dependent has actually enrolled. You should contact the AEP Benefits Center to confirm those enrolled or to add or remove eligible dependents from your coverage at permissible times.

Nondiscrimination

No person who is eligible to enroll will be refused enrollment based on health status, health care needs, genetic information, previous medical information, disability, sexual orientation or identity, gender, or age.

Waiving Coverage

You may waive coverage under the AEP Comprehensive Medical Plan. If you elect to waive coverage for yourself, you automatically waive coverage for your eligible dependents.

Note: If you are an Employee, even if you waive coverage for AEP’s medical plan, you and your covered dependents are eligible to use the Employee Assistance Program (EAP) offered by AEP as a stand-alone benefit at no cost to you. The EAP vendor is Magellan. The EAP offers confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners and dependent children to age 26. EAP services can be accessed by calling Magellan at 1-877-705-4357 or online at www.magelleanhealth.com/member. Please refer to the “Employee Assistance Program” section of this SPD for more details.

Qualified Medical Child Support Order (QMCSO)

In some cases, you may be required by a court or administrative order to cover a dependent child under one or more group health plans. Federal law requires group health plans, including the AEP Comprehensive Medical Plan, to comply with orders from state courts and administrative agencies that meet the requirements to be considered Qualified Medical Child Support Orders (QMCSOs). A QMCSO may require you to add your child as a dependent for medical, dental and vision benefits in some situations, typically a divorce.

You must be enrolled in medical coverage to add a dependent pursuant to a QMCSO. When you receive a QMCSO, you should contact the AEP Benefits Center, toll-free, at 1-888-237-2363 to request a change in coverage. You will also need to forward a copy of the court or administrative order to the AEP Benefits Center. Once you or your dependent furnishes a court or administrative order to the AEP Benefit Center, you and each affected child you will be informed of receipt of the order and will be provided a copy of the procedures for determining if the order is a QMCSO. Subsequently, the interested parties will be notified of the determination. You may also obtain a copy of the QMCSO administrative procedures, free of charge, by contacting the AEP Benefits Center.

Cost of Coverage

Each year, AEP evaluates plan costs and may adjust your cost of coverage for the next year. Your cost may be affected by factors that AEP considers appropriate, such as the availability of other coverage to covered dependents, the time and circumstances applicable to an Employee or Retiree at the time of disability, retirement or death and wellness incentive programs that AEP may implement from time to time. The applicable cost for the upcoming year is made available by the time the Annual Enrollment period for that year begins.

Employees

You and AEP share the cost of your medical coverage. Your monthly contribution for medical coverage is automatically deducted from 24 paychecks per year. For any period that your paycheck is not sufficient to cover your cost, you will have to make payments as directed at that time.

The amount you contribute toward the cost of your benefits generally is determined by:

- The options you choose.
- The number of dependents you cover.

Your contributions generally will be paid through before-tax payroll deductions; however, some benefits or other circumstances may require contributions to be paid with after-tax dollars.

Retirees and Surviving Dependents

If you are covered as a Retiree or Surviving Dependent, your contribution toward the cost of your coverage is paid on an after-tax basis. If you are covered as a Retiree, you may be able to elect payment of your contribution from a monthly annuity being paid to you by the AEP System Retirement Plan (including the portion consisting of the former Central and South West Corporation Retirement Plan). Otherwise, you will receive a monthly billing statement for your medical contributions. Failure to remit payments in a timely manner will result in loss of coverage.

When Coverage Begins

For new hires

If you fail to waive coverage under the AEP Comprehensive Medical Plan within 31 days of your date of hire as an eligible employee, coverage under the option you select (or the option into which you are defaulted) begins on your date of hire. Coverage for your enrolled dependents begins the same day that your coverage begins.

For new retirees

If you timely enroll (or, if your coverage automatically continued, failed to waive coverage) as a retiree, your retiree coverage begins the first of the month following your retirement date.

For newly surviving dependents

If you fail to waive coverage as a surviving dependent, your coverage continues the first of the month following the date of the employee's or retiree's death.

During Annual Enrollment

If you make changes to your medical plan coverage during the Annual Enrollment period, the elected coverage for you and your enrolled dependents begins on January 1 of the following year and continues through December 31.

If You Make Changes During the Year

You must notify the AEP Benefits Center, toll-free, at 1-888-237-2363 within 31 days of a qualifying change in status event (or within 90 days of a birth or adoption), except as otherwise specified. To be qualified, the change that you make to your coverage must be due to and consistent with the event and affect your eligibility for coverage. You also may be required to provide proof of the qualifying status changes. If you make changes to your coverage during the year because of a qualifying status change, the change in your coverage generally will become effective as of the date of your qualifying event.

Refer to the "Life Events and Your Coverage" section for a list of some possible qualifying events and actions you must take if any of these events in your life occur.

Member Rights and Responsibilities

While you are a Member you have rights and responsibilities when receiving health care. As your health care partner, the each Claims Administrator wants to make sure your rights are respected while providing your health benefits. That means giving you access to each Claims Administrator's network health care Providers and the information you need to make the best decisions for your health. As a Member, you should also take an active role in your care.

You have the right to:

- Speak freely and privately with your health care Providers about all health care options and treatment needed for your condition no matter what the cost or whether it is covered under your Plan.
- Work with your Doctors to make choices about your health care.
- Be treated with respect and dignity.
- Expect the Claims Administrator to keep your personal health information private by following the Claims Administrator's privacy policies, and state and Federal laws.
- Get the information you need to help make sure you get the most from your health Plan, and share your feedback. This includes information on:
 - The Claims Administrator's company and services.
 - The Claims Administrator network of health care Providers.
 - Your rights and responsibilities.
 - The rules of your health Plan.
 - The way your health Plan works.
- Make a complaint or file an appeal about:
 - Your health Plan and any care you receive.
 - Any Covered Service or benefit decision that your health Plan makes.
- Say no to care, for any condition, sickness or disease, without having an effect on any care you may get in the future. This includes asking your Doctor to tell you how that may affect your health now and in the future.
- Get the most up-to-date information from a health care Provider about the cause of your illness, your treatment and what may result from it. You can ask for help if you do not understand this information.

You have the responsibility to:

- Read all information about your health benefits and ask for help if you have questions.
- Follow all health Plan rules and policies.
- Choose a Network Primary Care Physician, also called a PCP, if your health Plan requires it.
- Treat all Doctors, health care Providers and staff with respect.
- Keep all scheduled appointments. Call your health care Provider's office if you may be late or need to cancel.
- Understand your health problems as well as your can and work with your health care Providers to make a treatment plan that you all agree on.
- Inform your health care Providers if you don't understand any type of care you are getting or what they want you to do as part of your care plan.
- Follow the health care plan that you have agreed on with your health care Providers.

- Give the Claims Administrator, your Doctors and other health care Providers the information needed to help you get the best possible care and all the benefits you are eligible for under your health Plan. This may include information about other health coverage benefits you have along with your coverage with the Plan.
- Inform Member Services if you have any changes to your name, address or family members covered under your Plan.

Each Claims Administrator wants to provide high quality customer service to the Plan's Members. Benefits and coverage for services given under the Plan are governed by the Employer's Plan and not by this Member Rights and Responsibilities statement.

Contacting the AEP Benefits Center

The AEP Benefits Center is available to assist you with questions regarding your eligibility, enrollment and participation in the Plan. You may contact the AEP Benefits Center at the following address by calling 1-888-237-2363, by visiting the AEP Benefits Center web site (www.ibenefitcenter.com/aep) or by mail at the following address:

AEP Benefits Center
P.O. Box 622
Des Moines IA 50306-0622

HRA Plan Generally

The Maximum Allowed Amount is the amount the Claims Administrator will reimburse for services and supplies which meet its definition of Covered Services, as long as such services and supplies are not excluded under the Member's Plan; are Medically Necessary; and are provided in accordance with the Member's Plan. See the "Definitions" and "Claims Payment" sections for more information.

Under certain circumstances, if the Claims Administrator pays the healthcare Provider amounts that are your responsibility, such as Deductibles or Coinsurance, the Claims Administrator may collect such amounts directly from you. You agree that the Claims Administrator has the right to collect such amounts from you.

Welcome to the Health Reimbursement Account (HRA) Plan!

The Health Reimbursement Account (HRA) plan is an innovative approach to health benefits for eligible Employees of Participating AEP System Companies (generically, the "company" or your "Employer"). With the HRA plan, you have health coverage available to you for which you and the company share the cost. This coverage has two components designed to work together to provide you flexibility and control in choosing the health care services you and your family members receive and in choosing how the cost of these services are paid. Bottom line, the plan is designed to help you — and your family — take control of your health care dollars and decisions.

The HRA Plan – In Brief

The components of the plan are:

1. Health Reimbursement Account (HRA)

As a participant in the HRA plan, the company will make an annual allocation to your own Health Reimbursement Account (HRA). This account is used to cover 100% of your share of the cost of Covered Services, up to the accrued allocation in your account. Covered Services are defined elsewhere in this SPD.

2. Traditional Health Coverage

In addition to your HRA, the plan offers Traditional Health Coverage to protect you and your enrolled dependents to the extent your expenses for Covered Services exceed your annual deductible. This coverage is called Traditional Health Coverage, and is made available by your Employer on a self-insured basis.

3. Preventive Care

The HRA plan also provides 100% coverage for nationally recommended services using Network Providers. Your HRA is not charged and you incur no Out-of-Pocket costs as long as you receive your preventive care from a Network Provider. If you choose to go to an Out-of-Network Provider, your Deductible or Traditional Health Coverage benefits will apply, and the balance in your HRA may be charged.

Any day and dollar limits associated with specific benefits under the plan apply at all times, including while you are using funds from the Health Reimbursement Account, or in the Traditional Health Coverage portion of the plan.

Health Reimbursement Account (HRA)

Through the HRA plan, your Employer makes an annual allocation to a Health Reimbursement Account (HRA) for you and your Covered Dependents (the HRA is a bookkeeping account and not a trust of any sort). Your HRA is used to pay for Covered Services (such as the cost of office visits and lab tests) for you and your eligible dependents.

The HRA is only available for IRC Section 213(d) Qualified Medical Expenses, and even these are subject to the terms of the benefit plan; you can never take amounts out of the HRA in cash for other than the reimbursement of expenses covered under the HRA plan.

The annual company allocation to your HRA is:

HRA Allocation	
Individual Coverage	\$1,000
Employee + Spouse/Domestic Partner	\$1,500
Employee + Child(ren)	\$1,500
Family	\$2,000

NOTE: If you join the HRA plan at any time other than at the beginning of the Plan year (January 1), the initial amount allocated to your HRA will be prorated based on the month on a monthly basis when you joined the Plan.

The HRA approach gives you the opportunity to build your available health care dollars over time. If you don't use the full amount of your HRA each Plan year, unlimited dollars can be rolled over if you are an individual and if you are a family.

NOTE: If you experience a change in family status during the Plan year that results in a reduction in coverage (i.e. from Family to Individual), your allocation will not change until the beginning of the next Plan year. If the change in family status results in an increase in coverage (e.g., from Individual to Family), you will receive an additional prorated allocation equal to a portion of the difference between the levels allocation. If your participation in the HRA plan ends for any reason, any balance in your HRA account will be forfeited back to the company.

Your Deductible is:

Deductible	In-Network	Out-of-Network
Individual	\$1,500	\$1,500
Employee + Spouse/Domestic Partner	\$2,250	\$2,250
Employee + Child(ren)	\$2,250	\$2,250
Family	\$3,000	\$3,000

Note: HRA dollars will be used first as you meet the plan Deductible each Benefit Period. After the applicable Out-of-Pocket Maximum has been met, the Plan will pay 100% of the Maximum Allowable Amount for Covered Expenses.

Any money remaining in the HRA at the end of the year can be carried forward to the next year as long as the Member remains a participant in the HRA plan. The maximum HRA balance that can accumulate in the account is unlimited for individual coverage and for family coverage.

Note: The Deductible applies to all Covered Services you incur in a Benefit Period other than those which the Plan covers at 100% (see, for example, sections describing “Preventive Care” benefits). The Network Deductible and Out-of-Network Deductible are not separate and do accumulate toward each other.

Your Plan has a non-embedded Deductible which means:

- If you, the Subscriber, are the only person covered by this Plan, only the “Individual” amounts apply to you.
- If you also cover Dependents (other family members) under this Plan, the applicable Deductible amounts can be satisfied by you and any other covered family member or a combination of family members. Once the applicable Deductible is met, it is considered met for you and all other covered family members.

Traditional Health Coverage

In addition to your HRA account, the Plan offers additional health coverage to protect you and your covered family members in case you incur health care expenses that exceed the balance in your HRA. This coverage begins once you have both used the balance in your HRA and satisfied the applicable Deductible on Covered Services.

Coinsurance

When using the Traditional Health Coverage, you pay a certain percentage of the cost of Covered Services through Coinsurance. Generally, the Traditional Health Coverage pays 85% of the cost of most In-Network Covered Services and 70% of the Maximum Allowable Cost of most Out-of-Network Covered Services, and your Coinsurance amount is 15% or 30%, as appropriate, until you reach a limit called the Out-of-Pocket Maximum.

Out-of-Pocket Maximum

The Plan's Out-of-Pocket Maximum may be the most that you will pay toward covered health expenses in a Plan year. Once you reach the Out-of-Pocket Maximum under the Plan, the Plan pays 100% of Covered Services for Network Providers and 100% of the Maximum Allowable Amount for Out-of-Network Providers.

Your Out-of-Pocket Maximum is:

Out-of-Pocket Maximum	Network	Out-of-Network
Individual	\$4,000	\$6,500
Employee + Adult	\$6,000	\$9,750
Employee + Child(ren)	\$6,000	\$9,750
Family	\$8,000	\$13,000

Note: The Out-of-Pocket Maximum includes all Deductibles and/or Coinsurance you incur in a Benefit Period (even taking into account the amounts to which your HRA balance is applied).

Once the Out-of-Pocket Maximum is satisfied, no additional Coinsurance will be required for the remainder of the Benefit Period.

Network and Out-of-Network Coinsurance and Out-of-Pocket Maximums are not separate and do accumulate toward each other.

When more than you are covered, the Out-of-Pocket Maximum amount can be satisfied by any covered family member or a combination of covered family members (non-embedded).

Your Plan has a non-embedded Out-of-Pocket Maximum, which means:

- If you, the Subscriber, are the only person covered by this Plan, only the "Individual" amounts apply to you.
- If you also cover Dependents (other family members) under this Plan, the applicable Out-of-Pocket Maximum amounts apply. The applicable Out-of-Pocket Maximum amounts can be satisfied by any covered family member or a combination of covered family members. Once the applicable Out-of-Pocket Maximum is met, it is considered met for all family members.

Note: The Out-of-Pocket Maximum does not include Non-covered services, Services deemed not Medically Necessary by the applicable Claims Administrator, Penalties for non-compliance, or Charges over the Maximum Allowed Amount.

Schedule of Benefits

Other sections of this SPD include additional information about the following:

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Acupuncture	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
ADD/ADHD <ul style="list-style-type: none"> • Attention Deficit Disorders includes Intellectual Disability, Developmental Delays and Learning Disabilities. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Allergy Care		
Testing and Treatment – Physician or Specialist Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Biofeedback	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Blood Processing and Storage	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Consultation, Second Opinion <ul style="list-style-type: none"> • Includes Family Planning. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Dental & Oral Surgery/TMJ Services		
Accidental Injury <ul style="list-style-type: none"> • Covered for treatment of an injury to sound and natural teeth. • Only if treatment is completed within 12 months of the accident. • Care must commence within 90 days of accident. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Oral Surgery – Subject to Medical Necessity – excludes appliances and orthodontic treatment. <ul style="list-style-type: none"> • Dental Anesthesia is covered only if related to a payable oral surgery. • DOES NOT include removal of impacted teeth. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
TMJ – Subject to Medical Necessity <ul style="list-style-type: none"> • Covered for medical treatment (surgical and non-surgical). • Excludes appliances and orthodontic treatment. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Diabetes Maintenance		
Diabetes Education/Diabetic Nutritional Counseling Outpatient Institutional <ul style="list-style-type: none"> • Nutritional Counseling for Diabetes. • May be covered at 100% under certain circumstances – refer to Preventive Care Benefits. • Covered for medical conditions that require a special diet. • Includes gestational. • Diabetic Supply – Covered only for glucometer or insulin infusion pump. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Diagnostic Physician's Services		
Diagnostic services (including second opinion) by a Physician or Specialist Physician – office visit or home visit:		
Physician / Specialist Physician Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Diagnostic X-ray and Lab – office or independent lab. <ul style="list-style-type: none"> • Covered at the In Network benefit level. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Diagnostic services are defined as any claim for services performed to diagnose an illness or Injury.		
Dialysis/Hemodialysis Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network	Page No. 40 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Emergency Room, Urgent Care, and Ambulance Services			
Emergency room for an Emergency Medical Condition <ul style="list-style-type: none"> • Applies to Emergency Medical Condition diagnoses (as defined by Prudent Layperson). All services will be paid at the in Network level of benefit (accidental injury and medical emergency diagnoses pay as emergency). • Quick Care Options. • All other services. 	Deductible then 15% Coinsurance	Covered at the In Network benefit level (See note below)	
Use of the emergency room for non-Emergency Medical Conditions <ul style="list-style-type: none"> • Applies to non-emergency Medical Condition diagnoses (as defined by Prudent Layperson). • Quick Care Options. • All other services. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Urgent Care clinic visit <ul style="list-style-type: none"> • All other services. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Ambulance Services (when Medically Necessary) <ul style="list-style-type: none"> • Land/Air (Air Ambulance will suspend for Medical Necessity). 	Deductible then 15% Coinsurance	Covered at the In Network benefit level at Billed Charges. (See note below)	
Note: Care received Out-of-Network for an Emergency Medical Condition will be provided at the Network level of benefits if the following conditions apply: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following conditions: (1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part. If an Out-of-Network Provider is used, however, you are responsible to pay the difference between the Maximum Allowed Amount and the amount the Out-of-Network Provider charges.			

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Eye Care		
Office visit – medical eye care exams (treatment of disease or Injury to the eye)		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Glasses/Contacts after Cataract Surgery - Limited to one (1) occurrence: includes initial frames, lenses or contacts following Cataract surgery. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hearing Care		
Office visit – Audiometric exam/hearing evaluation test		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Cochlear Implants 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hearing devices/hearing aids, including exams and hearing aid accessories. 	Not Covered	Not Covered
<ul style="list-style-type: none"> • No coverage for hearing loss due to age. 		
High Diagnostic Imaging		
<ul style="list-style-type: none"> • Includes MRI/MRA/CAT/PET/SPECT. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hospital Based Provider services rendered by non-par providers are covered at the In-Network benefit level. 		

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Home Health Care Services <ul style="list-style-type: none"> • Includes Private Duty Nursing and Home Infusion therapy (Services do NOT count toward the Home Health visit maximum.) 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum Home Care visits	120 visits per calendar year combined Network and Out-of-Network (limit not applicable to Behavioral Health benefit)	
Hospice Care Services <ul style="list-style-type: none"> • Respite Care is Not Covered. • Bereavement Counseling is Not Covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hospital Inpatient Services – Precertification Required		
Room and board (Semiprivate or ICU/CCU)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hospital services and supplies (x-ray, lab, anesthesia, surgery (Precertification required), Inpatient Physical Medical Rehab, Inpatient Physical Therapy, etc.)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hospital Inpatient Services – Precertification Required (cont'd)		
Pre-Admission testing	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physician Services:		
▶ Surgeon	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
▶ Anesthesiologist	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
▶ Radiologist	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
▶ Pathologist	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Anesthesiologist, radiologist, and pathologist charges are always paid at the Network level of benefits at Billed Charges when providing Inpatient services.		

Benefits	Network	Out-of-Network	Page No. 43 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Infusion Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Maternity Care (Dependent Daughters are covered) & Other Reproductive Services			
Physician's office: Global care (includes pre- and post-natal delivery)			
Primary Care Physician (includes obstetrician and gynecologist) Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Specialist Physician Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Midwife (Precertification required)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Physician Hospital/Birthing Center Services (Precertification required)			
Physician's services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Newborn nursery services (well baby care)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Circumcision	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Note: Newborn stays in the Hospital after the mother is discharged, as well as any stays exceeding 48 hours for a vaginal delivery or 96 hours for a cesarean section, must be pre-certified.			
Outpatient Institutional <ul style="list-style-type: none"> • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Outpatient Professional/Office Professional Visit <ul style="list-style-type: none"> • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Infertility Services <ul style="list-style-type: none"> • Treatment for underlying medical conditions are covered as medical. • Covered for services to diagnose infertility only. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Maternity Care (Dependent Daughters are covered) & Other Reproductive Services (cont'd)		
<ul style="list-style-type: none"> Treatment of infertility is not covered (except artificial insemination). Artificial Insemination is limited to 6 attempts per lifetime. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Invitro Fertilization – Includes in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), artificial insemination, and reversal of voluntary sterilization.) are Not covered. 	Not Covered	Not Covered
Sterilization Services that do not qualify as “Preventive Care” benefits (Precertification Required for Inpatient procedures)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Sterilizations for women may be covered under the “Preventive Care” benefit. Please see that section in Medical Benefits for further details.		
<ul style="list-style-type: none"> Vasectomy Reversals are Not Covered.	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Contraceptives – that do not qualify as “Preventive Care” benefits <ul style="list-style-type: none"> Spermicide, vaginal ring, hormone patch Depo - Estradiol Cypionate. Covered for birth control as well as medical conditions. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Medical Supplies and Equipment		
Medical Supplies	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Durable Medical Equipment (DME) <ul style="list-style-type: none"> (Purchase & Rental) 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Orthotics <ul style="list-style-type: none"> Foot (Foot Orthotics based on Medical Necessity) and shoe 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Medical Supplies and Equipment (cont'd)		
Prosthetic Appliances (external) • Wigs/Toupees limited to one per Benefit Period, subject to Medical Necessity.	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Nutritional Counseling for Non-Diabetes • May be considered Preventive Care Benefits under certain circumstances. • Eating Disorders are covered. • Covered for medical conditions that require a special diet.	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Nutritional Counseling for Eating Disorders	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Outpatient Hospital/Facility Services		
Outpatient facility	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Lab and x-ray services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Outpatient Physician services (surgeon, anesthesiologist, radiologist, pathologist, etc.)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physician Services (Home and Office Visits)		
Primary Care Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Office Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network	Page No. 46 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Physician Services (Home and Office Visits) (cont'd)			
Online Visits from LiveHealth Online Provider	Not Covered	Not Covered	
Prescription Injectables/Prescription Drugs Dispensed in the Physician's Office	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Prescription Drugs (other than Preventive Care)			
Generic	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance	
Brand-name	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance	
Preventive Services (regardless of Provider or setting where Preventive care is provided)	Covered at 100%	Deductible then 30% Coinsurance	
Contraceptives — qualify as “Preventive Care” benefit <ul style="list-style-type: none"> • IUDs, injections for Depo-Provera, diaphragm fittings, and any other FDA approved birth control devices (other than the ones listed above that do not qualify as “Preventive Care” benefits). <ul style="list-style-type: none"> – Covered based on the diagnosis restriction within the “Preventive Care” benefits. 	Covered at 100%	Deductible then 30% Coinsurance	
Other Preventive Services			
Routine eye exams	Not Covered	Not Covered	
Routine hearing exams <ul style="list-style-type: none"> • Limited to one per calendar year. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Routine Foot Care <ul style="list-style-type: none"> • Foot Orthotics may be covered as DME. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	
Note: Preventive Care treatment generally applied to Covered Services only when claim submitted with a “well” diagnosis.			
Retail Health Clinics	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance	

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Skilled Nursing Facility	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Maximum days 	120 days per calendar year combined Network and Out-of-Network.	
Surgical Services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Bariatric Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<p>Blue Distinction Bariatric Services Benefit: This benefit description applies to the Bariatric surgery, the pre-determination of eligibility by the Blue Distinction (BD) Bariatric Specialty Care Management unit, travel to a BD Designated Center of Excellence (COE) provider associated with the surgery event, and the after care provided by the BD Bariatric Specialty Care Management unit only.</p>		
<p>Designated BD Bariatric COE: For the Covered Bariatric Procedure, you will pay 5% of the Maximum Allowable Amount for Bariatric Surgery facility.</p>		
<p>Prior to and after the Covered Bariatric Procedure, Covered Services will be paid as Inpatient Services, Outpatient Services or Physician Home Visits and Office Services depending where the service is performed.</p>		
<p>Out of Network Bariatric provider: You will pay 30% of the Maximum Allowable Amount for a Bariatric procedure performed at an Out-of-Network facility.</p>		
<p>Transportation and Lodging – Distance the patient must live from the surgical facility to use this benefit: 50 Miles. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Facility must be 50 miles from member's residence.</p>		
<p>Participation in Anthem BD Bariatric Specialty Care Management Program is required for benefits to be considered.</p>		

Benefits		Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Blue Distinction Centers+/Blue Distinction Centers Transplant Surgery Benefit			
Designated BDC+ Provider for Transplant Surgery Procedures	Designated BDC Provider for Transplant Surgery procedures	PAR (Network) Transplant Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Transplant Provider
Benefit Limits for Covered Transplant Procedure:			
For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Transplant Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Applicable Deductibles apply	Applicable Deductibles apply	Applicable Deductibles apply.	Applicable Deductibles apply.

Benefits	Network	Out-of-Network	Page No. 49 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Live Donor Searches			
Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 85% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 70% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.
Bone Marrow Donor Search			
Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant
Organ Transplants (institutional)			
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 85% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount
Organ Transplants (professional)			
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 85% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount

Benefits	Network	Out-of-Network	Page No. 50 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Blue Distinction Cardiac Surgery Benefit			
Designated BDC+ Provider for Cardiac Procedures	Designated BDC Provider for Cardiac procedures	PAR (Network) Cardiac Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Cardiac Provider

Benefits	Network	Out-of-Network	Page No. 51 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Benefit Limits for Covered Cardiac Procedure:			
For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Cardiac Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.	Out-of-Network Deductibles will apply.

Benefits	Network	Out-of-Network	Page No. 52 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	<p>Not Covered</p>	<p>Not Covered</p>

Benefits	Network	Out-of-Network	Page No. 53 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Blue Distinction Orthopedic Surgery Benefit			
Designated BDC+ Provider for Knee/Hip Replacements & Spine Surgery Procedures	Designated BDC Provider for Knee/Hip Replacements & Spine Surgery procedures	PAR (Network) Orthopedic Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Orthopedic Provider
Benefit Limits for Covered Orthopedic Procedure:			
For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Orthopedic Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.	Out-of-Network Deductibles will apply.

Benefits	Network	Out-of-Network	Page No. 54 of 6
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Telehealth Visits			
<ul style="list-style-type: none"> • Includes Teladoc. • All other providers are NOT Covered. Please contact Customer Service for additional information.		Deductible then 15% Coinsurance	Not Covered

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Therapy Services (Outpatient)		
Physician – Coinsurance, per visit	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician or other – Coinsurance per visit	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physical Therapy Occupational Therapy Speech Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<p>Note: Coverage is provided for Physical, Occupational, and Speech therapy services when used for treatment of a congenital defect, condition, sickness, or injury. To be covered, the therapy services must be rendered in accordance with a physician's prescription. Therapy is covered for developmental delays. Learning disabilities are excluded.</p>		
Chiropractic Care – Maximum per calendar year	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
	15 Visit Maximum Includes all services performed by a Chiropractor. Combined In and Out-of-Network. Massage Therapy is covered when performed by a chiropractor, and included in the chiropractic maximum.	
Cardiac Rehabilitation	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Radiation Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Chemotherapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Respiratory Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Vision Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<p>Note: Inpatient therapy services will be paid under the Inpatient Hospital benefit.</p>		
Transgender Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplants			
<p>Any Medically Necessary human organ and stem cell/bone marrow transplant and transfusion as determined by the Medical Claims Administrator including necessary acquisition procedures, collection and storage, including Medically Necessary preparatory myeloablative therapy.</p> <p>The Center of Excellence requirements do not apply to Cornea and kidney transplants; and any Covered Services, related to a Covered Transplant Procedure, received prior to or after the Transplant Benefit Period.</p> <p>Note: Even if a Hospital is a Network Provider for other services, it may not be a Network Transplant Provider for these services. Please be sure to contact the Medical Claims Administrator to determine which Hospitals are Network Transplant Providers. (When calling Customer Service, ask to be connected with the Transplant Case Manager for further information.)</p>			

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplant Benefit Period			
	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period. (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period. (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues to the date of discharge.
Covered Transplant Procedure during the Transplant Benefit Period	Deductible then 5% Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Care coordinated through a Network Transplant Provider/ Center of Excellence subject to Deductible. When performed by Out-of-Network Transplant Provider, you are responsible for any charges from the Out-of-Network Transplant Provider which exceeds the Maximum Allowed Amount.			
Bone Marrow & Stem Cell Transplant (Inpatient & Outpatient)	Deductible then 5% Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Includes unrelated donor search up to \$30,000 per transplant.			

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Live Donor Health Services (including complications from the donor procedure for up to six weeks from the date of procurement)	Deductible then 5% Coinsurance, as approved, up to a \$30,000 benefit limit	Deductible then 15% Coinsurance, as approved, up to a \$30,000 benefit limit	Covered, as approved, up to a \$30,000 benefit limit. You are responsible for Deductible then 30% Coinsurance of search charges. These charges will NOT apply to the Out-of-Pocket Maximum.
Eligible Travel and Lodging – <ul style="list-style-type: none"> • Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. (Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant/Center of Excellence facility). Meals are not covered. • Transportation for two companions if the patient is a minor child. • Travel is reimbursed for patient and companion. 	Covered at 100%	Covered at 100%	Not Covered
All Other Covered Transplant Services	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received

Health and Wellness Programs

Anthem offers a number of programs intended to assist in achieving health and wellness objectives. A number of these are described in this section.

If you would like to learn more about the health and wellness programs offered by other vendors assisting with the administration of the Plan, please call the number on the back of your Identification Card or exploring their respective websites:

Anthem: www.anthem.com;

Magellan: www.magellanhealth.com; and

Express Scripts: www.express-scripts.com.

Quick Care Options

Quick Care Options helps to raise your awareness about appropriate alternatives to Hospital emergency rooms (ERs). When you need care right away, Retail Health Clinics and Urgent Care centers can offer appropriate care for less cost and leave the ER available for actual emergencies. Quick Care Options educates you on the availability of ER alternatives for non-urgent diagnoses and provides the Provider finder website to support searches for ER alternatives.

ComplexCare

The ComplexCare program reaches out to you if you are at risk for frequent and high levels of medical care in order to offer support and assistance in managing your health care needs. ComplexCare empowers you for self-care of your condition(s), while encouraging positive health behavior changes through ongoing interventions. ComplexCare nurses will work with you and your Physician to offer:

- Personalized attention, goal planning, health and lifestyle coaching.
- Strategies to promote self-management skills and medication adherence.
- Resources to answer health-related questions for specific treatments.
- Access to other essential health care management programs.
- Coordination of care between multiple Providers and services.

The program helps you effectively manage your health to achieve improved health status and quality of life, as well as decreased use of acute medical services.

ConditionCare Programs

ConditionCare programs help maximize your health status, improve health outcomes and control health care expenses associated with the following prevalent conditions:

- Asthma (pediatric and adult).
- Diabetes (pediatric and adult).
- Heart failure (HF).
- Coronary artery disease (CAD).
- Chronic obstructive pulmonary disease (COPD).

You will receive:

- 24/7 phone access to a nurse coach who can answer your questions and give you up-to-date information about your condition.
- A health review and follow-up calls if you need them.
- Tips on prevention and lifestyle choices to help you improve your quality of life.

Future Moms

The Future Moms program offers a guided course of care and treatment, leading to overall healthier outcomes for mothers and their newborns. Future Moms helps routine to high-risk expectant mothers focus on early prenatal interventions, risk assessments and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues. The program consists of nurse coaches supported by pharmacists, registered dietitians, social workers and medical directors. You will receive:

- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions.
- *Your Pregnancy Week by Week*, a book to show you what changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your Physician and your Future Moms nurse coach track your pregnancy and spot possible risks.

MyHealth Coach

MyHealth Coach serves as a personal health guide for individuals and their families. Each coach provides education, counseling, tools and support to help you navigate the health care system and make wise decisions. MyHealth Coach is available if you are experiencing health issues or need assistance managing lifestyle issues. MyHealth Coach primarily uses the following:

- Coaching for education and self-care via web-based, self-help tools and the program's 24/7 NurseLine.
- Collaborative goal planning and intervention strategies with you.
- Facilitation, coordination and referral to necessary services.
- Incorporating clinical resources such as pharmacists, social workers and dietitians.
- Mailed and telephonic education, including healthy living support through the Healthwise Knowledgebase®.

The coach works with you and your family to create an individualized program that features personalized goals to ensure you are following your Provider's plan of care.

24/7 NurseLine

You may have emergencies or questions for nurses around-the-clock. 24/7 NurseLine provides you with accurate health information any time of the day or night. Through one-on-one counseling with experienced nurses available 24 hours a day via a convenient toll-free number, you can make more informed decisions about the most appropriate and cost-effective use of health care services. A staff of experienced nurses is trained to address common health care concerns such as medical triage, education, access to health care, diet, social/family dynamics and mental health issues. Specifically, the 24/7 NurseLine features:

- A skilled clinical team – RN license (BSN preferred) that helps Members assess systems, understand medical conditions, ensure Members receive the right care in the right setting and refer you to programs and tools appropriate to your condition.
- Bilingual RNs, language line and hearing impaired services.
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics.
- Proactive callbacks within 24 to 48 hours for Members referred to 911 emergency services, poison control and pediatric Members with needs identified as either emergent or urgent.
- Referrals to relevant community resources.

MyHealth Advantage

Under the MyHealth Advantage program, Anthem will review your incoming health claims to see if Anthem can save you any money. Anthem can check to see what medications you are taking and alert your Physician if Anthem spots a potential drug interaction. Anthem also keeps track of your routine tests and checkups, reminding you to make these appointments by mailing you MyHealth Notes. MyHealth Notes summarize your recent claims. From time to time, Anthem may offer tips to save you money on Prescription Drugs and other health care supplies.

AIM Imaging Cost & Quality Program

The Imaging Cost & Quality Program is available to Anthem Blue Cross Blue Shield Members through AIM Specialty Health. This Program provides you with access to important information about imaging services you might need. This Program is **not** a benefit under the Plan.

If you need an MRI or a CT scan, it's important to know that costs can vary quite a bit depending on where you go to receive the service. Sometimes the differences are significant — anywhere from \$300 to \$3000 — but a higher price doesn't guarantee higher quality. If your benefit plan requires you to pay a portion of this cost (like a Deductible or Coinsurance) where you go can make a very big difference to your wallet.

That's where the AIM Imaging Cost & Quality Program comes in — AIM does the research for you and makes it available to help you find the *right* location for your MRI or CT scan. Here's how the Program works:

- Your Physician refers you to a radiology Provider for an MRI or CT scan;
- AIM works with your Physician to help make sure that you are receiving the right test — using evidence-based guidelines;
- AIM also reviews the referral to see if there are other Providers in your area that are high quality but have a lower price than the one you were referred to;
- If AIM finds another Provider that meets the quality and price criteria, AIM will give you a call to let you know; and,
- You have the choice – You can see the radiology Provider your Physician suggested OR you can choose to see a provider that AIM tells you about. AIM will even help you schedule an appointment with the new Provider.

The AIM Imaging Cost & Quality Program gives you the opportunity to reduce your health care expenses (and those of your Employer) by selecting high quality, lower cost Providers or locations. No matter which Provider you choose, there is no effect on your health care benefits. This Program is being made available to you to give you information that helps you to make informed choices about where to go when you need care.

Sleep Study Program

The Sleep Management Program is a program that helps your Physician make better informed decisions about your treatment. It is administered by AIM Specialty Health which is a wholly-owned division of Anthem Blue Cross Blue Shield. The Sleep Management Program includes outpatient and home sleep testing and therapy. If you require sleep testing, depending on your medical condition, you may be asked to complete the sleep study in your home. Home sleep studies provide the added benefit of reflecting your normal sleep pattern while sleeping in the comfort of your own bed versus going to an outpatient facility for the test.

As part of this program, you are required to obtain precertification for:

- Home sleep tests (HST).
- In-lab sleep studies (polysomnography or PSG, a recording of behavior during sleep).
- Titration studies (to determine the exact pressure needed for treatment).
- Treatment orders for equipment, including positive airway pressure devices (APAP, CPAP, BPAP, and ASV), oral devices and related supplies.

If you need ongoing treatment, AIM will review your care quarterly to assure that medical criteria are met for coverage. Your equipment supplier or your Physician will be required to provide periodic updates to ensure clinical appropriateness. Ongoing claim approval will depend partly on how you comply with the treatment your Physician has ordered. Page No. 62 of 6

Please talk to your Physician about getting approval for any sleep testing and therapy equipment and supplies. If you do not contact Anthem before receiving services, it may be more difficult for you to obtain approval for your benefit claim.

How Your Plan Works

Note: Capitalized terms such as Covered Services, Medical Necessity, and Out-of-Pocket Maximum are defined in the “Definitions” Section.

Introduction

Your health Plan is a Preferred Provider Organization (PPO) plan, which is a comprehensive Plan. The Plan is divided into two sets of benefits: Network and Out-of-Network. If you choose a Network Provider, you will receive Network benefits. Utilizing this method means you will not have to pay as much money; your Out-of-Pocket expenses will be higher when you use Out-of-Network Providers.

Providers are compensated using a variety of payment arrangements, including fee for service, per diem, discounted fees, and global reimbursement.

All Covered Services must be Medically Necessary, and coverage or certification of services that are not Medically Necessary may be denied.

Network Services

When you use a Network Provider or get care as part of an Authorized Service, Covered Services will be covered at the Network level. Regardless of Medical Necessity, benefits will be denied for care that is not a Covered Service. The Plan has the final authority to decide the Medical Necessity of the service.

Network Providers include Primary Care Physicians/Providers (PCPs), Specialists (Specialty Care Physicians/Providers - SCs), other professional Providers, Hospitals, Pharmacies and other Facilities who contract with one of the Claims Administrators to provide Covered Services for you. Referrals are never needed to visit a PCP, Network Specialist or other professional Provider, including behavioral health Providers.

To see a PCP, Network Specialist or other professional Provider, call their office:

- Tell them you are an Anthem or Magellan (as applicable) Member.
- Have your Member Identification Card handy. The Provider's office may ask you for your group or Member ID number.
- Tell them the reason for your visit.

When you go to the office, be sure to bring your Member Identification Card with you.

For services from Network Providers:

1. You will not need to file claims to get credit against your applicable Deductible or Out-of-Pocket Maximum. Network Providers will file claims for Covered Services for you. (You will still need to pay any Coinsurance and/or Deductibles that apply.) You may be billed by your Network Provider(s) for any Non-Covered Services you get or when you have not followed the terms of this SPD.¹
2. Precertification will be done by the Network Provider. (See the “Health Care Management – Precertification” section for further details.)

Please read the “Claims Payment” section for additional information on Authorized Services.

After Hours Care

If you need care after normal business hours, your PCP may have several options for you. You should call your PCP’s office for instructions if you need care in the evenings, on weekends, or during the holidays and cannot wait until the office reopens. If you have an Emergency, call 911 or go to the nearest emergency services provider.

Out-of-Network Services

When you do not use a Network Provider or get care as part of an Authorized Service, Covered Services are covered at the Out-of-Network level, unless otherwise indicated in this SPD.

For services from an Out-of-Network Provider:

- The Out-of-Network Provider can charge you the difference between their bill and the Plan’s Maximum Allowed Amount plus any Deductible and/or Coinsurance;
- You may have higher cost sharing amounts (i.e., Deductibles and Coinsurance);
- You will have to pay for services that are not Medically Necessary;
- You will have to pay for Non-Covered Services;
- You may have to file claims; and
- You must make sure any necessary Precertification is done. (Please see “Health Care Management – Precertification” for more details.)

How to Find a Provider in the Network

There are three ways you can find out if a Provider or facility is in the Network for this Plan. You may also be able to find out where they are located and details about their license or training.

- See your Plan’s directory of Network Providers at www.anthem.com or www.magellanhealth.com/member, which lists the Doctors, Providers, and facilities that participate in this Plan’s Network. The Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to check the correct Network directory for the care you are seeking. To determine whether a retail pharmacy is a Network Provider as participating pharmacy, log into the Express Scripts website (www.express-scripts.com), select “Locate a Pharmacy” from the “Manage Prescriptions” menu and search by ZIP code or city and state.

¹ To obtain a reimbursement from your HRA in connection with behavioral health services, You may need to file with Anthem a copy of your Explanation of Benefit (EOB) provided by Magellan and/or a copy of your itemized bill or receipt from your Provider along with a an Qualified Health Expense (QHE) form. To obtain the QHE form, please contact Magellan or Anthem.

- Call Customer Service at Anthem, Magellan or Express Scripts at the number on your plan Identification Card to ask for a list of doctors, Providers or pharmacies that participate in this Plan's Network, based geographic area, and specialty (if applicable).
- Check with your doctor, Provider or pharmacy.

Health Care Management – Precertification

Your Plan includes the processes of Precertification and Post Service Clinical Claims Review to determine when services should be covered by your Plan. Their purpose is to promote the delivery of cost-effective medical care by reviewing the use of procedures and, where appropriate, the setting or place of service that they are performed. Your Plan requires that Covered Services be Medically Necessary for benefits to be provided. When setting or place of service is part of the review, services that can be safely provided to you in a lower cost setting will not be Medically Necessary if they are performed in a higher cost setting.

Prior Authorization: Network Providers are required to obtain Precertification in order for you to receive benefits for certain services. Precertification will be based on multiple sources including medical policy, clinical guidelines, and pharmacy and therapeutics guidelines. The applicable Claims Administrator may determine that a service that was initially prescribed or requested is not Medically Necessary if you have not previously tried alternative treatments which are more cost effective.

If you have any questions regarding the information contained in this section, you may call the Customer Service telephone number for the applicable Claims Administrator on your Identification Card or visit www.anthem.com or www.magellanhealth.com/member.

Types of Requests:

Precertification – A required review of a service, treatment or admission for a benefit coverage determination which must be obtained prior to the service, treatment or admission start date. For emergency admissions, you, your authorized representative or Physician must notify the Claims Administrator within two business days after the admission or as soon as possible within a reasonable period of time. For childbirth admissions, Precertification is not required unless there is a complication and/or the mother and baby are not discharged at the same time.

Post Service Clinical Claims Review – A retrospective review for a benefit coverage determination to determine the Medical Necessity or Experimental/Investigative nature of a service, treatment or admission that did not require Precertification. Medical reviews occur for a service, treatment or admission in which the Claims Administrator has a related clinical coverage guideline and may be initiated by you or the Claims Administrator.

If You Fail to Obtain Precertification:

IMPORTANT NOTE: IF YOU OR YOUR NON NETWORK PROVIDER DO NOT OBTAIN THE REQUIRED PRECERTIFICATION, THE CLAIMS WILL BE DENIED FOR NO PRECERTIFICATION. ONCE INFORMATION IS RECEIVED CLAIMS CAN BE RE-OPENED BASED ON MEDICAL INFORMATION PROVIDED. ANY SERVICES OR DAYS FOUND NOT TO BE MEDICALLY NECESSARY WILL NOT BE COVERED.

The following list is not all inclusive and is subject to change; please call the Customer Service telephone number on your Identification Card to confirm the most current list and requirements for your Plan.

Medical:

- Inpatient Admission for Medical or Behavioral Health care
- Elective Admissions for Medical or Behavioral Health care
- Emergency Admissions for Medical or Behavioral Health care (require notification no later than two business after admission)
- Bariatric Surgery
- Maternity Admission Precertification only needed if inpatient stay exceeds 48 hours for normal delivery and 96 hours after a cesarean delivery.
- Acute Inpatient Rehabilitation
- Home Health Care (includes Home Infusion billed by Home Health Care agency)
- Home Infusion Therapy (billed by home infusion specialist)
- Visiting Nurses, Private Duty Nursing (Home)
- Skilled Nursing Facility (SNF)
- Hospice (inpatient and outpatient)
- Organ and Tissue Transplant (inpatient and outpatient)
- Bone Marrow and Stem Cell Transplant (inpatient and outpatient)
- Air Ambulance
- American Imaging Management (AIM-IHM)

Utilizing a Provider outside of the Network may result in significant additional financial responsibility for you, because your health benefit plan cannot prohibit Out-of-Network Providers from billing you for the difference between the Provider's charge and the benefit the Plan provides.

The ordering Provider, facility or attending Physician should contact the applicable Claims Administrator to request a Precertification review ("requesting Provider"). The Claims Administrator will work directly with the requesting Provider for the Precertification request. However, you may designate an authorized representative to act on your behalf for a specific request. The authorized representative can be anyone who is 18 years of age or older.

The Claims Administrator will utilize its clinical coverage guidelines, such as medical policy, clinical guidelines, preventative care clinical coverage guidelines, and other applicable policies and procedures to assist in making Medical Necessity decisions. The Claims Administrator reserves the right to review and update these clinical coverage guidelines periodically. The terms of the Plan will be used to determine whether a particular service is covered.

You are entitled to receive, upon request and free of charge, reasonable access to any documents relevant to your benefits request. To request this information, contact the Customer Service telephone number on your Identification Card.

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The Claims Administrator may, from time to time, waive, enhance, modify or discontinue certain medical management processes (including utilization management, case management, and disease management) if at the Claims Administrator's discretion, such change is in furtherance of the provision of cost effective, value based and/or quality services.

In addition, the Claims Administrator may select certain qualifying Providers to participate in a program that exempts them from certain procedural or medical management processes that would otherwise apply. The Claims Administrator may also exempt your claim from medical review if certain conditions apply.

Just because the Claims Administrator exempts a process, Provider or claim from the standards which otherwise would apply, it does not mean that the Claims Administrator will do so in the future, or will do so in the future for any other Provider, claim or Member. The Claims Administrator may stop or modify any such exemption with or without advance notice.

You may determine whether a Provider is participating in certain programs by contacting the customer service number on the back of your Identification Card.

The Claims Administrator also may identify certain Providers to review for potential fraud, waste, abuse or other inappropriate activity if the claims data suggests there may be inappropriate billing practices. If a Provider is selected under this program, then the Claims Administrator may use one or more clinical utilization management guidelines in the review of claims submitted by this Provider, even if those guidelines are not used for all Providers delivering services to this Plan's Members.

Request Categories:

- **Urgent** – A request for Precertification that in the opinion of the treating Provider or any Physician with knowledge of the Member's medical condition, could in the absence of such care or treatment, seriously jeopardize the life or health of the Member or the ability of the Member to regain maximum function or subject the Member to severe pain that cannot be adequately managed without such care or treatment.
- **Prospective** – A request for Precertification that is conducted prior to the service, treatment or admission.
- **Concurrent/Continued Stay Review** - A request for Precertification that is conducted during the course of treatment or admission.
- **Retrospective** – A request for Precertification that is conducted after the service, treatment or admission has occurred. Post Service Clinical Claims Review is also retrospective. Retrospective review does not include a review that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication of payment.

Decision and Notification Requirements

Timeframes and requirements listed are based in general on Federal regulations. You may call the telephone number on your Identification Card for additional information.

Request Category	Timeframe Requirement for Decision and Notification
Prospective Urgent	72 hours from the receipt of request
Prospective Non-Urgent	15 calendar days from the receipt of the request
Concurrent/Continued Stay Review when hospitalized at time of request	72 hours from request and prior to expiration of current certification
Other Concurrent/Continued Stay Review Urgent when request is received more than 24 hours before the expiration of the previous authorization	24 hours from the receipt of the request
Concurrent/Continued Stay Review Urgent when request is received less than 24 hours before the expiration of the previous authorization or no previous authorization exists	72 hours from the receipt of the request
Concurrent/Continued Stay Review Non-Urgent for ongoing outpatient treatment	15 calendar days from the receipt of the request
Retrospective	30 calendar days from the receipt of the request

If additional information is needed to make a decision, the Claims Administrator will notify the requesting Provider and send written notification to you or your authorized representative of the specific information necessary to complete the review. If the Claims Administrator does not receive the specific information requested or if the information is not complete by the timeframe identified in the written notification, a decision will be made based upon the information in the Claims Administrator's possession.

The Claims Administrator will provide notification of its decision in accordance with Federal regulations.

Notification may be given by the following methods:

- **Verbal:** oral notification given to the requesting Provider via telephone or via electronic means if agreed to by the Provider.
- **Written:** mailed letter or electronic means including email and fax given to, at a minimum, the requesting Provider and the Member or authorized Member representative.

Precertification does not guarantee coverage for or payment of the service or procedure reviewed. For benefits to be paid, on the date you receive service:

1. You must be eligible for benefits;
2. The service or surgery must be a Covered Service under your Plan;
3. The service cannot be subject to an exclusion under your Plan; and
4. You must not have exceeded any applicable limits under your Plan.

Individual Case Management

The Claims Administrator's individual health plan case management programs (Case Management) helps coordinate services for Members with health care needs due to serious, complex, and/or chronic health conditions. The Claims Administrator's programs coordinate benefits and educate Members who agree to take part in the Case Management program to help meet their health-related needs.

The Claims Administrator's Case Management programs are confidential and voluntary and are made available at no extra cost to you. These Case Management programs are separate from any Covered Services you are receiving. Page No. 68 of 6

If you meet program criteria and agree to take part, the Claims Administrator will help you meet your identified health care needs. This is reached through contact and team work with you and/or your authorized representative, treating Physician(s), and other Providers.

In addition, the Claims Administrator may assist in coordinating care with existing community-based programs and services to meet your needs. This may include giving you information about external agencies and community-based programs and services.

Medical Benefits

Payment terms apply to all Covered Services. Please refer to the Schedule of Benefits for details. All Covered Services must be Medically Necessary, whether provided through Network Providers or Out-of-Network Providers.

Acupuncture

Treatment of neuromusculoskeletal pain by an acupuncturist who acts within the scope of their license. Treatment involves using needles along specific nerve pathways to ease pain.

Ambulance Service

Medically Necessary Ambulance Services are a Covered Service when one or more of the following criteria are met:

- You are transported by a state licensed vehicle that is designed, equipped, and used only to transport the sick and injured and staffed by Emergency Medical Technicians (EMT), paramedics, or other certified medical professionals. This includes ground, water, fixed wing, and rotary wing air transportation.
- For ground ambulance, you are taken:
 - From your home, the scene of an accident or Medical Emergency to a Hospital;
 - Between Hospitals, including when the Medical Claims Administrator requires you to move from an Out-of-Network Hospital to a Network Hospital;
 - Between a Hospital and a Skilled Nursing Facility or other approved Facility.
- For air or water ambulance, you are taken:
 - From the scene of an accident or Medical Emergency to a Hospital;
 - Between Hospitals, including when the Medical Claims Administrator requires you to move from an Out-of-Network Hospital to a Network Hospital;
 - Between a Hospital and an approved Facility.

Ambulance Services are subject to Medical Necessity reviews by the Medical Claims Administrator. Emergency ambulance services do not require Precertification and are allowed regardless of whether the Provider is a Network or Out-of-Network Provider.

Non-Emergency ambulance services are subject to Medical Necessity reviews by the Medical Claims Administrator. When using an air ambulance, for non-Emergency transportation, the Medical Claims Administrator reserves the right to select the air ambulance Provider. If you do not use the air ambulance Provider the Medical Claims Administrator selects, the Out-of-Network Provider may bill you for any charges that exceed the Plan's Maximum Allowed Amount.

You must be taken to the nearest Facility that can give care for your condition. In certain cases the Medical Claims Administrator may approve benefits for transportation to a Facility that is not the nearest Facility.

Benefits also include Medically Necessary treatment of a sickness or Injury by medical professionals from an ambulance service, even if you are not taken to a Facility.

Ambulance Services are not covered when another type of transportation can be used without endangering your health. Ambulance Services for your convenience or the convenience of your family or Physician are not a Covered Service.

Other non-covered Ambulance Services include, but are not limited to, trips to:

- A Physician's office or clinic; or
- A morgue or funeral home.

Important Notes on Air Ambulance Benefits

Benefits are only available for air ambulance when it is not appropriate to use a ground or water ambulance. For example, if using a ground ambulance would endanger your health and your medical condition requires a more rapid transport to a Facility than the ground ambulance can provide, the Plan will cover the air ambulance. Air ambulance will also be covered if you are in an area that a ground or water ambulance cannot reach.

Air ambulance will not be covered if you are taken to a Hospital that is not an acute care Hospital (such as a Skilled Nursing Facility), or if you are taken to a Physician's office or your home.

Hospital to Hospital Transport

If you are moving from one Hospital to another, air ambulance will only be covered if using a ground ambulance would endanger your health and if the Hospital that first treats cannot give you the medical services you need. Certain specialized services are not available at all Hospitals. For example, burn care, cardiac care, trauma care, and critical care are only available at certain Hospitals. To be covered, you must be taken to the closest Hospital that can treat you. **Coverage is not available for air ambulance transfers simply because you, your family, or your Provider prefers a specific Hospital or Physician.**

Assistant Surgery

Services rendered by an assistant surgeon are covered based on Medical Necessity.

Breast Cancer Care

Covered Services are provided for Inpatient care following a mastectomy or lymph node dissection until the completion of an appropriate period of stay as determined by the attending Physician in consultation with the Member. Follow-up visits are also included and may be conducted at home or at the Physician's office as determined by the attending Physician in consultation with the Member.

Breast Reconstructive Surgery

Covered Services are provided following a mastectomy for reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications, including lymphedemas.

Cardiac Rehabilitation

Covered Services are provided as outlined in the “Schedule of Benefits” section.

Consultation Services

Covered when the special skill and knowledge of a consulting Physician is required for the diagnosis or treatment of an illness or Injury. Second surgical opinion consultations are covered.

Staff consultations required by Hospital rules are excluded. Referrals (the transfer of a patient from one Physician to another for treatment) are not consultations under this Plan.

Dental Services

Related to Accidental Injury

Your Plan includes benefits for dental work required for the initial repair of an Injury to the jaw, sound natural teeth, mouth or face which are required as a result of an accident and are not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment without adversely affecting the Member’s condition. Injury as a result of chewing or biting is not considered an Accidental Injury except where the chewing or biting results from an act of domestic violence or directly from a medical condition.

Treatment must be completed within the timeframe shown in the “Schedule of Benefits” section.

Other Dental Services

Your Plan also includes benefits for Hospital charges and anesthetics provided for dental care if the Member meets any of the following conditions:

- The Member is under the age of five (5);
- The Member has a severe disability that requires hospitalization or general anesthesia for dental care; or
- The Member has a medical condition that requires hospitalization or general anesthesia for dental care.

Diabetes

Equipment and outpatient self-management training and education, including nutritional therapy for individuals with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes as prescribed by the Physician. Covered Services for outpatient self-management training and education must be provided by a certified, registered or licensed health care professional with expertise in diabetes. Screenings for gestational diabetes are covered under “Preventive Care.”

Dialysis Treatment

The Plan covers Covered Services for Dialysis treatment. If applicable, the Plan will pay secondary to Medicare Part B, even if a Member has not applied for eligible coverage available through Medicare.

Durable Medical Equipment

The Plan will pay the rental charge up to the purchase price of the equipment. In addition to meeting criteria for Medical Necessity, and applicable Precertification requirements, the equipment must also be used to improve the functions of a malformed part of the body or to prevent or slow further decline of the Member's medical condition. The equipment must be ordered and/or prescribed by a Physician and be appropriate for in-home use.

The equipment must meet the following criteria:

- It can stand repeated use;
- It is manufactured solely to serve a medical purpose;
- It is not merely for comfort or convenience;
- It is normally not useful to a person not ill or Injured;
- It is ordered by a Physician;
- The Physician certifies in writing the Medical Necessity for the equipment. The Physician also states the length of time the equipment will be required. The Plan may require proof at any time of the continuing Medical Necessity of any item; and
- it is related to the Member's physical disorder.

Emergency Services

Life-threatening Medical Emergency or serious Accidental Injury.

Coverage is provided for Hospital emergency room care including a medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate an Emergency Medical Condition; and within the capabilities of the staff and facilities available at the Hospital, such further medical examination and treatment as are required to Stabilize the patient. Emergency Service care does not require any Precertification from the Plan.

Stabilize means, with respect to an Emergency Medical Condition: to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility. With respect to a pregnant woman who is having contractions, the term "stabilize" also means to deliver (including the placenta), if there is inadequate time to affect a safe transfer to another Hospital before delivery or transfer may pose a threat to the health or safety of the woman or the unborn child.

The Maximum Allowed Amount for emergency care from an Out-of-Network Provider will be the greatest of the following:

- The amount negotiated with Network Providers for the Emergency service furnished;
- The amount for the Emergency Service calculated using the same method the Medical Claims Administrator generally uses to determine payments for Out-of-Network services but substituting the Network cost-sharing provisions for the Out-of-Network cost-sharing provisions; or
- The amount that would be paid under Medicare for the Emergency Service.

The Coinsurance percentage payable for both Network and Out-of-Network are shown in the “Schedule of Benefits” section.

General Anesthesia Services

Covered when ordered by the attending Physician and administered by another Physician who customarily bills for such services, in connection with a covered procedure.

Such anesthesia service includes the following procedures which are given to cause muscle relaxation, loss of feeling, or loss of consciousness:

- Spinal or regional anesthesia;
- Injection or inhalation of a drug or other agent (local infiltration is excluded).

Anesthesia services administered by a Certified Registered Nurse Anesthetist (CRNA) are only covered when billed by the supervising anesthesiologist.

Habilitative Services

Benefits also include habilitative health care services and devices that help you keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of Inpatient and/or outpatient settings.

Home Health Care Services

Home Health Care provides a program for the Member's care and treatment in the home. Your coverage is outlined in the “Schedule of Benefits” section. The program consists of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the Member's attending Physician. Services may be performed by either Network or Out-of-Network Providers.

Some special conditions apply:

- The Physician's statement and recommended program must be pre-certified.
- Claims will be reviewed to verify that services consist of skilled care that is medically consistent with the diagnosis. Note: Covered Services available under Home Health Care do NOT reduce outpatient benefits available under the “Physical Therapy” section shown in this Plan.
- A Member must be essentially confined at home.

Covered Services:

- Visits by an RN or LPN. Benefits cannot be provided for services if the nurse is related to the Member.
- Visits by a qualified physiotherapist or speech therapist and by an inhalation therapist certified by the National Board of Respiratory Therapy.
- Visits to render services and/or supplies of a licensed Medical Social Services Worker when Medically Necessary to enable the Member to understand the emotional, social, and environmental factors resulting from or affecting the Member's illness.
- Visits by a Home Health Nursing Aide when rendered under the direct supervision of an RN.
- Nutritional guidance when Medically Necessary.

- Administration or infusion of prescribed drugs.
- Oxygen and its administration.

Covered Services for Home Health Care do not include:

- Food, housing, homemaker services, sitters, home-delivered meals;
- Home Health Care services which are not Medically Necessary or of a non-skilled level of care;
- Services and/or supplies which are not included in the Home Health Care plan as described;
- Services of a person who ordinarily resides in the Member's home or is a member of the family of either the Member or Member's Spouse or a Member's covered Domestic Partner;
- Any services for any period during which the Member is not under the continuing care of a Physician;
- Convalescent or Custodial Care where the Member has spent a period of time for recovery of an illness or surgery and where skilled care is not required or the services being rendered are only for aid in daily living, i.e., for the convenience of the Member;
- Any services or supplies not specifically listed as Covered Services;
- Routine care and/or examination of a newborn child;
- Dietician services;
- Maintenance therapy;
- Dialysis treatment; or
- Purchase or rental of dialysis equipment.

Hospice Care Services

The services and supplies listed below are Covered Services when given by a Hospice for the palliative care of pain and other symptoms that are part of a terminal disease. Palliative care means care that controls pain and relieves symptoms, but is not meant to cure a terminal illness. Covered Services include:

- Care from an interdisciplinary team with the development and maintenance of an appropriate plan of care;
- Short-term Inpatient Hospital care when needed in periods of crisis or as respite care;
- Skilled nursing services, home health aide services, and homemaker services given by or under the supervision of a registered nurse;
- Social services and counseling services from a licensed social worker;
- Nutritional support such as intravenous feeding and feeding tubes;
- Physical Therapy, occupational therapy, speech therapy, and respiratory therapy given by a licensed therapist;
- Pharmaceuticals, medical equipment, and supplies needed for the palliative care of your condition, including oxygen and related respiratory therapy supplies; and

Your Physician and Hospice medical director must certify that you are terminally ill and likely have less than 12 months to live. Your Physician must agree to care by the Hospice and must be consulted in the development of the care plan. The Hospice must keep a written care plan on file and give it to the Medical Claims Administrator upon request.

Benefits for Covered Services beyond those listed above, such as chemotherapy and radiation therapy given as palliative care, are available to a Member in Hospice. These additional Covered Services will be covered under other parts of this SPD.

Hospital Services

You may receive treatment at a Network or an Out-of-Network Hospital. However, payment is significantly reduced if services are received at an Out-of-Network Hospital. Your Plan provides Covered Services when the following services are Medically Necessary.

Network

Inpatient Services

- Inpatient room charges. Covered Services include Semiprivate Room and board, general nursing care and intensive or cardiac care. If you stay in a private room, the Maximum Allowed Amount is based on the Hospital's prevalent semiprivate rate. If you are admitted to a Hospital that has only private rooms, the Maximum Allowed Amount is based on the Hospital's prevalent room rate.

Service and Supplies

- Services and supplies provided and billed by the Hospital while you are an Inpatient, including the use of operating, recovery and delivery rooms. Laboratory and diagnostic examinations, intravenous solutions, basal metabolism studies, electrocardiograms, electroencephalograms, x-ray examinations, and radiation and speech therapy are also covered.
- Convenience items (such as radios, TV's, record, tape or CD players, telephones, visitors' meals, etc.) will not be covered.

Length of Stay

- Determined by Medical Necessity.

Out-of-Network

Hospital Benefits

If you are confined in an Out-of-Network Hospital, your benefits will be significantly reduced, as explained in the "Schedule of Benefits" section.

Hospital Visits

The Physician's visits to his or her patient in the Hospital. Covered Services are limited to one daily visit for each attending Physician specialty during the covered period of confinement.

Human Organ and Tissue Transplant Services

Notification

To maximize your benefits, you need to call the Medical Claims Administrator's transplant department to discuss benefit coverage when it is determined a transplant may be needed. You must do this before you have an evaluation and/or work-up for a transplant. Your evaluation and work-up services must be provided by a Network Transplant Provider to receive the maximum benefits.

Contact the customer service telephone number on your Identification Card and ask for the transplant coordinator. The Medical Claims Administrator will then assist the Member in maximizing their benefits by providing coverage information including details regarding what is covered and whether any medical policies, network requirements or exclusions are applicable. Failure to obtain this information prior to receiving services could result in increased financial responsibility for the Member.

Covered Transplant Benefit Period

Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period. The number of days will vary depending on the type of transplant received and the Network Transplant Provider agreement. Contact the Medical Claims Administrator for specific Network Transplant Provider information for services received at, or coordinated by a Network Transplant Provider Facility or starts one day prior to a Covered Transplant Procedure and continues to the date of discharge at an Out-of-Network Transplant Provider Facility.

Prior Approval and Precertification

In order to maximize your benefits, the Medical Claims Administrator strongly encourages you to call its' transplant department to discuss benefit coverage when it is determined a transplant may be needed. You must do this before you have an evaluation and/or work-up for a transplant. The Medical Claims Administrator will assist you in maximizing your benefits by providing coverage information, including details regarding what is covered and whether any clinical coverage guidelines, medical policies, Network Transplant Provider requirements, or exclusions are applicable. Contact the Customer Service telephone number on the back of your Identification Card **and ask for the transplant coordinator**. Even if the Medical Claims Administrator issues a prior approval for the Covered Transplant Procedure, you or your Provider must call the Medical Claims Administrator's Transplant Department for precertification prior to the transplant whether this is performed in an Inpatient or outpatient setting.

Please note that there are instances where your Provider requests approval for Human Leukocyte Antigen (HLA) testing, donor searches and/or a collection and storage of stem cells prior to the final determination as to what transplant procedure will be requested. Under these circumstances, the HLA testing and donor search charges are covered as routine diagnostic testing. The collection and storage request will be reviewed for Medical Necessity and may be approved. However, such an approval for HLA testing, donor search and/or a collection and storage is NOT an approval for the subsequent requested transplant. A separate Medical Necessity determination will be made for the transplant procedure.

Transportation and Lodging

The Plan will provide assistance with reasonable and necessary travel expenses as determined by the Medical Claims Administrator when you obtain prior approval and are required to travel more than 75 miles from your residence to reach the facility where your Covered Transplant Procedure will be performed. The Plan's assistance with travel expenses includes transportation to and from the facility and lodging for the transplant recipient Member and one companion for an adult Member, or two companions for a child patient. The Member must submit itemized receipts for transportation and lodging expenses in a form satisfactory to the Medical Claims Administrator when claims are filed. Contact the Medical Claims Administrator for detailed information. The Medical Claims Administrator will follow Internal Revenue Service (IRS) guidelines in determining what expenses can be paid.

Licensed Speech Therapist Services

Services must be ordered and supervised by a Physician as outlined in the “Schedule of Benefits” section. Speech therapy is not covered when rendered for the treatment of Developmental Delay.

Maternity Care and Reproductive Health Services

Covered Services are provided for Network Maternity Care as stated in the “Schedule of Benefits” section. If you choose an Out-of-Network Provider, benefits are subject to the Deductible and percentage payable provisions as stated in the “Schedule of Benefits” section.

Routine newborn nursery care is part of the mother’s maternity benefits. Benefits are provided for well-baby pediatrician visits performed in the Hospital.

Should the newborn require other than routine nursery care, the baby will be admitted to the Hospital in his or her own name. (See “Changing Coverage (Adding a Dependent)” to add a newborn to your coverage.)

Under Federal law, the Plan may not restrict the length of stay to less than the 48/96 hour periods or require Precertification for either length of stay. The length of hospitalization which is Medically Necessary will be determined by the Member’s attending Physician in consultation with the mother. Should the mother or infant be discharged before 48 hours following a normal delivery or 96 hours following a cesarean section delivery, the Member will have access to two post-discharge follow-up visits within the 48 or 96 hour period. These visits may be provided either in the Physician’s office or in the Member’s home by a Home Health Care Agency. The determination of the medically appropriate place of service and the type of Provider rendering the service will be made by the Member’s attending Physician.

Abortion (Therapeutic or Elective)

Your Plan includes benefits for a therapeutic abortion, which is an abortion recommended by a Provider that is performed to save the life or health of the mother, or as a result of incest or rape. Your Plan also provides benefits for an elective (voluntary) abortion, which is an abortion performed for reasons other than those described above.

Contraceptive Benefits

Benefits include oral contraceptive Drugs, injectable contraceptive Drugs and patches. Benefits also include contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants. Certain contraceptives are covered under as a “Preventive Care” benefit. Please refer to the section below describing “Preventive Care” and the section on “Prescription Drug Benefits” for further details.

Infertility Services

Your Plan also includes benefits for the diagnosis and treatment of Infertility. Covered Services include diagnostic and exploratory procedures to determine whether a Member suffers from Infertility. This includes surgical procedures to correct any diagnosed disease or condition affecting the reproductive organs. This includes, but is not limited to, endometriosis, (tissue lining the uterus moves to other parts of the body), collapsed/clogged fallopian tubes or testicular failure. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures. See the "Schedule of Benefits" section for benefit limitations, Coinsurance and Copayment amounts.

Sterilization Service

Benefits include sterilization services and services to reverse a non-elective sterilization that resulted from an illness or Injury. Reversals of elective sterilizations are not covered. Sterilizations for women may be covered under the "Preventive Care" benefit.

Medical Care

General diagnostic care and treatment of illness or Injury. Some procedures require Precertification.

Nutritional Counseling

Nutritional counseling related to the medical management of a disease state as stated in the "Schedule of Benefits" section.

Out-of-Network Freestanding Ambulatory Facility

Any services rendered or supplies provided while you are a patient or receiving services at or from an Out-of-Network Freestanding Ambulatory Facility will be payable at no more than the Maximum Allowed Amount.

Out-of-Network Hospital Benefits

If you are confined in an Out-of-Network Hospital, your benefits will be significantly reduced, as explained in the "Schedule of Benefits" section.

Obesity

Prescription Drugs and any other services or supplies for the treatment of obesity are not covered. Surgical treatment of obesity is only covered for patients meeting Medical Necessity criteria, as defined by the Plan.

Oral Surgery

Covered Services include only the following:

- Fracture of facial bones;
- Lesions of the mouth, lip, or tongue which require a pathological exam;
- Incision of accessory sinuses, mouth salivary glands or ducts;

- Dislocations of the jaw;
- Treatment of temporomandibular joint syndrome (TMJ) or myofacial pain including only removable appliances for TMJ repositioning and related surgery and diagnostic services. Covered Services do **not** include fixed or removable appliances which involve movement or repositioning of the teeth, or operative restoration of teeth (fillings), or prosthetics (crowns, bridges, dentures);
- Plastic repair of the mouth or lip necessary to correct traumatic Injuries or congenital defects that will lead to functional impairments; and
- Initial services, supplies or appliances for dental care or treatment required as a result of, and directly related to, accidental bodily Injury to sound natural teeth or structure occurring while a Member is covered by this Plan and performed within the timeframes shown in the “Schedule of Benefits” section after the accident.

Although this Plan covers certain oral surgeries as listed above, many oral surgeries (e.g. removal of wisdom teeth) are not covered. Covered Services also include the following:

- Orthognathic surgery for a physical abnormality that prevents normal function of the upper and/or lower jaw and is Medically Necessary to attain functional capacity of the affected part.
- Oral/surgical correction of accidental injuries as indicated in the “Dental Services” section.
- Treatment of non-dental lesions, such as removal of tumors and biopsies.
- Incision and drainage of infection of soft tissue not including odontogenic cysts or abscesses.

Other Covered Services

Your Plan provides Covered Services when the following services are Medically Necessary:

- Chemotherapy and radioisotope, radiation and nuclear medicine therapy;
- Diagnostic x-ray and laboratory procedures;
- Dressings, splints and casts when provided by a Physician;
- Oxygen, blood and components, and administration;
- Pacemakers and electrodes; or
- Use of operating and treatment rooms and equipment.

Outpatient CT Scans and MRIs

These services are covered at regular Plan benefits.

Outpatient Hospital Services

The Plan provides Covered Services when the following outpatient services are Medically Necessary: pre-admission tests, surgery, diagnostic X-rays and laboratory services. Certain procedures require Precertification.

Outpatient Surgery

Network Hospital outpatient department or Network Freestanding Ambulatory Facility charges are covered at regular Plan benefits. Benefits for treatment by an Out-of-Network Hospital are explained under “Hospital Services.”

Physical Therapy, Occupational Therapy, Chiropractic Care

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Services by a Physician, a registered physical therapist (R.P.T.), a licensed occupational therapist (O.T.), or a licensed chiropractor (D.C.) as outlined in the "Schedule of Benefits" section. All services rendered must be within the lawful scope of practice of, and rendered personally by, the individual Provider. No coverage is available when such services are necessitated by Developmental Delay.

Physician Services

You may receive treatment from a Network or Out-of-Network Physician. However, payment is significantly reduced if services are received from an Out-of-Network Physician. Such services are subject to your Deductible, Co-Insurance and other Out-of-Pocket requirements.

Preventive Care

Preventive care services include screenings and other services for adults and children with no current symptoms or prior history of a medical condition associated with that screening or service.

Members who have current symptoms or have been diagnosed with a medical condition are not considered to require Preventive Care for that condition but instead benefits will be considered under the Diagnostic Services benefit.

Notwithstanding the above, coverage for Preventive Care Services provided under the Plan shall meet requirements as determined by Federal law, as those requirements change and become applicable to the Plan. Many preventive care services are covered by this Plan with no Deductible or Coinsurance from the Member when provided by a Network Provider. That means the Plan pays 100% of the Maximum Allowed Amount.

Cost-sharing is permitted for office visits when Preventive Care Services are billed separately (or are tracked as individual encounter data separately) or are not the primary purpose of an office visit. On the other hand, the Plan will pay at 100% when Preventive Care Services are not billed separately (or are not tracked as individual encounter data separately) by the Network Provider and are the primary purpose of an office visit.

Preventive Care services fall under the following broad categories as shown below:

1. Services with an "A" or "B" rating from the United States Preventive Services Task Force.
Examples of these services are screenings for:
 - a. Breast cancer;
 - b. Cervical cancer;
 - c. Colorectal cancer;
 - d. High blood pressure;
 - e. Type 2 Diabetes Mellitus;
 - f. Cholesterol;
 - g. Child and adult obesity.
2. Immunizations for children, adolescents, and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
3. Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;

4. Additional preventive care and screening for women provided for in the guidelines supported by the Health Resources and Services Administration, including the following: Page No. 80 of 6
- a. Women's contraceptives, sterilization procedures, and counseling. Coverage includes contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants.
 - b. Breastfeeding support, supplies, and counseling. Benefits for breast pumps are limited to one per pregnancy.
 - c. Gestational diabetes screening.
5. Preventive care services for tobacco cessation for Members age 18 and older as recommended by the United States Preventive Services Task Force including:
- a. Counseling;
 - b. Prescription Drugs; and
 - c. Nicotine replacement therapy products when prescribed by a Provider, including over the counter (OTC) nicotine gum, lozenges and patches.

Prescription drugs and OTC items are limited to a no more than 180 day supply per 365 days.

6. Prescription Drugs and OTC items identified as an A or B recommendation by the United States Preventive Services Task Force when prescribed by a Provider including:
- a. Aspirin;
 - b. Folic acid supplement;
 - c. Vitamin D supplement;
 - d. Iron supplement; and
 - e. Bowel preparations.

Please note that certain age and gender and quantity limitations apply.

You may call Customer Service using the number on your Identification Card for additional information about these services or view the Federal government's web sites, <http://www.healthcare.gov/center/regulations/prevention.html>, <http://www.ahrq.gov>, and <http://www.cdc.gov/vaccines/acip/index.html>.

Prosthetic Appliances

Prosthetic devices to improve or correct conditions resulting from Accidental Injury or illness are covered if Medically Necessary and ordered by a Physician.

Prosthetic devices include: artificial limbs and accessories; artificial eyes, one pair of glasses or contact lenses for eyes used after surgical removal of the lens(es) of the eye(s); arm braces, leg braces (and attached shoes); and external breast prostheses used after breast removal.

The following items are excluded: corrective shoes; dentures; replacing teeth or structures directly supporting teeth (except to correct traumatic Injuries); electrical or magnetic continence aids (either anal or urethral); and implants for cosmetic purposes except for reconstruction following a mastectomy.

Reconstructive Surgery

Precertification is required. Reconstructive surgery does not include any service otherwise excluded in this SPD. (See the "Limitations and Exclusions" section.)

Reconstructive surgery is covered only to the extent Medically Necessary:

- To correct significant anatomic deformities which are not within normal anatomic variation and which are caused by congenital or developmental abnormalities, illness, or Injury for the purpose of improving the significant anatomic deformity toward a normal appearance; or
- To correct medical complications or post-surgical deformity, unless the previous surgery was not a Covered Service.

Benefits include reconstructive surgery to correct significant deformities caused by congenital or developmental abnormalities, illness, Injury or an earlier treatment in order to create a more normal appearance. Benefits include surgery performed to restore symmetry after a mastectomy. Reconstructive services needed as a result of an earlier treatment are covered only if the first treatment would have been a Covered Service under this Plan.

Note: Coverage for reconstructive services does not apply to orthognathic surgery. See the “Oral Surgery” section above for that benefit.

Retail Health Clinic

Benefits are provided for Covered Services received at a Retail Health Clinic.

Skilled Nursing Facility Care

Benefits are provided as outlined in the “Schedule of Benefits” section. This care must be ordered by the attending Physician. All Skilled Nursing Facility admissions require Pre-Certification. Claims will be reviewed to verify that services consist of Skilled Convalescent Care that is medically consistent with the diagnosis.

Skilled Convalescent Care during a period of recovery is characterized by:

- A favorable prognosis;
- A reasonably predictable recovery time; and
- Services and/or facilities less intense than those of the acute general Hospital, but greater than those normally available at the Member’s residence.

Covered Services include:

- Semiprivate or ward room charges including general nursing service, meals, and special diets. If a Member stays in a private room, this Plan pays the Semiprivate Room rate toward the charge for the private room;
- Use of special care rooms;
- Pathology and radiology;
- Physical or speech therapy;
- Oxygen and other gas therapy;
- Drugs and solutions used while a patient; and
- Gauze, cotton, fabrics, solutions, plaster and other materials used in dressings, bandages, and casts.

This benefit is available only if the patient requires a Physician’s continuous care and 24-hour-a-day nursing care.

Benefits will not be provided when:

- A Member reaches the maximum level of recovery possible and no longer requires other than routine care;
- Care is primarily Custodial Care, not requiring definitive medical or 24-hour-a-day nursing service;
- Care is for mental illness including drug addiction, chronic brain syndromes and alcoholism, and no specific medical conditions exist that require care in a Skilled Nursing Facility;
- A Member is undergoing senile deterioration, mental or intellectual disability, and has no medical condition requiring care; or
- The care rendered is for other than Skilled Convalescent Care.

Surgical Care

Surgical procedures including the usual pre- and post-operative care. Some procedures require Precertification.

Blue Distinction Bariatric Surgery Benefit

Blue Distinction is a national designation program which recognizes hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Bariatric Procedure(s). This benefit applies to the following Medically Necessary bariatric procedure(s) as determined by the Medical Claims Administrator:

- Gastric banding
- Gastric stapling

Blue Distinction Cardiac Surgery Benefit

Blue Distinction is a national designation program which recognizes hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Cardiac Procedure(s). This benefit applies to the following Medically Necessary cardiac procedure(s) as determined by the Medical Claims Administrator:

- Coronary artery bypass graft
- Percutaneous coronary intervention

Blue Distinction Orthopedic Surgery Benefit

Blue Distinction is a national designation program which recognizes Hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Orthopedic Procedures.

This benefit only applies to Medically Necessary Knee/Hip Replacement or Spine Surgery Procedures as designated by the Medical Claims Administrator restricted to the following procedures:

- Total knee replacement;
- Revision knee replacement;
- Total hip replacement;
- Revision hip replacement;
- Discectomy;
- Decompression;
- Primary spinal fusion; and,
- Revision spinal fusion.

Prescription Drug Benefits

Prescription drug benefits under the HRA Plan option are administered by Express Scripts as the Claims Administrator. Your share of the cost of your prescription medications depends if you use participating retail pharmacies, the Express Scripts Pharmacy (for home delivery), and if you use generic or brand-name drugs.

The program covers most FDA approved drugs or medicines that by law require a physician's prescription. The program does not cover homeopathic drugs or medicines not requiring a prescription.

Under the Federal Food, Drug & Cosmetic Act, unapproved, misbranded, and all adulterated drugs are prohibited from importation into the U.S., including foreign versions of U.S.-approved medications, as is re-importation of approved drugs made in the U.S. In general, all drugs imported by individuals fall into one of these prohibited categories and are not covered under the AEP System Comprehensive Medical Plan.

The program offers prescription drug benefits two ways:

- For short-term (up to a 30-day supply) or emergency prescriptions, you should fill your prescription at a retail pharmacy.
- For long-term, maintenance prescriptions (up to a 90-day supply), you may save money when you take advantage of the Express Scripts Pharmacy prescription drug service. You can obtain a form to use to submit your prescription to Express Scripts by printing it from **www.express-scripts.com**, or by contacting the AEP Benefits Center, toll-free, at 1-888-237-2363 or calling Express Scripts at 1-800-841-3045.

If you purchase a brand-name medication when your physician has allowed for a generic substitution – and a generic drug is available – you and the Plan will share the cost based on the cost of the generic, and you will be responsible for any difference in cost between the brand-name and generic medication.

All other plan provisions such as annual deductibles, out-of-pocket maximums, and the use of in-network retail and mail pharmacies, apply.

Ordering New Prescriptions or Refills

At participating retail pharmacies:

- Show your prescription ID card at the pharmacy.
- Pay your deductible and/or coinsurance. A representative at the pharmacy will inform you of the dollar amount when you pick up your prescription.

At nonparticipating retail pharmacies:

- You must pay the full cost of the prescription if you fill your retail prescription at a nonparticipating pharmacy.
- Complete a direct reimbursement claim form, attach the receipt, and submit it to Express Scripts.
- You will be reimbursed for a discounted amount of the medication (as if you had obtained it at a participating pharmacy) to the extent covered by the available HRA amount or the Plan's portion of any coinsurance it would have covered if you had obtained it at a participating pharmacy.

Express Scripts Pharmacy (Order for Home Delivery)

The Prescription Drug Program offers members a home delivery prescription drug feature through Express Scripts called "Express Scripts Pharmacy." You can conveniently order your maintenance medication, up to a 90-day supply, and have it delivered to your home. Standard shipping is at no cost to you. You can request expedited shipping at an extra fee that will be charged to you.

Submit an original prescription from your physician, along with an Express Scripts claim form, to start this service. Subsequent refills can be ordered from Express Scripts by phone or online. Claim forms are available for print on www.express-scripts.com. To receive a claim form in the mail, contact Express Scripts at the member services number on your ID card or call the AEP Benefits Center at 1-888-237-2363.

Note: If your cost share of your prescription drug order through Express Scripts By Mail is \$200 or more, Express Scripts will not ship without a payment. Therefore, if you do not have a credit or debit card on file with Express Scripts, or if you do not send a check or money order in with your prescription or refill, you will not receive your order. If you have any questions about payment to Express Scripts, call the Express Scripts customer service number listed on your ID card.

Preventive Drugs

Coverage for under the Plan shall meet requirements as determined by Federal law, as those requirements change and become applicable to the Plan. To comply with the Affordable Care Act, certain preventive medications are covered at zero copay and no cost to you. You must be covered by the AEP Comprehensive Medical Plan, have a written prescription from a physician, and meet the applicable age and gender guidelines. The Member Pays Difference and Exclusive Home Delivery rules described later in this section will apply.

Medications/products covered as Preventive may change from time to time. To access the most up-to-date information about such medications/products, log in to www.express-scripts.com. You will find a "click here" indicator to view the list of the Plan's preventive medications. You may also call the Express Scripts Member Services number listed on the back of your Identification Card.

Exclusive Home Delivery

The HRA Plan participants are subject to limits on prescriptions filled at a retail pharmacy. The Exclusive Home Delivery program limits the filling of prescriptions for maintenance medications to up to three times at a participating retail pharmacy. After the third fill, participants will be required to fill their maintenance medications through Express Scripts Pharmacy mail order. If you would continue to fill these prescriptions at a retail pharmacy, you will pay the entire cost of the medication and this cost will not be reimbursed from your HRA balance or applied toward your deductible or annual out-of-pocket maximum.

Note: Nursing home residents are exempt from this Exclusive Home Delivery plan provision.

Preferred Drug Step Therapy

This program targets certain prescription medications in certain drug classes, that may change from time to time. At the effective date for this SPD, those targeted drug classes include:

- Acne
- Asthma
- BPH (Benign prostatic hyperplasia)
- Non-narcotic pain
- Gastroenterology
- High Cholesterol
- Hypnotics
- Nasal Steroids
- Osteoporosis
- Overactive Bladder
- Topical Steroids

The Plan wants you to encourage your physicians to prescribe lower-cost preferred brand or generic alternatives.

Nonpreferred brand drugs (for example, Prevacid, Prilosec, Lunesta, and Travatan) generally are not covered under the Plan. If your physician believes that the nonpreferred brand drug is clinically necessary, a coverage review process is available. Contact Express Scripts by calling the toll-free number on your Identification Card for instructions regarding a coverage review or on how to obtain an alternative medication that will be covered under the Plan. Brand-name drugs that have an equivalent generic are considered nonpreferred.

Member Pays Difference Rule

If you purchase a brand-name medication and there is a generic equivalent, you will pay the generic cost share plus the difference in cost between the brand-name and generic medication. This rule applies regardless of your doctor's DAW (Dispense As Written) instructions. The amount you pay under the Member Pays Difference rule will not be reimbursed from your HRA balance or apply to your deductible or your annual out-of-pocket maximum.

Precertification

Certain rare, specialty and non-specialty drug classes require precertification. Precertification will require a coverage review questionnaire to be completed by your physician before certain prescriptions can be filled.

Drugs that require precertification currently include certain drugs that treat Multiple Sclerosis, Rheumatoid Arthritis, psoriasis, Crohn's disease and some cancers, such as Adcirca, Letairis, Revatio, Tracleer, Tyvaso and Ventavis (PAH), Celebrex (COX-II Inhibitor) and Imitrex, Amerge, Axert, Frova, Treximet, Zomig and Sumavel (Migraine Therapy).

The drug classes and drugs listed here could change from time to time. Call the Express Scripts Member Services number listed on the back of your Identification Card to inquire about other prescription drugs that require a precertification.

Medications

While outpatient prescription drugs prescribed by a physician and purchased or obtained from a retail pharmacy or retail pharmacist or a mail service pharmacy are covered under the Plan to the extent described in this "Prescription Drug Benefits" and other sections of this SPD, certain Prescription Drugs are covered as medical or behavioral health benefits (administered by the Medical Claims Administrator or the Behavioral Health Claims Administrator, as appropriate) when rendered in a Hospital, in a Provider's office, or as part of a Home Health Care benefit. These would include prescription drugs provided as Ancillary Services during an Inpatient stay or an Outpatient Surgical procedure; prescription drugs used in conjunction with a Diagnostic Service; Chemotherapy performed in the office; home infusion or home IV therapy, and drugs administered in your Provider's office.

Limitations and Exclusions

In addition to the circumstances described in the "Limitations and Exclusions" section of this document, the following limitations and exclusions apply to the prescription drug benefits provided under the HRA Plan:

- Limitations
 - Impotency medications covered at 6 units per 30-day supply at a retail pharmacy and 18 units per 90-day supply through the Express Scripts Pharmacy.
 - Topical Retinoids for patients over age 25 (including Avita, Differin, Retin A and Tazorac) are covered through Express Scripts Pharmacy and retail pharmacies and require prior authorization and medical review from Express Scripts.
 - Prescription vitamins are covered only through the Express Scripts Pharmacy.
- Exclusions
 - Allergy serum.
 - Renova.

The limitations, exclusions and drugs listed here could change from time to time. Call the Express Scripts Member Services number listed on the back of your Identification Card to inquire about the limitations and exclusions then applicable.

Behavioral Health Benefits

In addition to benefits for physician services and hospitalization described in the “Medical Benefits Program” section, the HRA Plan provides coverage for behavioral health services. The Claims Administrator for mental health/substance abuse benefits described in this section is Magellan Healthcare Inc. (Magellan).

Express Scripts remains the Claims Administrator for prescription drugs, including those used to treat behavioral health conditions.

Benefits covered by this Behavioral Health Benefits program include treatment for:

- Mental illness;
- Emotional and psychological disorders; and
- Substance abuse (alcoholism, drug addiction, chemical dependency).

Magellan administers behavioral health benefits similarly to the way medical benefits are administered by Anthem. You may seek behavioral health services from any qualified Provider whether that Provider is in or out of Magellan’s Network.

Magellan offers a national network of Network Providers. The Magellan Network is made up of credentialed mental health/substance abuse professionals. All Network Providers have agreed to treat you and your eligible dependents at negotiated rates. In addition, there are also participating Hospitals, rehabilitation centers, day hospital programs and outpatient centers that are credentialed by Magellan.

You receive a higher level of coverage when care is utilized through the Magellan Network of Providers. You are encouraged to call Magellan at 1-877-705-4357 prior to entering any type of behavioral health treatment so that Magellan can help guide you through the services that may be available to you. For more information regarding precertification for behavioral health services, call the Magellan number on your medical Identification Card or log on to www.magellanhealth.com/member.

For services from Network Providers:

- You will not need to file claims. Network Providers will file claims for Covered Services for you. (You will still need to pay any Deductible or Coinsurance that applies.) You may be billed by your Network Provider(s) for any Non-Covered Services you get or when you have not followed the terms of this SPD.
- Precertification will be done by the Network Provider. (See the “Health Care Management – Precertification” section, above, for further details.)

After Hours Care

If you need behavioral healthcare after normal business hours, your PCP may have several options for you. You should call your PCP’s office for instructions if you need behavioral healthcare in the evenings, on weekends, or during the holidays and cannot wait until the office reopens. If you have an Emergency, call 911 or go to the nearest Emergency services provider.

Out-of-Network Services

When you do not use a Magellan Network Provider or do not get behavioral healthcare as part of an Authorized Service, Covered Services are covered at the Out-of-Network level, unless otherwise indicated in this SPD.

For services from an Out-of-Network Provider:

- The Out-of-Network Provider can charge you the difference between his, her or its bill and the Plan's Maximum Allowed Amount plus any Deductible and/or Coinsurance;
- You may have higher cost sharing amounts (i.e., Deductibles and Coinsurance);
- You will have to pay for services that are not Medically Necessary;
- You will have to pay for Non-Covered Services;
- You may have to file claims; and
- You must make sure any necessary Precertification is done. (Please see "Health Care Management – Precertification" for more details.)

How to Find a Provider in the Network

There are three ways you can find out if a Provider or facility is in the Magellan Network. You can also find out where they are located and details about their license or training.

- See your Plan's directory of Network Providers at www.magellanhealth.com/member, which lists the Doctors, Providers, and facilities that participate in this Plan's Network. The Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to check the correct Network directory for the care you are seeking.
- Call Customer Service at Magellan to ask for a list of doctors and Providers that participate in this Plan's Network, based on specialty and geographic area. Again, the Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to call the correct Customer Service for the care you are seeking.
- Check with your PCP, Specialist or other Provider.

If you need details about a Provider's license or training, or help choosing a Provider who is right for you, call the Magellan Customer Service number on the back of your Member Identification Card. TTY/TDD services also are available. A special operator will get in touch with us to help with your needs.

Precertification

All inpatient care must be precertified by calling Magellan at 1-877-705-4357. Precertification is available for the following:

- Inpatient admissions (including residential treatment);
- Behavioral Home Health Care;
- Biofeedback;
- Outpatient Electroconvulsive Therapy;
- Neuropsychological testing;
- Outpatient detoxification;
- Psychological testing;
- Partial hospitalization;
- Office-based opioid treatment; and
- Intensive outpatient care.

If you do not obtain Precertification from Magellan, the care will be subject to post-treatment review to determine whether the care is covered by the Plan, including, but not limited to, whether the care was Medically Necessary; it is possible that Magellan will determine the care was not Medically Necessary and therefore retrospectively not covered by the Plan. Call Magellan at 1-877-705-4357 to Precertify behavioral health services. Page No. 89 of 6

Magellan also may review whether your ongoing in-network routine outpatient treatment will be covered by the Plan. If Magellan determines that your in-network routine outpatient treatment is outside usual treatment practices for your condition (for example, ongoing high frequency of sessions, extended duration of treatment inconsistent with your diagnosis), Magellan will contact your Provider to discuss your treatment plan and other alternatives that your Provider may consider that may be more likely to be covered by the Plan. After Magellan's review, if you and your Provider decide to continue with outpatient treatment that is not Medically Necessary, the services will not be covered by the Plan.

Magellan does not practice medicine. Magellan's authority is limited only to whether benefits for your treatment or service are available under the Plan; it cannot supersede the professional judgment of your treating Provider. In all situations, your Provider must use his/her professional judgment to provide care believed to be in your best interest.

What Is Not Covered under Your Behavioral Health Benefits Program

In addition to the circumstances described in the "Limitations and Exclusions" section of this document, the following exclusions apply to the Behavioral Health benefits provided under the HRA Plan:

Benefits are not payable for:

- Aversion therapy.
- Treatment for caffeine-related disorders, nicotine-related disorders or fictitious disorders.*
- Charges for the following types of mental health/substance abuse treatment: transcendental meditation; rolfing; z therapy; EST; primal; bioenergetic; carbon dioxide; sedative action electrostimulation; confrontation; hyperbaric or normobaric oxygen; poetry/art; megavitamin orthomolecular therapy, guided imagery, narcotherapy with LSA, sensitivity training, education remediation, crystal healing treatment, and hemodialysis.
- Treatment of pain except treatment of pain with psychological or psychosomatic origins as determined to be a covered health service by Magellan.
- Services, treatment or supplies that are not considered a covered health service by Magellan.
- Sex therapy.
- Treatment of paraphilias, such as pedophilia.
- Stress management therapy, but active employees should refer to the description of the separate Employee Assistance Program (EAP), which is available to employees without regard to their participation in the AEP System Comprehensive Medical Plan.
- Consultations for purposes of adjudication of marital and child support custody case.

* Notwithstanding the exclusion of a diagnosis as set forth above, the Plan will pay for Medically Necessary stabilization of acute behavioral or emotional exacerbations related to or arising from such disorder.

Note: If you are an Employee, you and your eligible dependents and your Household Members are eligible to use the Employee Assistance Program (EAP) offered by AEP as a stand-alone program, which is independent of the AEP System Comprehensive Medical Plan, at no cost to you or them. Magellan is the EAP vendor. The EAP offers confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners and dependent children, and your household members. EAP services can be accessed by calling Magellan at 1-877-705-4357 or online at www.magellanhealth.com/member. Please refer to the description of the “Employee Assistance Program” section that immediately follows for more details.

*****FOR INFORMATIONAL PURPOSES ONLY (START)*****
(This section describing the Employee Assistance Program is not intended to be considered a part of the formal Summary Plan Description for the AEP System Comprehensive Medical Plan as these benefits are not provided through the AEP System Comprehensive Medical Plan.)

The Employee Assistance Program (EAP)

The Magellan EAP provides confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners, and dependent children under age 26. Regardless if you are enrolled in any of AEP’s medical plans or waive medical coverage, the Magellan EAP is available to you and your eligible dependents at no charge to you.

EAP services can be accessed by calling Magellan at 1-877-705-4357. The EAP is designed to address a wide range of personal problems and all counseling is confidential, except as required by law. When you contact Magellan, a Magellan representative will arrange for appropriate assistance which may involve referral to an EAP counselor, another behavioral health provider for benefit covered treatment, and/or resources in your community.

You and your eligible dependents are entitled to up to six EAP visits, per problem, per year, as clinically necessary, at no cost to you. The services must be provided by an EAP network provider. If an issue is identified that will require care beyond the scope of counseling within the EAP, a referral will be made. If your EAP counselor determines that a referral to another qualified professional is advisable, benefit coverage will depend on:

- If you are enrolled in one of AEP’s medical plans;
- Whether you see in-network or out-of-network providers; and
- Where you receive care.

Though the EAP is able to provide assistance for a wide range of problems, the EAP is not able to provide services for:

- Evaluations required by a state or federal judicial officer or other governmental official or agency.
- Court mandated counseling; evaluations or recommendations to be used in child custody proceedings, child abuse proceedings, criminal proceedings, workers’ compensation proceedings or any legal action.
- Evaluations for fitness for duty determination or excuses for leaves of absence or time off..
- Psychological, psychiatric, neurological, education or IQ testing.
- Remedial and social skills education services, such as evaluation or treatment of learning disabilities, learning disorders, academic skill disorders, language disorders, mental retardation, motor skill disorders, or communication disorders; behavioral training; or cognitive rehabilitation.

- Medical care, including services for a condition that requires psychiatric treatment (for example, a psychosis).
- Inpatient treatment.
- Services by providers who are not part of Magellan's EAP counselor network.
- EAP sessions that were not accessed through Magellan's toll-free telephone number or Magellan's on-line self-referral service for the particular episode of care.
- Medication, medication management. If you have a mental health or substance abuse condition for which medication is required, you must see a doctor to prescribe the medication and oversee your use of the medication.
- Examinations and diagnostic services in connection with obtaining employment or a particular employment assignment, admission to or continuing in school, securing any kind of license (including professional licenses), obtaining any kind of insurance coverage.
- Testimony in legal proceedings, creation of records for legal proceedings or other preparation for legal proceedings.
- Guidance on workplace issues when you sue, or threaten to sue, a Participating AEP System Company or other AEP affiliate.
- Acupuncture.
- Biofeedback & hypnotherapy.
- Group counseling.

Reimbursement of Claims

Magellan pays EAP counselors directly. You do not have to file EAP claims. There are no copays, coinsurance, or deductibles. You should not make any payment to a provider for EAP services. You should not make any agreement with an EAP counselor to pay the counselor for EAP sessions. However, you will be responsible to pay for services that you obtain (i) without having Magellan open an EAP case with a particular EAP counselor, or (ii) your completing an electronic referral request through Magellan's online EAP self-referral process.

Claim Determinations

If you are receiving an ongoing course of EAP counseling, Magellan will notify you in advance if it intends to terminate or reduce the number of EAP sessions that can be provided so that you will have an opportunity to appeal the decision before the termination or reduction takes effect.

Because Magellan pays all EAP counselors directly, you should not make any payment to a counselor for EAP sessions. In the event that you mistakenly pay a counselor for EAP sessions, Magellan will make a determination on your request for reimbursement within 15 days after receipt of the claim (if EAP services have not yet been received) or within 30 days after receipt of the claim (if the EAP services have already been received). Magellan will notify you of its determination telephonically, and, if you consent to written notice, in writing, within the 15 day or 30 day period, as applicable.

EAP services do not include urgent care services. Therefore, if Magellan determines that you need urgent care, Magellan will make an appropriate referral to your benefit plan and/or emergency resources in the community. Magellan does not make determinations relating to urgent care under the EAP.

Termination of EAP Participation

- Your employment with all Participating AEP System Companies terminates. Your EAP participation will end on the last day of the pay period in which your employment ends (except as provided under any applicable law).
- Death. Your eligible dependents will be covered through the end of the month following your death.
- Change in employment status that affects your eligibility to participate in the EAP. Coverage ends on the last day of the pay period in which your employment status changes.
- Retirement. Coverage continues through the end of the month in which you retire.
- Divorce. Coverage for your ex-spouse continues through the last day of the month in which the divorce is final.
- The EAP ends. Coverage for you and your eligible dependents ends on the date the EAP is terminated.

Assignment of Benefits

You may not assign, transfer, or convey any of the benefits provided by the EAP.

Confidentiality

Discussions with the EAP counselor are confidential. The EAP will not share information identifying your use of the EAP without your permission, except as required or permitted by law. You will have an opportunity to evaluate the services provided by the EAP by completing a confidential survey.

***** FOR INFORMATIONAL PURPOSES ONLY (END) *****

Limitations and Exclusions

These limitations and exclusions apply even if a qualified practitioner has performed or prescribed a Medically Necessary procedure, treatment or supply. This does not prevent your qualified practitioner from providing or performing the procedure, treatment or supply. Regardless, the procedure, treatment or supply will not be a covered expense. Additional limitations and exclusions are set forth in other sections of this SPD.

ACT OF WAR/MILITARY DUTY:
Any disease or Injury resulting from a war, declared or not, or any military duty or any release of nuclear energy. Also excluded are charges for services (directly related to military service) provided or available from the Veterans' Administration or military facilities except as required by law.
CUSTODIAL/CONVALESCENT CARE:
Services for Custodial Care.
Services for confinement for custodial or convalescent care, rest cures or long-term custodial Hospital care.
DENTAL SERVICES:
Dental care and treatment and oral surgery (by Physicians or dentists) including dental surgery; dental appliances; dental prostheses such as crowns, bridges, or dentures; implants; orthodontic care; operative restoration of teeth (fillings); dental extractions; endodontic care; apicoectomies; excision of radicular cysts or granuloma; treatment of dental caries, gingivitis, or periodontal disease by gingivectomies or other periodontal surgery. Any treatment of teeth, gums or tooth related service except otherwise specified as covered.

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Charges for treatment received before coverage under this option began or after coverage terminated.		
EXPERIMENTAL/INVESTIGATIONAL:		
Treatments, procedures, equipment, drugs, devices or supplies (hereafter called "services") which are in the applicable Claims Administrator's judgment, Experimental or Investigational for the diagnosis for which the Participant is being treated.		
Services, treatment or supplies not generally accepted in medical practice for the prevention, diagnosis or treatment of an illness or injury, as determined by the applicable Claims Administrator.		
GOVERNMENT AGENCY/LAWS/PLANS:		
Services that can be provided through a government program for which you as a member of the community are eligible for participation, but only to the extent allowed by law. Such programs include, but are not limited to, school speech and reading programs.		
Services covered under Workers' Compensation, no-fault automobile insurance and/or services covered by similar statutory programs.		
Except to the extent otherwise required by law (such as the Medicare Secondary Payer rules), services paid under Medicare or which would have been paid if the Member had applied for Medicare and claimed Medicare benefits. With respect to end-stage renal disease (ESRD), Medicare shall be treated as the <u>primary payer whether or not the Member has enrolled Medicare Part B.</u>		
Court-ordered services, or those required by court order as a condition of parole or probation (unless Medically Necessary and approved by the Plan).		
MEDICATIONS:		
Nonprescription drugs, medications or supplies (except insulin).		
MEDICALLY NECESSARY:		
Care, supplies, or equipment not Medically Necessary, as determined by the applicable Claims Administrator, for the treatment of an Injury or illness. This includes, but is not limited to, care which does not meet the Claims Administrator's medical policy, clinical coverage guidelines, or benefit policy guidelines.		
Vitamins, minerals and food supplement, as well as vitamin injections not determined to be Medically Necessary in the treatment of a specific illness. Nutritional supplements; services, supplies and/or nutritional sustenance products (food) related to enteral feeding, except when determined to be Medically Necessary.		
Services for Hospital confinement primarily for diagnostic studies.		
Cosmetic Surgery, reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, or treatment relating to the consequences of, or as a result of, Cosmetic Surgery, except for reconstructive surgery following a mastectomy or when Medically Necessary to correct damage caused by an accident, an injury or to correct a congenital defect.		
MISCELLANEOUS:		
Donor Search/Compatibility Fee (except as explicitly provided under the Plan).		
Hearing aids, hearing devices or examinations for prescribing or fitting them.		
Services, treatment, educational testing, or training related to learning disabilities or developmental delays (such as autism or Asperger's Syndrome) and except for speech therapy for developmental delays regarding speech.		
Contraceptive Drugs, except for any above stated covered contraceptive services.		

MISCELLANEOUS (cont'd):	Page No. 94 of 6
In-vitro Fertilization and Artificial Insemination.	
Hair transplants, hair pieces or wigs (except when necessitated by disease) wig maintenance, or prescriptions or medications related to hair growth.	
Services and supplies primarily for educational, vocational or training purposes, including but not limited to structured teaching, applied behavioral analysis, or educational interventions, except as expressly provided under "Covered Services."	
Christian Science Practitioner.	
Treatment or services provided by a non-licensed Provider, or that do not require a license to provide; services that consist of supervision by a Provider of a non-licensed person; services performed by a relative of a Member for which, in the absence of any health benefits coverage, no charge would be made; services provided to the Member by a local, state, or federal government agency, or by a public school system or school district, except when the plan's benefits must be provided by law; services if the Member is not required to pay for them or they are provided to the Member for free.	
For any charges for performance, athletic performance or lifestyle enhancement drugs or supplies, except to the extent coverage for such drugs or supplies is specifically provided under the Plan.	
Respite care.	
SPECIAL CHARGES/SERVICES:	
Services or supplies provided by a member of your family or household.	
Charges or any portion of a charge in excess of the maximum allowable amount as determined by the Claims Administrator.	
Fees or charges made by an individual, agency or facility operating beyond the scope of its license.	
Services and supplies for which you have no legal obligation to pay, or for which no charge has been made or would be made if you had no health insurance coverage.	
Administrative Charges - Charges for any of the following: failure to keep a scheduled visit; completion of claim forms or medical records or reports unless otherwise required by law; for Physician or Hospital's stand-by services; for holiday or overtime rates; membership, administrative, or access fees charged by Physicians or other Providers. Examples of administrative fees include, but are not limited to, fees charged for educational brochures or calling a patient to provider their test results; specific medical reports including those not directly related to the treatment of the Participant, e.g., employment or insurance physicals, and reports prepared in connection with litigation.	
Separate charges by interns, residents, house Physicians or other health care professionals who are employed by the covered facility, which makes their services available.	
Personal comfort items such as those that are furnished primarily for your personal comfort or convenience, including those services and supplies not directly related to medical care, such as guest's meals and accommodations, barber services, telephone charges, radio and television rentals, homemaker services, travel expenses, and take-home supplies. Nutritional supplies (such as diet foods or over-the-counter diet pills) that do not require a prescription.	
SURGERY:	
Reversal of vasectomy or tubal ligation.	
Salabrasion, chemosurgery and other such skin abrasion procedures associated with the removal of scars, tattoos, actinic changes and/or which are performed as a treatment for acne.	

THERAPIES:	Page No.
Services for outpatient therapy or rehabilitation other than those specifically noted. Excluded forms of therapy include, but are not limited to: primal therapy, chelation therapy, rolfing, psychodrama, megavitamin therapy, purging, bioenergetic therapy, in-home wrap around treatment, wilderness therapy, and boot camp therapy.	95 of 6
VISION CARE:	
Vision care services and supplies, including but not limited to eyeglasses, contact lenses, and related or routine examinations and services. Eye refractions. Analysis of vision or the testing of its acuity. Service or devices to correct vision or for advice on such service. Orthoptic training is covered. This Exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery, or for soft contact lenses due to a medical condition, i.e. diabetes.	
Vision Surgeries - Related to radial keratotomy or keratomileusis or excimer laser photo refractive keratectomy; and surgery, services or supplies for the surgical correction of nearsightedness and/or astigmatism or any other correction of vision due to a refractive problem.	
WEIGHT REDUCTION PROGRAMS:	
Services for weight reduction programs, services and supplies. Weight loss programs, including but not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss).	

Coverage Regarding Approved Clinical Trials

Notwithstanding the foregoing limitations and exclusions, the Claims Administrator will not

- Deny any Qualified Individual the right to participate in an Approved Clinical Trial provided through a Network Provider;
- Deny, limit, or impose additional conditions on the coverage of Routine Patient Costs for items and services furnished in connection with participation in the clinical trial; nor
- Discriminate against any Qualified Individual who participates in an Approved Clinical Trial.

For this purpose, the following definitions apply:

- “Routine Patient Costs” include items and services typically provided under the Plan for a Member not enrolled in a clinical trial. However, such items and services do not include (a) the investigational item, device or service itself; (b) items and services not included in the direct clinical management of the patient, but instead provided in connection with data collection and analysis; or (c) a service clearly not consistent with widely accepted and established standards of care for the particular diagnosis.
- “Qualified Individual” is a Member who is eligible, according to the trial protocol, to participate in an Approved Clinical Trial for the treatment of cancer or other life-threatening disease or condition and either —
 - The referring health care professional is a Network Provider and has concluded that the Member’s participation in the clinical trial would be appropriate; or
 - The Member provides medical and scientific information establishing that the Member’s participation in the clinical trial would be appropriate.
- “Approved Clinical Trial” is a phase I, phase II, phase III, or phase IV clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other Life-Threatening Disease or Condition and is federally funded through a variety of entities or departments of the federal government; is conducted in connection with an investigational new drug application reviewed by the federal Food and Drug Administration; or is exempt from investigational new drug application requirements.
- “Life-Threatening Disease or Condition” is a disease or condition likely to result in death unless the disease or condition is interrupted.

Filing Claims & Claims Appeals

When you use Network Providers (including participating pharmacies), your Providers may file claims for you. If you use an Out-of-Network Provider (or nonparticipating pharmacy), you are required to file a claim. You may request a form from the appropriate Claims Administrator or the AEP Benefits Center. To file a claim, you (or your Provider) must complete a claim form and attach an itemized bill, receipt or other documentation from your provider that includes the following information:

- Name of the person who received treatment;
- Type of service (such as office visit or X-ray);
- Date of service;
- Diagnosis of the condition;
- Amount charged; and
- Name of the physician or other health care provider.

If the claim is for a prescription, the bill or receipt or other documentation from the pharmacy must show the:

- Name of the person for whom it was prescribed;
- Name of the drug and NDC number;
- Quantity dispensed;
- Days' supply;
- Dispensing instructions (e.g., Dispense As Written);
- Date of purchase;
- Name of physician who wrote the prescription; and
- Amount charged.

Mail your claim form to the address shown on the applicable Claims Administrator's website or claim form and attach all receipts. **You must file all claims within one year of the date the expense is incurred, or it will not be eligible for reimbursement under the plan. No request for an adjustment of a claim can be submitted later than two years after the claim has been paid.**

You may file claims for plan benefits, and appeal adverse claim decisions, either by yourself or through an authorized representative. In order to process your claim, the Claims Administrator may need information from the Provider of the service. As a claimant, you agree to authorize your physician, hospital, or other provider to release necessary information. The Claims Administrator will consider such information confidential. However, the Plan and the Claims Administrator have the right to use this information to defend or explain a denied claim.

If your claim is denied in whole or in part, you will receive a written notice of the denial from the Claims Administrator (or, with regard to a decision in connection with an external appeal, from the independent review organization assigned to review your appeal). The notice will explain the reason for the denial and the review procedures.

An "authorized representative" means a person you authorize, in writing, to act on your behalf. The Plan will also recognize a court order giving a person authority to submit claims on your behalf. In the case of a claim involving Urgent Care, a health care professional with knowledge of your condition may act as your authorized representative.

Questions about Benefit Determinations

If you have questions or concerns about a benefit determination, you may informally contact the Member Services Department of your Claims Administrator before requesting a formal appeal. If the Member Services representative cannot resolve the issue to your satisfaction over the phone, you may submit your questions in writing. Remember, however, that if you are not satisfied with a benefit determination, you may appeal it immediately as described in the sections that follow, without first informally contacting Member Services.

The Member Services telephone number is generally shown on your Identification Card. Member Services representatives are available to take your call during regular business hours, Monday through Friday.

Benefit Determinations for Anthem Medical Benefit Claims

For general medical benefits, the Medical Claims Administrator performs all internal levels of appeal.

Benefit Determinations for Magellan Behavioral Health Claims

For behavioral health benefits, the Behavioral Health Claims Administrator performs all internal levels of appeal.

Benefit Determinations for Express Scripts Prescription Drug Claims

For prescription drug benefits, the Prescription Drug Claims Administrator performs all internal levels of appeal.

Benefit Determination Process (Internal)

There are different processes and deadlines that apply depending upon whether the claim is pre-service, concurrent, post-service or for urgent care. The process for each type of claim is described in this section.

Should you be notified of an adverse benefit determination, you will be provided the following:

- Information sufficient to allow you to identify the claim involved.
- The specific reason(s) for the adverse benefit determination.
- Reference to the specific plan provisions on which the adverse benefit determination is based.
- A description of the plan's appeal procedures applicable to your claim and of your right to bring a civil action under federal law following the denial of all applicable appeals.
- A statement disclosing any internal rule, guideline, protocol, or similar criterion relied on in denying the claim (or a statement that such information will be provided free of charge upon request), if applicable.
- If the denial is based on a medical necessity, experimental treatment or similar exclusion, an explanation of the scientific or clinical judgment for the adverse benefit determination (or a statement that such explanation) will be provided free of charge upon request.

Here is how it works:

Pre-Service Claims

Pre-service claims are claims that require notification or approval prior to receiving medical care. For example, Certain prescription drugs require pre-certification by the Prescription Drug Claims Administrator before they can be filled. Pre-service claims that are urgent care claims are addressed under “Urgent Care Claims.”

If your pre-service claim is submitted properly with all needed information, the Claims Administrator will send you a notice of the benefits determination, whether adverse or not, no later than 15 days after it receives the claim.

If your pre-service claim is not filed in accordance with the plan’s procedures, the Claims Administrator will notify you of the improper filing and how to correct it, within five days after the improper claim is received.

If an extension is necessary to process your pre-service claim, the Claims Administrator will notify you in writing within the initial 15-day response period, and may request a one-time extension of up to 15 days. If the extension is necessary because you failed to provide all needed information, the notice of extension will describe the additional information required. You will then have 45 days to provide the additional information. If all the needed information is received within 45 days, the Claims Administrator will notify you of the determination within 15 days after the information is received. If you do not provide the needed information within the 45-day period, the Claims Administrator will deny the claim.

Urgent Care Claims

Urgent care claims are claims that require notification or approval prior to receiving medical care but a delay in the care for the periods otherwise applicable to your claim:

- Could seriously jeopardize your life or health or your ability to regain maximum function; or
- In the opinion of a physician with knowledge of your medical condition, could cause severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

If you file an urgent care claim in accordance with the plan’s procedures and include all needed information, the Claims Administrator will notify you of the determination, whether adverse or not, as soon as possible, but not later than 72 hours after receipt of the urgent claim.

However, if you do not provide sufficient information to determine whether, or to what extent, benefits are payable under the plan, the Claims Administrator will notify you of the improper filing and of the specific information necessary to complete the claim and how to correct it within 24 hours of receipt of the improper claim. This notification may be oral, unless you request a written notification. You will then have 48 hours to provide the requested information. You will be notified of the determination on your claim no more than 72 hours after the earlier of:

- The Claims Administrator’s receipt of the requested information; or
- The end of the 48 hours given to you to provide the requested information.

Any notification of an adverse benefit determination for an urgent care claim will include the same information previously listed under “Benefit Determination Process.” Notifications regarding urgent care claim determinations may be oral, in which case written or electronic confirmation will follow within three days.

Should you receive an adverse benefit determination for an urgent care claim and the time frame to complete an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time you file your request for an internal appeal of the adverse benefit determination (see “Expedited External Reviews” section, below).

Concurrent Care Claims (Ongoing Treatment)

There are two types of concurrent care claims:

- A claim to extend coverage for a course of treatment beyond a previously approved period of time or number of treatments; or
- A determination on behalf of the plan (other than by reason of a plan amendment) to reduce or terminate coverage by the plan before the end of a previously approved period of time or number of treatments.

You must submit a request to extend an ongoing course of treatment at least 24 hours before the end of the previously approved limit. If your request for extension is timely made and involves urgent care, the Claims Administrator will notify you of the determination, whether adverse or not, within 24 hours after the claim is received. If your claim is not made at least 24 hours prior to the end of the previously approved limit, the request will be treated as an urgent care claim (not as a concurrent care claim) and decided according to the time frames described above for urgent care claims.

A request to extend coverage that does not involve urgent care will be considered a new claim and will be decided according to the post-service or pre-service time frames previously described, whichever applies.

If an ongoing course of treatment previously approved by the plan is terminated or reduced for continued coverage, the Claims Administrator will notify you sufficiently in advance to allow you to submit an appeal and receive a decision on that appeal before the termination or reduction takes effect.

Any notification of an adverse benefit determination for a concurrent care claim will include the same information mentioned previously listed under the section titled “Benefit Determination Process (Internal).”

Post-Service Claims

Post-service claims are claims for benefits that are filed after medical care has been received. If your post-service claim is denied, you will receive a written notice from the Claims Administrator not later than 30 days after it received the claim, as long as all needed information was provided with the claim. Sometimes additional time is necessary to process a claim due to circumstances beyond the control of the plan. If an extension is necessary, the Claims Administrator will notify you in writing within the 30-day period of the reasons for the extension and the date by which it expects to render a decision. The extension generally will be no longer than 15 days, unless additional information is needed.

If the extension is necessary because you failed to provide all needed information, the notice of extension will describe the additional information required. You will have 45 days to provide the additional information. If all the additional information is received within 45 days, the Claims Administrator will notify you of its claim decision within 15 days after the information is received. If you do not provide the needed information within the 45-day period, the Claims Administrator will deny the claim.

Any notification of an adverse benefit determination for a post-service claim will include the same information mentioned previously under the section titled "Benefit Determination Process (Internal)." Page No. 100 of 6

Claims Appeal Process (Internal Appeals)

If you disagree with an adverse benefit determination, you may contact the Claims Administrator, in writing, to formally request an appeal. Except for concurrent claims (see "Concurrent Care Claims" section, above), you have 180 days from receipt of the notice of denial to file an appeal. Except for appeals involving urgent care (see "Urgent Care Appeals" section), all appeals must be in writing. You may submit written comments, documents, records and other information in support of your appeal. The review on appeal will take into account any information you submit, even if not submitted or considered as part of the initial determination. Upon request and free of charge, you will also be provided reasonable access to and copies of all documents, records, and information relevant to your claim.

If the appeal relates to a claim for payment, your request for appeal must include the following:

- The provider's name.
- The date of the medical service.
- The patient's name and identification number as shown on the medical plan ID card.
- The reason you believe the claim should be paid.
- Any documentation or other written information to support your request for claim payment.

If you are appealing an adverse benefit determination on an urgent care claim, please refer to the section "Urgent Care Appeals," below, and call the Member Services number on your medical plan Identification Card immediately. All other appeals will be processed as described below:

Generally, you are required to complete all appeal processes of the Plan before being able to obtain External Review or bring an action in litigation. However, if the Claims Administrator, or the Plan or its designee, does not strictly adhere to all claim determination and appeal requirements under applicable federal law, you are considered to have exhausted the Plan's appeal requirements ("Deemed Exhaustion") and may proceed with External Review or may pursue any available remedies under ERISA.

First-Level Appeals

The Claims Administrator for your medical plan is responsible for reviewing first-level appeals. The review of the first-level appeal will afford no deference to the initial benefit determination. Someone other than an individual involved in the initial benefit determination or a subordinate of such individual will be appointed to decide the first-level appeal.

First-Level Appeal Addresses:

For Medical Claims

Anthem Blue Cross and Blue Shield, ATTN: Appeals, P.O. Box 105568, Atlanta, Georgia 30348

For Behavioral Health Claims

Magellan Healthcare, Inc., Appeals Department; P.O. Box 2128; Maryland Heights, MO 63043
(Fax number 888-656-3820)

For Prescription Drug Claims

Express Scripts; P.O. Box 66587; St. Louis, MO 63166-6587
1-800-946-3979

You must include your Member Identification Number when submitting an appeal.

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The Claims Administrator will provide you written or electronic notification of the determination, as follows:

- For first-level appeals of pre-service claims, not later than 30 days after receipt of your request for a first-level appeal.
- For first-level appeals of post-service claims, not later than 60 days after receipt of your request for a first level appeal.

If you receive an adverse benefit determination on your first appeal, the notification from the Claims Administrator will include:

- Information sufficient to allow you to identify the claim involved.
- The specific reasons for the adverse benefit determination.
- Reference to the specific plan provisions on which the determination is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to or copies of all documents, records, or other information relevant to the claim.
- A description of the second-level appeal procedures offered by the plan.
- A statement of your right to bring civil action under federal law following a denial of your second-level appeal.
- A statement disclosing any internal rule, guideline, protocol, or similar criterion relied on in making the adverse benefit determination (or a statement that such information will be provided free of charge upon request), if applicable.
- If the denial on appeal is based on a medical necessity, experimental treatment or similar exclusion, an explanation of the scientific or clinical judgment for the adverse benefit determination (or a statement that such explanation) will be provided free of charge upon request, if applicable.

Voluntary Second-Level Appeals

If you are not satisfied with the determination on your first-level appeal, you can submit a second-level appeal to the Claims Administrator. The filing of a second-level appeal is voluntary and you are not required to undertake it before pursuing legal action. If you choose not to file for voluntary second-level appeal, the Plan will not assert that you have failed to exhaust your administrative remedies because of that choice.

All second-level appeals should be submitted in writing to the appropriate party within 60 days after you receive the notice of determination on your first-level appeal. Your second-level appeal would be mailed to the Claims Administrator at the same address listed under "First-Level Appeals."

Like first-level appeals, the review of a second-level appeal will afford no deference to prior determinations and will be conducted by someone other than individuals involved in the prior determinations or subordinates of such individuals.

If the Claims Administrator considers, generates or relies upon any new or additional evidence as it reviews your second-level appeal, it will provide you with a copy or description of that evidence free of charge and offer you a reasonable opportunity to respond before the Claims Administrator makes its determination. In addition, if the Claims Administrator develops a new or additional rationale for an adverse benefit determination in connection with your second-level appeal, it will advise you of that rationale free of charge and offer you a reasonable opportunity to respond before the Claims Administrator makes its determination.

The Claims Administrator will provide you written or electronic notification of the determination, as follows: **Page No. 102 of 6**

- For appeals of pre-service claims, not later than 30 days after receipt of your request for a second-level appeal.
- For appeals of post-service claims, not later than 60 days after receipt of your request for a second-level appeal.

Denial notifications of second-level appeals will include the applicable information previously described for adverse benefit determinations on first-level appeals.

Urgent Care Appeals

An appeal involves urgent care if a delay could significantly increase the risk to your health or impairs your ability to regain maximum function or, in the opinion of a physician with knowledge of your condition, could cause severe pain.

If your appeal involves urgent care, the appeal does not need to be submitted in writing. You or your physician should call the Claims Administrator for urgent care appeals at the toll-free telephone number on your medical plan ID card as soon as possible.

The Claims Administrator will notify you of the determination on your appeal as soon as possible, but not later than 72 hours after receipt of the appeal. The notification may be written or electronic and will include the information previously described for other adverse benefit determinations on appeal.

In situations where the time frame for completion of an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time as you file your request for an internal appeal of the adverse benefit determination. See section entitled “Expedited External Reviews” below, for additional information.

External Reviews

If you file a voluntary appeal for external review, any applicable statute of limitations will be suspended while the appeal is pending. The filing of a request for external review will have no effect on your rights to any other benefits under the Plan. However, the appeal for external review is voluntary and you are not required to undertake it before pursuing legal action.

If you choose not to file for voluntary external review, the Plan will not assert that you have failed to exhaust your administrative remedies because of that choice.

Standard External Reviews

See also the “Expedited External Reviews” section if you receive an adverse benefit determination to your urgent care appeal and you want to request an expedited external review.

Generally, the external review process under this Plan gives you the opportunity to receive review of an adverse benefit determination upon your first-level appeal conducted pursuant to applicable law. Your request will be eligible for external review if the following are satisfied:

- The adverse determination on first-level appeal involved medical judgment (such as those based on medical necessity, appropriateness, health care setting, or level of care; or a determination that a treatment is experimental or investigational; among others); or

- The appeal relates to a rescission, defined as a cancellation or discontinuance of coverage which has retroactive effect. Page No. 103 of 6

An adverse benefit determination based upon your eligibility to participate in the plan is not eligible for external review.

If upon your first-level appeal, the coverage denial is upheld and it is determined that you are eligible for external review, you will be informed in writing of the steps necessary to request an external review.

Upon an external review, an independent review organization refers the case for review by a neutral, independent clinical reviewer with appropriate expertise in the area in question. The decision of the independent external expert reviewer is binding on you, the Claims Administrator and the Plan unless otherwise allowed by law.

Your written request for an external review must be made within four months after receiving an adverse benefit determination on your first-level appeal.

Preliminary Review

Within 5 business days following the date of receipt of the request, the Claims Administrator must provide a preliminary review determining: you were covered under the Plan at the time the service was requested or provided, the determination does not relate to eligibility, you have exhausted the mandatory internal appeals process (unless Deemed Exhaustion applies – generally upon the failure of the Claims Administrator to make its determination on your claim or your appeal within the required timeframes), and you have provided all paperwork necessary to complete the external review.

Within one business day after completion of the preliminary review, the Claims Administrator must issue to you a notification in writing. If the request is complete but not eligible for external review, such notification will include the reasons for its ineligibility and contact information for the Employee Benefits Security Administration (toll-free number 1-866-444-EBSA (3272)). If the request is not complete, such notification will describe the information or materials needed to make the request complete and the Claims Administrator must allow you to perfect the request for external review within the four month period after receiving an adverse benefit determination on your first-level appeal or within the 48 hour period following the receipt of the notification, whichever is later.

Referral to External Independent Review Organization (IRO)

The Claims Administrator will assign an IRO accredited as required under federal law, to conduct the external review. The assigned IRO will timely notify you in writing of the request's eligibility and acceptance for external review, and will provide an opportunity for you to submit in writing within 10 business days following the date of receipt, additional information that the IRO must consider when conducting the external review.

Within one (1) business day after making the decision, the IRO must notify you, the Claims Administrator and the Plan.

The IRO will review all of the information and documents timely received. In reaching a decision, the assigned IRO will review the claim and not be bound by any decisions or conclusions reached during the Plan's internal claims and appeals process. In addition to the documents and information provided, the assigned IRO, to the extent the information or documents are available and the IRO considers them appropriate, will consider the following in reaching a decision:

- Your medical records;
- The attending health care professional's recommendation;
- Reports from appropriate health care professionals and other documents submitted by the Plan or issuer, you, or your treating provider;
- The terms of your Plan to ensure that the IRO's decision is not contrary to the terms of the Plan, unless the terms are inconsistent with applicable law;
- Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the Federal government, national or professional medical societies, boards, and associations;
- Any applicable clinical review criteria developed and used by the Claims Administrator, unless the criteria are inconsistent with the terms of the Plan or with applicable law; and
- The opinion of the IRO's clinical reviewer or reviewers after considering the information described in this notice to the extent the information or documents are available and the clinical reviewer or reviewers consider appropriate.

The assigned IRO must provide written notice of the final external review decision within 45 days after the IRO receives the request for the external review. The IRO must deliver the notice of final external review decision to you, the Claims Administrator and the Plan.

After a final external review decision, the IRO must maintain records of all claims and notices associated with the external review process for six years. An IRO must make such records available for examination by the claimant, Plan, or governmental oversight agency upon request, except where such disclosure would violate applicable privacy laws.

Upon receipt of a notice of a final external review decision reversing an adverse benefit determination or final internal adverse benefit determination, the Plan immediately must provide coverage or payment (including immediately authorizing or immediately paying benefits) for the claim.

Expedited External Reviews

If you receive an adverse benefit determination to your urgent care appeal, you may request an expedited external review. In situations where the time frame for completion of an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time as you file your request for an internal appeal of the adverse benefit determination.

You may also request an expedited external review if you receive a first-level appeal adverse benefit determination that concerns an admission, availability of care, continued stay, or health care for which emergency services were received but discharge from a facility has not occurred.

Upon receipt of the expedited external review request, the Claims Administrator will immediately conduct a preliminary review and provide written notification in the same manner as described under “Standard External Reviews.” The approved expedited review request will be reviewed by an independent organization. The independent organization will not be bound by any decisions or conclusions during the internal claim and appeals process. You will be provided notice of the independent organization’s final determination as expeditiously as needed, but in no event more than 72 hours after the independent organization receives the expedited external review request. If the notice of the final determination is not in writing, the independent organization must provide written confirmation within 48 hours after the date of providing that notice. Page No. 105 of 6

Coordination of Benefits (COB)

This Coordination of Benefits (COB) provision applies when you have health care coverage under more than one Plan.

Please note that several terms specific to this provision are listed below. Some of these terms have different meanings in other parts of the SPD, e.g., Plan. For this provision only, "Plan" will have the meanings as specified below. In the rest of the SPD, Plan has the meaning listed in the “Definitions” section.

The order of benefit determination rules determine the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits according to its terms regardless of the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense.

The Allowable expense under COB is generally the higher of the Primary and Secondary Plans’ allowable amounts. A Network Provider can bill you for any remaining Coinsurance and Deductible under the higher of the Plans’ allowable amounts. This higher allowable amount may be more than the Plan’s Maximum Allowable Amount.

COB Definitions

Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.

1. Plan includes: Group and non-group insurance contracts and subscriber contracts; Health Maintenance Organization (HMO) contracts; uninsured arrangements of group or group-type coverage; coverage under group or non-group closed panel plans; group-type contracts; medical care components of long term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts (whether “fault” or “no fault”); other governmental benefits, except for Medicaid or a government plan that, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan.
2. Plan does not include: Accident only coverage; specified disease or specified accident coverage; limited health benefit coverage; benefits for non-medical components of long term care policies; Hospital indemnity coverage benefits or other fixed indemnity coverage; school accident-type coverages covering grammar, high school, and college students for accidents only, including athletic injuries, either on a twenty-four (24) hour or “to and from school” basis; and Medicare supplement policies.

Each contract for coverage under items 1. or 2. above is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan. Page No. 106 of 6

This Plan means the part of the contract providing health care benefits that the COB provision applies to and which may be reduced because of the benefits of other plans. Any other part of the contract providing health care benefits is separate from this Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

The order of benefit determination rules determine whether this Plan is a Primary Plan or Secondary Plan when you have health care coverage under more than one Plan.

When this Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When this Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

Allowable expense is a health care expense, including Deductibles and Coinsurance that is covered at least in part by any Plan covering you. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering you is not an Allowable expense. In addition, any expense that a Provider by law or in accordance with a contractual agreement is prohibited from charging you is not an Allowable expense; however, if a Provider has a contractual agreement with both the Primary and Secondary Plans, then the higher of the contracted fees is the Allowable expense, and the Provider may charge up to the higher contracted fee.

The following are non-Allowable expenses:

1. The difference between the cost of a semi-private Hospital room and a private Hospital room is not an Allowable expense, unless one of the Plans provides coverage for private Hospital room expenses.
2. If you are covered by 2 or more Plans that calculate their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement method or other similar reimbursement methods, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.
3. If you are covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.
4. If you are covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement method or other similar reimbursement method and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary Plan's payment arrangement will be the Allowable expense for all Plans. However, if the Provider has contracted with the Secondary Plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary Plan's payment arrangement and if the Provider's contract permits, the negotiated fee or payment will be the Allowable expense used by the Secondary Plan to determine its benefits.
5. The amount that is subject to the Primary high-Deductible health plan's Deductible, if the applicable Claims Administrator has been advised by you that all Plans covering you are high-Deductible health plans and you intend to contribute to a health savings account established in accordance with Section 223 of the Internal Revenue Code of 1986.

Closed panel plan is a Plan that provides health care benefits primarily in the form of services through a panel of Providers that contract with or are employed by the Plan, and that excludes coverage for services provided by other Providers, except in cases of emergency or referral by a panel member.

Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

Order of Benefit Determination Rules

When you are covered by two or more Plans, the rules for determining the order of benefit payments are:

The Primary Plan pays or provides its benefits according to its terms of coverage and without regard to the benefits under any other Plan.

1. Except as provided in Paragraph 2. below, a Plan that does not contain a Coordination of Benefits provision that is consistent with this COB provision is always primary unless the provisions of both Plans state that the complying Plan is primary.
2. Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage will be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are placed over base plan Hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel plan to provide Out-of-Network benefits.

A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

Each Plan determines its order of benefits using the first of the following rules that apply:

Rule 1 - Non-Dependent or Dependent. The Plan that covers you other than as a Dependent, for example as an Employee, Member, policyholder, subscriber or retiree is the Primary Plan, and the Plan that covers you as a Dependent is the Secondary Plan. However, if you are a Medicare beneficiary and, as a result of Federal law, Medicare is secondary to the Plan covering you as a Dependent and primary to the Plan covering you as other than a Dependent (e.g., a retired employee), then the order of benefits between the two Plans is reversed so that the Plan covering you as an Employee, Member, policyholder, subscriber or retiree is the Secondary Plan and the other Plan covering you as a Dependent is the Primary Plan.

Rule 2 - Dependent Child Covered Under More Than One Plan. Unless there is a court decree stating otherwise, when a Dependent child is covered by more than one Plan the order of benefits is determined as follows:

1. For a Dependent child whose parents are married or are living together, whether or not they have ever been married:
 - The Plan of the parent whose birthday falls earlier in the calendar year is the Primary Plan; or
 - If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary Plan.

2. For a Dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:
- If a court decree states that one of the parents is responsible for the Dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
 - If a court decree states that both parents are responsible for the Dependent child's health care expenses or health care coverage, the provisions of 1. above will determine the order of benefits;
 - If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the Dependent child, the provisions of 1. above will determine the order of benefits; or
 - If there is no court decree assigning responsibility for the Dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - The Plan covering the custodial parent;
 - The Plan covering the Spouse of the custodial parent;
 - The Plan covering the non-custodial parent; and then
 - The Plan covering the Spouse of the non-custodial parent.
3. For a Dependent child covered under more than one Plan of individuals who are not the parents of the child, the provisions of item 1. above will determine the order of benefits as if those individuals were the parents of the child.

Rule 3 - Active Employee or Retired or Laid-off Employee. The Plan that covers you as an active Employee, that is, an Employee who is neither laid off nor retired, is the Primary Plan. The Plan also covering you as a retired or laid-off Employee is the Secondary Plan. The same would hold true if you are a Dependent of an active Employee and you are a Dependent of a retired or laid-off Employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if “Rule 1 - Non-Dependent or Dependent” can determine the order of benefits.

Rule 4 - COBRA. If you are covered under COBRA or under a right of continuation provided by other Federal law and are covered under another Plan, the Plan covering you as an Employee, Member, subscriber or retiree or covering you as a Dependent of an Employee, Member, subscriber or retiree is the Primary Plan and the COBRA or other Federal continuation coverage is the Secondary Plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if “Rule 1 - Non-Dependent or Dependent” can determine the order of benefits. This rule does not apply when the person is covered either: (a) as a non- Dependent under both Plans (i.e. the person is covered under a right of continuation as a qualified beneficiary who, on the day before a qualifying event, was covered under the group health plan as an Employee or as a retired Employee and is covered under his or her own Plan as an Employee, Member, subscriber or retiree); or (b) as a Dependent under both plans (i.e. the person is covered under a right of continuation as a qualified beneficiary who, on the day before a qualifying event, was covered under the group health plan as a Dependent of an Employee, Member or subscriber or retired Employee and is covered under the other plan as a Dependent of an Employee, Member, subscriber or retiree).

Rule 5 - Longer or Shorter Length of Coverage. The Plan that covered you longer is the Primary Plan and the Plan that covered you the shorter period of time is the Secondary Plan.

Rule 6 - If the preceding rules do not determine the order of benefits, the Allowable expenses will be shared equally between the Plans meeting the definition of Plan. In addition, this Plan will not pay more than it would have paid had it been the Primary Plan. Page No. 109 of 6

Effect on the Benefits of this Plan

When a Member is covered under two or more Plans which together pay more than the Allowable expense, the Plan will pay this Plan's benefits according to the Order of Benefit Determination Rules. This Plan's benefit payments will not be affected when it is primary. However, when this Plan is secondary under the Order of Benefit Determination Rules, we start with this Plan's Allowable expense, deduct the Primary Plan's payment and then deduct any Deductibles or Coinsurance.

If you are enrolled in two or more Closed panel plans and if, for any reason, including the provision of service by a non-panel Provider, benefits are not payable by one Closed panel plan, COB will not apply between that Plan and other Closed panel plans.

Right to Receive and Release Needed Information

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under this Plan and other Plans. The applicable Claims Administrator may get the facts it needs from, or give them to other organizations or persons for the purpose of applying these rules and determining benefits payable under this Plan and other Plans covering the person claiming benefits. The applicable Claims Administrator need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Plan must give the applicable Claims Administrator any facts the Claims Administrator needs to apply those rules and determine benefits payable.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under this Plan. If it does, this Plan may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under this Plan. This Plan will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by this Plan is more than should have paid under this COB provision, the Plan may recover the excess from one or more of the persons:

1. The Plan has paid or for whom the Plan have paid; or
2. Any other person or organization that may be responsible for the benefits or services provided for the Member.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

When a Covered Person Qualifies for Medicare

When you are eligible for the Medicare program and Medicare is allowed by Federal law to be the primary payer, the benefits described in this SPD will be reduced by the amount of benefits allowed under Medicare for the same Covered Services. This reduction will be made whether or not you actually receive the benefits from Medicare. For the purposes of the calculation of benefits, if the Member has not enrolled in Medicare Part B, the Plan will calculate benefits as if they had enrolled.

- **If You Are Under Age 65 With End Stage Renal Disease (ESRD)**
If you are under age 65 and eligible for Medicare only because of ESRD (permanent kidney failure), this Plan will be primary and Medicare will be secondary. This includes the Medicare “three month waiting period” and the additional **30 months** after the Medicare effective date. After 33 months, this Plan will be secondary and Medicare will be primary.
- **If You Are Under Age 65 With Other Disability**
If you are under age 65 and eligible for Medicare only because of a disability other than ESRD, this Plan will be primary and Medicare will be secondary. This is the case **only** if you are the actively employed Subscriber or the enrolled Spouse or child of the actively employed Subscriber.
- **If You Are Age 65 or Older**
If you are age 65 or older and eligible for Medicare only because of age, this Plan will be primary and Medicare will be secondary. This can be the case **only** if you are an actively employed Subscriber or the enrolled Spouse of the actively employed Subscriber.

Determining the Allowable Expense When This Plan is Secondary to Medicare

If this Plan is secondary to Medicare, the Medicare approved amount is the Allowable Expense, as long as the Provider accepts Medicare. If the Provider does not accept Medicare, the Medicare limiting charge (the most a Provider can charge you if they don't accept Medicare) will be the Allowable Expense. Medicare payments, combined with Plan Benefits, will not exceed 100% of the total Allowable Expense.

If you are eligible for, but not enrolled in, Medicare, and this Plan is secondary to Medicare, Benefits payable under this Plan will be reduced by the amount that would have been paid if you had been enrolled in Medicare.

Subrogation and Reimbursement

These provisions apply when the Plan pays benefits as a result of injuries or illnesses you sustained and you have a right to a Recovery or have received a Recovery from any source.

Recovery

A “Recovery” includes, but is not limited to, monies received from any person or party, any person’s or party’s liability insurance, uninsured/underinsured motorist proceeds, Workers’ Compensation insurance or fund, “no-fault” insurance and/or automobile medical payments coverage, whether by lawsuit, settlement or otherwise. Regardless of how you or your representative or any agreements characterize the money you receive as a Recovery, it shall be subject to these provisions.

Subrogation

The Plan has the right to recover payments it makes on your behalf from any party responsible for compensating you for your illnesses or injuries. The following apply:

- The Plan has first priority from any Recovery for the full amount of benefits it has paid regardless of whether you are fully compensated, and regardless of whether the payments you receive make you whole for your losses, illnesses and/or injuries.
- You and your legal representative must do whatever is necessary to enable the Plan to exercise the Plan's rights and do nothing to prejudice those rights.
- In the event that you or your legal representative fails to do whatever is necessary to enable the Plan to exercise its subrogation rights, the Plan shall be entitled to deduct the amount the Plan paid from any future benefits under the Plan.
- The Plan has the right to take whatever legal action it sees fit against any person, party or entity to recover the benefits paid under the Plan.
- To the extent that the total assets from which a Recovery is available are insufficient to satisfy in full the Plan's subrogation claim and any claim held by you, the Plan's subrogation claim shall be first satisfied before any part of a Recovery is applied to your claim, your attorney fees, other expenses or costs.
- The Plan is not responsible for any attorney fees, attorney liens, other expenses or costs you incur without the Plan's prior written consent. The "common fund" doctrine does not apply to any funds recovered by any attorney you hire regardless of whether funds recovered are used to repay benefits paid by the Plan.

Reimbursement

If you obtain a Recovery and the Plan has not been repaid for the benefits the Plan paid on your behalf, the Plan shall have a right to be repaid from the Recovery in the amount of the benefits paid on your behalf and the following provisions will apply:

- You must reimburse the Plan from any Recovery to the extent of benefits the Plan paid on your behalf regardless of whether the payments you receive make you whole for your losses, illnesses and/or injuries.
- Notwithstanding any allocation or designation of your Recovery (e.g., pain and suffering) made in a settlement agreement or court order, the Plan shall have a right of full recovery, in first priority, against any Recovery. Further, the Plan's rights will not be reduced due to your negligence.
- You and your legal representative must hold in trust for the Plan the proceeds of the gross Recovery (*i.e.*, the total amount of your Recovery before attorney fees, other expenses or costs) to be paid to the Plan immediately upon your receipt of the Recovery. You must reimburse the Plan, in first priority and without any set-off or reduction for attorney fees, other expenses or costs. The "common fund" doctrine does not apply to any funds recovered by any attorney you hire regardless of whether funds recovered are used to repay benefits paid by the Plan.
- If you fail to repay the Plan, the Plan shall be entitled to deduct any of the unsatisfied portion of the amount of benefits the Plan has paid or the amount of your Recovery, whichever is less, from any future benefit under the Plan if:
 1. The amount the Plan paid on your behalf is not repaid or otherwise recovered by the Plan; or
 2. You fail to cooperate.
- In the event that you fail to disclose the amount of your settlement to the Plan, the Plan shall be entitled to deduct the amount of the Plan's lien from any future benefit under the Plan.

- The Plan shall also be entitled to recover any of the unsatisfied portions of the amount the Plan has paid or the amount of your Recovery, whichever is less, directly from the Providers to whom the Plan has made payments on your behalf. In such a circumstance, it may then be your obligation to pay the Provider the full billed amount, and the Plan will not have any obligation to pay the Provider or reimburse you.
- The Plan is entitled to reimbursement from any Recovery, in first priority, even if the Recovery does not fully satisfy the judgment, settlement or underlying claim for damages or fully compensate you or make you whole.

Your Duties

- You must notify the applicable Claims Administrator promptly of how, when and where an accident or incident resulting in personal Injury or illness to you occurred and all information regarding the parties involved.
- You must cooperate with the Plan in the investigation, settlement and protection of the Plan's rights. In the event that you or your legal representative fails to do whatever is necessary to enable the Plan to exercise its subrogation or reimbursement rights, the Plan shall be entitled to deduct the amount the Plan paid from any future benefits under the Plan.
- You must not do anything to prejudice the Plan's rights.
- You must send the Plan copies of all police reports, notices or other papers received in connection with the accident or incident resulting in personal Injury or illness to you.
- You must promptly notify the applicable Claims Administrator if you retain an attorney or if a lawsuit is filed on your behalf.

The Plan Sponsor has sole discretion to interpret the terms of the Subrogation and Reimbursement provision of this Plan in its entirety and reserves the right to make changes as it deems necessary.

If the covered person is a minor, any amount recovered by the minor, the minor's trustee, guardian, parent, or other representative, shall be subject to this provision. Likewise, if the covered person's relatives, heirs, and/or assignees make any Recovery because of injuries sustained by the covered person, that Recovery shall be subject to this provision.

The Plan shall be secondary in coverage to any medical payments provision, no-fault automobile insurance policy or personal Injury protection policy regardless of any election made by you to the contrary. The Plan shall also be secondary to any excess insurance policy, including, but not limited to, school and/or athletic policies.

The Plan is entitled to recover its attorney's fees and costs incurred in enforcing this provision.

General Information

Workers' Compensation

The benefits under the Plan are not designed to duplicate any benefit for which Members are eligible under the Workers' Compensation Law. All sums paid or payable by Workers' Compensation for services provided to a Member shall be reimbursed by, or on behalf of, the Member to the Plan to the extent the Plan has made or makes payment for such services. It is understood that coverage hereunder is not in lieu of, and shall not affect, any requirements for coverage under Workers' Compensation or equivalent Employer liability or indemnification law.

Other Government Programs

Except insofar as applicable law would require the Plan to be the primary payer, the benefits under the Plan shall not duplicate any benefits to which Members are entitled, or for which they are eligible under any other governmental program. To the extent the Plan has duplicated such benefits, all sums payable under such programs for services to Members shall be paid by or on behalf of the Member to the Plan.

Right of Recovery

Whenever payment has been made in error, the Plan will have the right to recover such payment from you or, if applicable, the Provider. The Plan reserves the right to deduct or offset any amounts paid in error from any pending or future claim.

Modifications or Changes in Coverage

The Plan Sponsor may change the benefits described in this SPD and the Member will be informed of such changes as required by law. This SPD shall be subject to amendment, modification, and termination in accordance with any of its provisions by the Employer without the consent or concurrence of any Member.

Fraud

Fraudulent statements on Plan enrollment forms or on electronic submissions will invalidate any payment or claims for services and be grounds for voiding the Member's coverage, in addition to any other consequences that may be applicable by law or the Employer's policies.

Unauthorized Use of Identification Card

If you permit your Identification Card to be used by someone else or if you use the card before coverage is in effect or after coverage has ended, you will be liable for payment of any expenses incurred resulting from the unauthorized use. Fraudulent misuse could also result in termination of the coverage. Fraudulent statements in connection with enrollment and/or claims for services or payment may invalidate any payment or claims for services and be grounds for voiding the Member's coverage. This includes fraudulent acts to obtain medical services and/or Prescription Drugs.

Assignment

You authorize each Claims Administrator, on behalf of the Plan, to make payments directly to Providers for Covered Services. Each Claims Administrator also reserves the right to make payments directly to you. Payments may also be made to, and notice regarding the receipt and/or adjudication of claims, an alternate recipient, or that person's custodial parent or designated representative. Any payments made by a Claims Administrator will discharge the Plan's obligation to pay for Covered Services. You cannot assign your right to receive payment to anyone else, except as required by a "Qualified Medical Child Support Order" as defined by ERISA or any applicable federal law.

The coverage and any benefits under the Plan are not assignable by any Member without the written consent of the Plan, except as provided above.

Acts Beyond Reasonable Control (Force Majeure)

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Should the performance of any act required by this coverage be prevented or delayed by reason of any act of God, strike, lock-out, labor troubles, restrictive government laws or regulations, or any other cause beyond a party's control, the time for the performance of the act will be extended for a period equivalent to the period of delay, and non-performance of the act during the period of delay will be excused. In such an event, however, all parties shall use reasonable efforts to perform their respective obligations.

Conformity with Law

Any provision of the Plan which is in conflict with the applicable Federal laws and regulations is hereby amended to conform with the minimum requirements of such laws.

Clerical Error

Clerical error, whether of a Claims Administrator or the Employer, in keeping any record pertaining to this coverage will not invalidate coverage otherwise validly in force or maintain or otherwise continue benefits otherwise validly terminated or otherwise not in force.

Policies and Procedures

Each Claims Administrator, on behalf of the Employer, may adopt reasonable policies, procedures, rules and interpretations to promote the orderly and efficient administration of the Plan with which a Member shall comply.

Waiver

No agent or other person, except an authorized officer of the Employer, has authority to waive any conditions or restrictions of the Plan, to extend the time for making a payment to the Plan, or to bind the Plan by making any promise or representation or by giving or receiving any information.

Reservation of Discretionary Authority

Each Claims Administrator shall have all the powers necessary or appropriate to enable it to carry out its duties in connection with the operation of the Plan and interpretation of the SPD. This includes, without limitation, the power to act within its scope of benefits to determine all questions arising under the Plan, to resolve Member appeals and to make, establish and amend the rules, regulations and procedures with regard to the interpretation of the SPD of the Plan. A specific limitation or exclusion will override more general benefit language. Anthem has complete discretion to interpret the Medical Benefits portions of this SPD, Express Scripts has complete discretion to interpret the Prescription Drug Benefits portions of this SPD, and Magellan Behavioral Health has complete discretion to interpret the Behavioral Health Benefits portions of this SPD. Each Claims Administrator's determination shall be final and conclusive and may include, without limitation, determination of whether the services, treatment, or supplies are Medically Necessary, Experimental/Investigative, whether surgery is cosmetic, and whether charges are consistent with the Plan's Maximum Allowed Amount. A Member may utilize all applicable appeals procedures.

When Coverage Ends

Generally

Under most circumstances, your AEP coverage ends on the last day of the month in which:

- You stop paying required contributions;
- You terminate employment (if you are covered as an Employee);
- You are no longer eligible;
- This Plan ends;
- You die; or
- You enroll in a Medicare Part D prescription drug benefit other than AEP's and you were not automatically enrolled due to the federal low income subsidy.

Coverage for your dependents ends on the last day of the month in which your coverage ends, or in which they are no longer eligible.

Should you or any covered family Members be receiving covered care in the Hospital at the time your coverage terminates for reasons other than the termination of this Plan, or failure to pay the required contributions, benefits for Hospital Inpatient care will be provided until the date you are discharged from the Hospital.

Continuing Coverage as an AEP Retiree

If you are age 55 or older with at least 10 years of service when your employment with AEP ends, you alternatively may be able to continue coverage for yourself as an AEP "retiree" and for your eligible dependents. Please refer to the "Eligibility" section for more information.

Continuing Coverage as a Surviving Dependent

If you are covered as a dependent spouse or child of an Employee or Retiree at the time of the Employee's or Retiree's death, your coverage may be continued as a "Surviving Dependent. Please refer to the "Eligibility" section for more information about the availability and additional circumstances that may cause that coverage to terminate.

Continuing Medical Coverage through COBRA

Under the Consolidated Omnibus Budget Reconciliation Act, a federal law known as "COBRA," employers with 20 or more employees that sponsor group health plans generally are required to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This section is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of COBRA in connection with your medical plan benefits maintained by the Participating AEP System Companies (generally referred to in these sections as the "Company"). You and your spouse should take the time to read this notice carefully.

When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Qualified Beneficiaries

Status as a qualified COBRA beneficiary gives an individual special rights under COBRA. Persons covered by the Plan will be considered COBRA qualified beneficiaries only if they fit into one of the following categories:

- Retiree;
- Employee or former employee;
- Spouse or former spouse of the retiree, employee or former employee; or
- Dependent child(ren) of the retiree, employee or former employee.

Therefore, you, your spouse and dependent children who are covered by the Plan at the time of the "qualifying event" generally will be considered "qualified COBRA beneficiaries" with respect to the Plan. Any child born or placed for adoption during the COBRA continuation period will also be treated as a qualified beneficiary if you have dependent coverage under the Plan at the time. Please remember that to enroll a newborn infant or a child placed with you for adoption (or even any other child or other dependents acquired through marriage) in the Plan, you must follow the enrollment procedures that are described in the Plan. A child is considered "placed for adoption" when the adoptive parent assumes and retains the legally enforceable obligation for the partial or total support of the child. This obligation generally arises when the proper court or proper agency issues an order to that effect.

Although COBRA laws do not establish health benefit continuation rights for other categories of eligible dependent (such as domestic partners while they remain eligible or lose coverage under circumstances that are similar to the COBRA qualifying events described below), AEP offers COBRA-like coverage to them under the medical plan.

COBRA Qualifying Events

Employee. You have a right to choose this continuation coverage if you lose your coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part), or if you are a retiree, because of a filing under Title 11 of the Federal Bankruptcy Code with respect to your employer (with regard to this qualifying event, the loss of coverage may include the substantial elimination of your coverage within one year before or after the filing).

Spouse or Domestic Partner. Your spouse or domestic partner, if covered by the Plan, has the right to choose continuation coverage for him or herself if he or she lost coverage under that plan for ANY of the following six (6) reasons:

- Your death;
- A surviving spouse's remarriage within 36 months of your death;
- The termination of your employment (for reasons other than gross misconduct) or reduction in your hours;
- Your divorce, legal separation or termination of domestic partnership;

- You become eligible for benefits under Medicare Part A, Part B, or both; or
- A filing under Title 11 of the Federal Bankruptcy Code with respect to the employer. With regard to this qualifying event, the loss of coverage may include the substantial elimination of coverage within one year before or after the filing.

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Dependent Child. Your dependent child, if covered by the Plan, has the right to continuation coverage under the Plan if coverage is lost for any of the following six (6) reasons:

- Your death;
- The termination of your employment (for reasons other than gross misconduct) or reduction in your hours;
- Your divorce, legal separation or termination of domestic partnership;
- You become eligible for benefits under Medicare Part A, Part B, or both;
- Your dependent ceases to be a “dependent child” under the Plan; or
- A filing under Title 11 of the Federal Bankruptcy Code with respect to the employer. With regard to this qualifying event, the loss of coverage may include the substantial elimination of coverage within one year before or after the filing.

For qualifying event purposes, coverage will be considered lost if a person ceases to be covered under the same terms and conditions as in effect immediately before the applicable qualifying event. Any increase in the premium or contribution that you must pay (or that your spouse/domestic partner or dependent child must pay) for coverage under a plan that results from the occurrence of a qualifying event is considered a loss of coverage. The loss of coverage need not occur immediately after the qualifying event, so long as the event occurs before the end of the maximum coverage period (discussed under the heading “Duration of Continuation Coverage”).

The taking of leave under the Family and Medical Leave Act (FMLA) is not considered a qualifying event under COBRA. A qualifying event may occur under COBRA, however, on the last day of your FMLA leave.

Obligation to Notify the Company of Certain Qualifying Events

Under COBRA, you or your family member has the responsibility to inform the Company of a divorce, legal separation, termination of domestic partnership or of a child losing dependent status under the Plan. This notice must be provided to the AEP Benefits Center within 60 days of the qualifying event. If the AEP Benefits Center is not provided such notice within that time, there will be no continuation coverage available with respect to that qualifying event.

You or your covered family member also has the responsibility to inform the Company of a Social Security determination that you or your covered family member was disabled either at the time of your termination or reduction in hours, or within 60 days thereafter. This notice must be provided to the AEP Benefits Center in writing during the initial 18 months of continuation coverage and within 60 days of the Social Security determination. If the AEP Benefits Center is not provided such notice within that time, the 11-month extension of the maximum continuation coverage period will not be available.

Also, if a child is born to you or placed for adoption with you during the period that you have elected continuation coverage, that child may also be added to your coverage assuming that you timely notify the AEP Benefits Center of the addition of the child and timely pay any additional premium that becomes payable as a result of the addition. Please refer to the section entitled “Dependent Eligibility” to determine how and when you may add a child to your coverage.

The Company has the responsibility to notify the Plan of your death, termination of employment or reduction in hours, or if you become eligible for Medicare. Therefore, you should immediately notify the AEP Benefits Center if you or another covered individual becomes eligible for Medicare. Page No. 118 of 6

The Company also relies on you to notify the Plan of the death of a covered individual or if a covered individual becomes eligible for Medicare. Therefore, please immediately notify the AEP Benefits Center if any of these persons dies or becomes eligible for Medicare and of the death of a covered individual.

Notice of Election

When the AEP Benefits Center is notified that one of the applicable qualifying events has occurred, the AEP Benefits Center will in turn notify the qualified beneficiary of the right to choose continuation coverage. This COBRA Notification letter will be mailed to you and/or the other qualified beneficiaries at the last known address; therefore, it is imperative that you and your dependents keep the AEP Benefits Center informed of any address change.

Under COBRA, you and each qualified beneficiary have 60 days from the latter of the date you would lose coverage because of one of the qualifying events previously described, or the date you are notified of your rights to continue coverage, to inform the Company that you want continuation coverage. As mentioned above, to inform the Company of your decision, please contact AEP Benefits Center toll-free at 1-888-237-2363. If you do not choose continuation coverage with respect to the Plan, your coverage under the Plan will end.

If you choose continuation of coverage under the Plan, the Company is required to give you coverage which is identical to the coverage provided under the Plan to similarly situated employees or family members; as such coverage may change from time to time. You and each of your other qualified beneficiaries are eligible to continue only those Plan coverages that were in effect immediately before the qualifying event. No evidence of insurability is required for election of COBRA continuation coverage. Of course, you must pay the required contributions for the continuation coverage in a timely manner. (See the section on “Conditions on Continuation Coverage.”)

Duration of Continuation of Coverage

COBRA requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months, unless the Social Security Administration determines that you or a member of your family were disabled at the time of the termination or reduction of hours (or within 60 days thereafter), and you inform the AEP Benefits Center in writing within 60 days of that determination and before the end of the 18-month period, in which case your coverage and the coverage of your family members may be extended to as many as 29 months. You may be requested to provide additional documentation in order to qualify for this 11-month extension.

If, during the initial 18 months of continuation coverage, another qualifying event takes place that also entitles you to coverage, coverage may be extended a maximum of 18 additional months. In no case may the total amount of continued coverage be more than 36 months. If a second event occurs, it is the COBRA beneficiary's obligation to notify the AEP Benefits Center of the second qualifying event within 60 days of that event and within the original 18-month period.

There is a special rule that applies if you become eligible for Medicare within the 18 months prior to termination of employment or reduction in hours. Under that circumstance, although your spouse and/or dependent children effectively lose coverage because of your termination of employment or reduction in hours, they will be entitled to maintain continuation coverage for a period that does not expire before 36 months have passed since you became entitled to Medicare. Page No. 119 of 6

If you are a retiree or a spouse or dependent child of a retiree, special rules apply to determine your maximum period of COBRA continuation coverage.

COBRA generally requires that a plan offer conversion health plan coverage to a qualified beneficiary who uses continuation coverage for the maximum coverage period, but only if conversion coverage is otherwise generally available under the Plan. Because the Plan offers no such conversion coverage, none will be made available following the expiration of continuation coverage for any qualified beneficiary.

COBRA also provides that continuation coverage may be cut short for ANY of the following reasons:

- The Company no longer provides group health coverage to any of its employees;
- The premium for continuation coverage is not paid in a timely fashion;
- You, your spouse/domestic partner or dependent will lose COBRA continuation coverage upon becoming covered under another group health plan that does not include a preexisting conditions clause that applies (note that the Health Insurance Portability and Accountability Act of 1996 limits the circumstances in which plans can apply preexisting conditions clauses);
- You, your spouse/domestic partner or dependent will lose COBRA continuation coverage upon becoming entitled to benefits under Medicare (Part A, Part B or both); or
- For cause, such as fraudulent claim submission, on the same basis that coverage could terminate for other similarly situated participants in the Plan.

Therefore, you must immediately notify the AEP Benefits Center if you, your spouse/domestic partner or any of your covered dependents become eligible for benefits under Medicare.

Furthermore, if continuation coverage is extended beyond 18 months because of disability, continuation coverage will be cut short after the latter of the expiration of the initial 18-month continuation period or the date that the qualifying beneficiary is determined to be no longer disabled. You are required to notify the AEP Benefits Center within 60 days of the date of any final determination by the Social Security Administration that the qualified beneficiary is no longer disabled. If you fail to timely notify the AEP Benefits Center, the Plan reserves the right to recover from you its costs associated with recovering the excess benefits provided to you.

Conditions on Continuation of Coverage

You do not have to show that you are insurable to choose continuation coverage. However, under COBRA, you will have to timely pay all of the premiums for your continuation coverage as outlined under the law. The contribution for your continuation coverage generally is equal to no more than the full cost of the coverage plus a 2% charge to cover the cost of plan administration. If you or your dependents are entitled to up to 29 months of continuation coverage due to disability, the premium increases to as much as 150% of the full cost beginning with the 19th month of continuation coverage. The AEP Benefits Center can provide you with current cost information.

You must pay for the coverage in monthly installments. Your first payment must be in full and received no later than 45 days after the date you elect continuation coverage. For payment after that first payment, you will have a grace period of at least 30 days to pay the premiums. As a general matter, coverage will be suspended for a period that premiums have not been paid. However, coverage will be reinstated upon the receipt of timely payment (taking into account the grace period for that payment) for a one time exception under the AEP plan.

Other Coverage Options Besides COBRA Continuation Coverage

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a Spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Group's health Plan and your COBRA continuation coverage rights should be addressed to the Employer. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Continuation of Coverage During Military Leave (USERRA)

Under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), the Member may have a right to continuation of benefits subject to the conditions described below.

Under USERRA, if the Employee (or his or her Dependents) is covered under this Plan, and if the Employee becomes absent from employment by reason of military leave, the Employee (or his or her Dependents) may have the right to elect to continue health coverage under the Plan. In order to be eligible for coverage during the period that the Employee is gone on military leave, the Employee must give reasonable notice to the Employer of his or her military leave and the Employee will be entitled to COBRA-like rights with respect to his or her group health benefits in that the Employee and his or her Dependents can elect to continue coverage under the plan for a period of 24 months from the date the military leave commences or, if sooner, the period ending on the day after the deadline for the Employee to apply for or return to work with the Employer. During military leave the Employee is required to pay the Employer for the entire cost of such coverage, including any elected Dependents' coverage. However, if the Employee's absence is less than 31 days, the Employer must continue to pay its portion of the contributions and the Employee is only required to pay his or her share of the contributions without the COBRA-type 2% administrative surcharge.

Also, when the Employee returns to work, if the Employee meets the requirements specified below, USERRA states that the Employer must waive any exclusions and waiting periods, even if the Employee did not elect COBRA continuation. These requirements are (i) the Employee gave reasonable notice to his or her Employer of military leave, (ii) the military leave cannot exceed a prescribed period (which is generally five (5) years, except in unusual or extraordinary circumstances) and the Employee must have received no less than an honorable discharge (or, in the case of an officer, not been sentenced to a correctional institution), and (iii) the Employee must apply for reemployment or return to work in a timely manner upon expiration of the military leave (ranging from a single day up to 90 days, depending upon the period that he or she was gone). The Employee may also have to provide documentation to the Employer upon reemployment that would confirm eligibility. This protection applies to the Employee upon reemployment, as well as to any Dependent who has become covered under the Plan by reason of the Employee's reinstatement of coverage. Page No. 121 of 6

For More Information

This notice does not fully describe the continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under this Plan is available from the AEP Benefits Center.

If you have any questions concerning the information in this notice or your rights to coverage, you should contact the AEP Benefits Center.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S Department of Labor's Employee Benefits Security Administration (EBSA) in your area, or visit the EBSA website at www.dol.gov/ebsa.

Life Events and Your Coverage

In general, once you enroll in medical benefits, you cannot make changes to your elections until the next Annual Enrollment period. However, certain events in your life — such as a marriage, divorce or birth of a child may warrant mid-year changes that are due to and consistent with the event.

Remember — if you do not make your change within 31 days of the event (or as otherwise specified below in certain circumstances), you may not change your elections until the next Annual Enrollment period.

You Begin Working at AEP

As a new employee of a Participating AEP System Company, you must indicate your medical plan election within 31 days of your hire date. If you do not enroll within 31 days, you will be defaulted into the Basic HSA Plan option covering yourself only. Unless you experience a qualifying change in family or employment status, you will not be able to make changes to your benefit elections until the next Annual Enrollment period.

Coverage begins on your first day of work whether you elect coverage or are defaulted into coverage.

You Get Married

Your marriage is considered a qualifying change in family status which allows you to adjust your participation in the medical plan. You must contact the AEP Benefits Center in order to make benefit changes when you marry. All changes must be made within 31 days of the date of your marriage. A copy of the certified marriage certificate will be requested by the AEP Benefits Center in order to enroll your new spouse. A marriage event does NOT allow you to change your medical plan option.

Coverage is effective on the date of your marriage if you enroll yourself, your eligible spouse and/or your eligible dependents within 31 days of the date of your marriage.

Your Marriage Ends

It's important to keep the AEP Benefits Center informed of loss of dependent eligibility due to the end of your marriage. The AEP Benefits Center can help you make appropriate benefits changes.

If you have spouse or family medical coverage, coverage for your former spouse (and any stepchildren) ends on the last day of the month in which your marriage ends.

- You are required to notify the AEP Benefits Center to remove any ineligible dependents from your medical plan.
- Your former spouse and any stepchildren may continue the group coverage for 36 months through COBRA.
- If you have eligible children, you may wish to retain Participant + Child(ren) medical coverage even if you do not have custody of your child(ren). If you drop dependent coverage, you may not resume coverage for these dependents until the next Annual Enrollment period.
- If you were covered under your spouse's medical care plan, you have 31 days from the date your marriage ends to apply for AEP medical coverage in your own name.

An event ending your marriage does NOT allow you to change your medical plan option.

Your Domestic Partnership Ends

You must notify the AEP Benefits Center of the loss of dependent eligibility due to termination of a domestic partnership. The AEP Benefits Center can help you make changes to your medical coverage. You will need to supply a "Declaration of Termination of Domestic Partnership" form to the AEP Benefits Center in order to change your medical coverage.

- If you have domestic partner or family medical coverage, coverage for your former domestic partner (and any children of your domestic partner) ends on the last day of the month of the end of your partnership.
- You are required to notify the AEP Benefits Center to remove the names of former dependents from your medical coverage.
- Your former domestic partner (and any children of your domestic partner) may continue the group coverage for up to 36 months, based on the manner the Company is currently offering COBRA continuation coverage.
- If you were covered under your domestic partner's medical coverage, you have 31 days from the date of the end of the partnership to apply for AEP medical coverage.

The termination of your domestic partnership does NOT allow you to change your medical plan option.

You Are Unable to Work Due to an Illness or Injury

If you are unable to work due to illness or injury while covered under the AEP Comprehensive Medical Plan, your coverage and obligation to make contributions continue while you are receiving sick pay and for as long thereafter as you are receiving benefits under AEP's Long-Term Disability (LTD) plan.

You Die

In the event you die, your survivors must contact the AEP Benefits Center to make decisions about whether to continue coverage for themselves if they were enrolled in medical coverage at the time of your death.

Eligible surviving dependents may be eligible to continue medical plan coverage if all required contributions are paid up to date. Please refer to the "Eligibility" section for additional information about who is eligible to be covered as a surviving dependent and for how long.

If a surviving dependent enrolls in the AEP Comprehensive Medical Plan but later disenrolls from the plan, he or she may not elect to re-enroll later.

Your survivors will need to submit a copy of your Death Certificate to the AEP Benefits Center prior to enrollment in coverage.

Your survivors must enroll within 31 days of your death, or such longer period as may be required by COBRA.

Your death does NOT allow your surviving dependents to change the medical plan option in which they were enrolled, except surviving spouse who is over age 65 may elect among the plan options then available.

A Covered Family Member Dies

The death of a family member who is eligible for AEP benefits is considered a qualifying change in family status which allows you to adjust your participation in medical plan. Remember that any changes must be made within 31 days of the death.

Review your medical coverage, and contact the AEP Benefits Center to adjust your coverage level, as appropriate, for the surviving family members. The death of a covered dependent does NOT allow you to change your medical plan option.

Your Child Loses Dependent Status

Your child loses eligibility to be covered as your dependent at the end of the month in which he or she turns age 26.

If your child is disabled when coverage would otherwise end, you may be able to keep him or her covered under your plan. Consult the AEP Benefits Center or the Medical Claims Administrator for requirements to continue coverage during the child's disability.

Medical coverage ends for your dependent on the last day of the month in which he or she no longer meets any other requirement to be considered an eligible dependent. The child may continue coverage through COBRA. Page No. 124 of 6

Birth/Adoption/Placement for Adoption/Legal Guardianship of a Child

Your newborn child will be eligible for coverage on the date of birth. If a child is placed with you for adoption, he or she will be eligible for coverage on the date of the placement for adoption as long as the child satisfies the eligibility requirements of this plan.

To enroll a newborn or other dependent child in medical coverage, you must notify the AEP Benefits Center within 90 days of the birth, adoption, or the date the child was legally placed in your care in anticipation of adoption. You must provide the dependent's Social Security number or tax-identification number for non-USA citizens, within six months of adding a dependent. The AEP Benefits Center will request a copy of the birth certificate, adoption decree or guardianship papers to validate their eligibility.

Change in Your Spouse's/Domestic Partner's Employment

If your spouse's/domestic partner's coverage is affected by a change in his or her employment or benefits eligibility with his or her current employer, you may be eligible to begin, change, or discontinue coverage under the AEP medical plan to the extent that would be consistent with the events affecting your spouse/domestic partner. You may not change your medical plan option if you are already enrolled in the AEP Medical Plan.

You must contact the AEP Benefits Center within 31 days of your spouse's/domestic partner's loss/gain of coverage.

You Begin a Family Medical Leave of Absence (FMLA)

If you are on an approved Family Medical Leave of Absence (FMLA), your benefits may be affected. You may be on a paid or unpaid leave of absence under FMLA.

Under a paid FMLA absence, your medical coverage continues as normal and your medical plan contributions continue to be taken from your first and second paychecks of the month.

If your FMLA is unpaid, you have the following options:

- Revoke coverages during the leave. In order to take advantage of this option, then within 31 days after your leave begins, you must notify the AEP Benefits Center of the specific coverages that you want to discontinue during the period of your unpaid FMLA leave. You will be entitled to reinstate the discontinued coverages upon your return to work following your leave.
- Continue your Coverages by Making Payments. Unless you notify the AEP Benefits Center otherwise, it will be assumed that this is the option that you select. Under this option, you would pay for your coverage by the first of each month during the leave. When the leave ends, your salary reduction election that had been in effect at the beginning of your leave will be given effect for the duration of the calendar year unless you would make an election change upon returning from the leave, as permitted under the terms of our plan (e.g., for changes in status). If you would stop making contributions for your coverage during the leave, AEP will continue your coverage, and AEP will recoup your missed payments upon your return.

COBRA eligibility does not begin until your FMLA leave ends.

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You Begin an Unpaid Leave of Absence (non-FMLA)

In certain situations, you may need to take more time off from work than your available vacation time allows. In such cases, you may be eligible for an unpaid leave of absence.

- Your medical contributions from your paycheck stop when your unpaid leave begins.
- Coverage ends at the end of the month in which your unpaid Leave of Absence begins. You will be offered the option to continue medical coverage through COBRA.

You Begin a Paid Military Leave of Absence

Serving on active duty in the Armed Forces of our country can have an effect on your AEP benefits. Generally, all benefit coverage levels may continue for up to 24 months at the level in effect immediately before your paid military leave begins. You have the option to maintain some or all of your benefits during your paid military leave.

If you elect to continue your medical coverage, your contribution continues at the active employee rate for as long as you receive pay differential, up to 24 months and your contributions will be withheld from your paycheck. If you don't have enough net pay to take all of your deductions, you will be billed on a monthly basis. If you elect to discontinue medical coverage during your paid military leave of absence, your coverage will end at the end of the month in which your paid military leave began.

If you go onto an unpaid Military Leave of Absence, see above "Continuation of Coverage During Military Leave (USERRA)," and "You Begin an Unpaid Leave of Absence (non- FMLA)" for information regarding your medical coverage.

You Terminate Employment before Qualifying for AEP Retiree Benefits

If your employment with a Participating Company terminates for any reason prior to both reaching age 55 and at least 10 years of service, your medical coverage ends on the last day of the month in which your employment ends. You and your dependents may be eligible to continue medical coverage through COBRA. Under COBRA you pay the full cost of that coverage, plus an administrative charge.

You Terminate Employment After Becoming Retiree Benefits Eligible

If you are age 55 or older with at least 10 years of service when your employment with a Participating AEP System Company ends, you may be considered an AEP "retiree."

See section titled "Enrolling for Coverage."

If you elect retiree medical coverage, contributions will either be deducted from your monthly pension check (if applicable) or you will be billed monthly for your contributions.

You are Rehired at AEP

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As a rehired employee of a Participating AEP System Company, you must indicate your medical plan election within 31 days of your rehire date. If you do not enroll or waive within 31 days, you may be enrolled in the default coverage then applicable (see “Enrolling for Coverage” section). Unless you experience a qualifying change in status, you will not be able to make changes to your benefit elections until the next Annual Enrollment period.

You and your eligible dependents are covered from your first day of work, if you enroll within 31 days of your rehire date.

You Return from an Unpaid Leave of Absence

After returning from an approved leave of absence, you may resume participation in benefits that you may have stopped during your leave or benefits that you may have elected under COBRA.

You may continue, add, or discontinue medical coverage for yourself and your eligible dependents, within 31 days of your return from leave. If you resume participation in the medical plan when you return from your unpaid leave, your contributions will begin coming out of your paycheck again.

You Return After Retirement

If you return to work with a Participating AEP System Company after retirement and are only returning for a temporary length of time (less than 1 year), you may be eligible to be considered a “rehired retiree” or you can also return to work for AEP as a regular full-time or part-time employee. If you return as a “rehired retiree,” you retain your retiree medical coverage at the applicable retiree contribution rate when you return to work and your contributions will be deducted from your paycheck.

Coverage or Employer Contributions Lost Under Another Medical Plan

A Special Enrollment Period is available to you (if you are an eligible Employee or Retiree) and your eligible Dependents who:

- Lost eligibility under a prior medical plan for reasons other than non-payment of premium or due to fraud or intentional misrepresentation of a material fact;
- Exhausted COBRA benefits or stopped receiving group contributions toward the cost of the prior medical plan; or
- Lost Employer contributions towards the cost of the other coverage.

Notice of a requested change must be made to the AEP Benefits Center within 31 days of the event (or within 90 days of a birth or adoption). You also may be required to provide proof of the qualifying status change(s).

Medicaid or CHIP Coverage (Loss of Eligibility or Qualify for Premium Assistance)

You may request enrollment in the AEP Comprehensive Medical Plan mid-year if you notify the AEP Benefits Center within 60 days after you or your dependent either (1) loses eligibility for Medicaid or coverage through the Children's Health Insurance Program (“CHIP”) that is administered by your state, or (2) becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

Newly Eligible Because of Change In AEP Employment Status

If your AEP employment status would change from one not eligible to participate (such as if you had been classified as a contractor, temporary employee, or leased employee) to one that is, you may be able to enroll the medical plan within 31 days of the change in employment status. Notice of a requested change must be made to the AEP Benefits Center within 31 days of the change in your status.

Definitions

Accidental Injury

Bodily Injury sustained by a Member as the result of an unforeseen event and which is the direct cause (independent of disease, bodily infirmity or any other cause) for care which the Member receives. Such care must occur while this Plan is in force. It does not include injuries for which benefits are provided under any Workers' Compensation, Employer's liability or similar law.

Ambulance Services

A state-licensed emergency vehicle which carries injured or sick persons to a Hospital. Services which offer non-emergency, convalescent or invalid care do not meet this definition.

Authorized Service(s)

A Covered Service rendered by any Provider other than a Network Provider, which has been authorized in advance (except for Emergency Care which may be authorized after the service is rendered) by the Claims Administrator to be paid at the Network level. The Member **may** be responsible for the difference between the Out-of-Network Provider's charge and the Maximum Allowable Amount, in addition to any applicable Network Coinsurance or Deductible. For more information, see the "Claims Payment" section.

Behavioral Health Care

Includes services for Mental Health and Substance Abuse. Mental Health and Substance Abuse is a condition that is listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental health or substance abuse condition.

Benefit Period

One year, January 1 – December 31 (also called year or the calendar year). It does not begin before a Member's coverage becomes effective. It does not continue after a Member's coverage ends.

Blue Distinction Bariatric Surgery Providers

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Bariatric Surgery Provider: A Provider who has achieved designation as a Blue Distinction Center+ or Blue Distinction Center for Bariatric Surgery Procedures.

PAR Bariatric Surgery Provider: Hospitals participating in the Medical Claims Administrator's networks; also known as "Network" or "PAR" (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Bariatric Surgery Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Bariatric Surgery services; also known as "Out-of-Network" or "non-PAR."

Blue Distinction Cardiac Providers

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Cardiac Provider: A Provider who has achieved designation as a Blue Distinction+ or Blue Distinction Center for Cardiac Procedures.

PAR Cardiac Provider: Hospitals participating in the Medical Claims Administrator's networks; also known as "Network" or "PAR" (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Cardiac Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Cardiac services; also known as "Out-of-Network" or "non-PAR."

Blue Distinction Orthopedic Surgery Providers

Blue Distinction (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Orthopedic Provider: A Provider who has achieved designation as a Blue Distinction+ or Blue Distinction Center for Knee/Hip Replacement or Spine Surgery.

PAR Orthopedic Provider: Hospitals participating in the Medical Claims Administrator's networks also known as "Network" or "PAR" (are NOT designated as either Blue Distinction+ or Blue Distinction).

Non-PAR Orthopedic Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide orthopedic services; also known as "Out-of-Network" or "non-PAR."

Centers of Excellence (COE) Network

A network of health care facilities selected for specific services based on criteria such as experience, outcomes, efficiency, and effectiveness. For example, an organ transplant managed care program wherein Members access select types of benefits through a specific network of medical centers.

A network of health care professionals contracted with the Medical Claims Administrator or one or more of its affiliates, to provide transplant or other designated specialty services.

Claims Administrator

The company the Plan Sponsor chose to administer benefits with respect to a designated portion of its Comprehensive Medical Plan. Community Insurance Company was chosen to administer the Medical benefits portion of the Plan. Express Scripts Inc. was chosen to administer the Prescription Drug benefits portion of the Plan. Magellan Behavioral Health Services was chosen to administer the Behavioral Health benefits portion of the Plan. Each Claims Administrator provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Coinsurance

If a Member's coverage payable by the Plan is limited to a certain percentage, for example 85%, then the remaining 15% for which the Member is responsible is the Coinsurance amount. The Coinsurance may be capped by the Out-of-Pocket Maximum.

Combined Limit

The maximum total of Network and Out-of-Network benefits available for designated health services in the "Schedule of Benefits" section.

Complications of Pregnancy

Complications of Pregnancy result from conditions requiring Hospital confinement when the pregnancy is not terminated. The diagnoses of the complications are distinct from pregnancy but adversely affected or caused by pregnancy.

Such conditions include acute nephritis, nephrosis, and cardiac decompensation, missed or threatened abortion, preeclampsia, intrauterine fetal growth retardation and similar medical and surgical conditions of comparable severity. An ectopic pregnancy which is terminated is also considered a Complication of Pregnancy.

Complications of Pregnancy shall not include false labor, caesarean section, occasional spotting, and Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum and similar conditions associated with the management of a difficult pregnancy which are not diagnosed distinctly as Complications of Pregnancy. Page No. 130 of 6

Congenital Anomaly

A condition or conditions that are present at birth regardless of causation. Such conditions may be hereditary or due to some influence during gestation.

Coordination of Benefits

A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment. It avoids claims payment delays by establishing an order in which plans pay their claims and providing an authority for the orderly transfer of information needed to pay claims promptly. It may avoid duplication of benefits by permitting a reduction of the benefits of a plan when, by the rules established by this provision, it does not have to pay its benefits first.

Cosmetic Surgery

Any non-Medically Necessary surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, physical appearance or disfigurement caused by an accident, birth defect, or correct or naturally improve a physiological function. Cosmetic Surgery includes but is not limited to: rhinoplasty, lipectomy, surgery for sagging or extra skin, any augmentation or reduction procedures (e.g., mammoplasty, liposuction, keloids, rhinoplasty and associated surgery) or treatment relating to the consequences or as a result of Cosmetic Surgery.

Covered Dependent

Any Dependent in a Subscriber's family who meets all the requirements of the "Eligibility" section of this SPD, has enrolled in the Plan, and whose coverage under the Plan has not ended.

Covered Services

Medically Necessary health care services and supplies that are: (a) defined as Covered Services in the Member's Plan, (b) not excluded under such Plan, (c) not Experimental/Investigative and (d) provided in accordance with such Plan.

Covered Transplant Procedure

Any Medically Necessary human organ and stem cell/bone marrow transplants and transfusions as determined by the Medical Claims Administrator including necessary acquisition procedures, collection and storage, and including Medically Necessary preparatory myeloablative therapy.

Custodial Care

Any type of care, including room and board, that (a) does not require the skills of professional or technical personnel; (b) is not furnished by or under the supervision of such personnel or does not otherwise meet the requirements of post-Hospital Skilled Nursing Facility care; (c) is a level such that the Member has reached the maximum level of physical or mental function and is not likely to make further significant improvement. Custodial Care includes, but is not limited to, any type of care the primary purpose of which is to attend to the Member's activities of daily living which do not entail or require the continuing attention of trained medical or paramedical personnel. Examples of Custodial Care include, but are not limited to, assistance in walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, changes of dressings of non-infected, post-operative or chronic conditions, preparation of special diets, supervision of medication that can be self-administered by the Member, general maintenance care of colostomy or ileostomy, routine services to maintain other services which, in the sole determination of the Plan, can be safely and adequately self-administered or performed by the average non-medical person without the direct supervision of trained medical and paramedical personnel, regardless of who actually provides the service, residential care and adult day care, protective and supportive care including educational services, rest care and convalescent care.

Deductible

The portion of a bill representing Covered Services that must be paid before the medical expenses will be subjected to the Coinsurance provisions. It usually is applied on a calendar year basis.

Dependent

The Spouse (same or opposite sex) and same sex Domestic Partner and all children until attaining age limit, each to the extent stated in the "Eligibility" section. Children include natural children, legally adopted children, foster children and stepchildren. Also included are your children (or children of your Spouse (same or opposite sex) and eligible same sex Domestic Partner) and children for whom you have legal responsibility resulting from a qualified medical child support order.

Mentally, intellectually or physically disabled children remain covered no matter what age to the extent stated in the "Eligibility" section.

Detoxification

The process whereby an alcohol or drug intoxicated or alcohol or drug dependent person is assisted, in a facility licensed by the appropriate regulatory authority, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or drug, alcohol or drug dependent factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient to a minimum.

Developmental Delay

The statistical variation, as defined by standardized, validated developmental screening tests, such as the Denver Developmental Screening Test, in reaching age appropriate verbal/growth/motor skill developmental milestones when there is no apparent medical or psychological problem. It alone does not constitute an illness or an Injury.

Domestic Partner

Your same sex Domestic Partner who meets all the requirements stated in the “Eligibility” section
Domestic Partner eligibility ends on the date a Domestic Partner no longer meets all the requirements
stated in the “Eligibility” section.

Durable Medical Equipment

Equipment which is (a) made to withstand prolonged use; (b) made for and mainly used in the
treatment of a disease or Injury; (c) suited for use while not confined as an Inpatient at a Hospital; (d)
not normally of use to persons who do not have a disease or Injury; (e) not for exercise or training.

Elective Surgical Procedure

A surgical procedure that is not considered to be an emergency, and may be delayed by the Member
to a later point in time.

Emergency Medical Condition

(“Emergency services,” “emergency care,” or “Medical Emergency”) Emergency Medical Condition
means a medical condition manifesting itself by acute symptoms of sufficient severity (including
severe pain) such that a prudent layperson, who possesses an average knowledge of health and
medicine, could reasonably expect the absence of immediate medical attention to result in one of the
following conditions:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the
woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Employee

A person who is classified by the Employer as its employee and is eligible for Plan coverage under
the employment regulations of the Employer. The Employee is also called the Subscriber.

Employer

An Employer who has allowed its Employees to participate in the Plan by acting as the Plan Sponsor
or adopting the Plan as a participating Employer by being classified on the records of the Plan
Sponsor as a Participating AEP System Company.

Experimental/Investigative

Any Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply
used in or directly related to the diagnosis, evaluation, or treatment of a disease, Injury, illness, or
other health condition which the applicable Claims Administrator determines to be unproven.

The Claims Administrator will deem any Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply to be Experimental/Investigative if the Claims Administrator, determines that one or more of the following criteria apply when the service is rendered with respect to the use for which benefits are sought. The Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply:

- Cannot be legally marketed in the United States without the final approval of the Food and Drug Administration (FDA), or other licensing or regulatory agency, and such final approval has not been granted;
- Has been determined by the FDA to be contraindicated for the specific use; or
- Is subject to review and approval of an Institutional Review Board (IRB) or other body serving a similar function; or
- Is provided pursuant to informed consent documents that describe the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply as Experimental/Investigative, or otherwise indicate that the safety, toxicity, or efficacy of the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is under evaluation.

Any service not deemed Experimental/Investigative based on the criteria above may still be deemed Experimental/Investigative by the Claims Administrator. In determining whether a service is Experimental/Investigative, the Claims Administrator will consider the information described below and assess whether:

- The scientific evidence is conclusory concerning the effect of the service on health outcomes;
- The evidence demonstrates the service improves net health outcomes of the total population for whom the service might be proposed by producing beneficial effects that outweigh any harmful effects;
- The evidence demonstrates the service has been shown to be as beneficial for the total population for whom the service might be proposed as any established alternatives; and
- The evidence demonstrates the service has been shown to improve the net health outcomes of the total population for whom the service might be proposed under the usual conditions of medical practice outside clinical investigatory settings.

The information considered or evaluated by the Claims Administrator to determine whether a Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental/Investigative under the above criteria may include one or more items from the following list which is not all inclusive:

- Published authoritative, peer-reviewed medical or scientific literature, or the absence thereof; or
- Evaluations of national medical associations, consensus panels, and other technology evaluation bodies; or
- Documents issued by and/or filed with the FDA or other Federal, state or local agency with the authority to approve, regulate, or investigate the use of the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Documents of an IRB or other similar body performing substantially the same function; or
- Consent document(s) and/or the written protocol(s) used by the treating Physicians, other medical professionals, or facilities or by other treating Physicians, other medical professionals or facilities studying substantially the same Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Medical records; or
- The opinions of consulting Providers and other experts in the field.

The Claims Administrator has the sole authority and discretion to identify and weigh all information and determine all questions within the scope of its Plan benefit determinations pertaining to whether a Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental/Investigative. Page No. 134 of 6

Freestanding Ambulatory Facility

A facility, with a staff of Physicians, at which surgical procedures are performed on an outpatient basis (no patients stay overnight). The facility offers continuous service by both Physicians and registered nurses (R.N.s). It must be licensed and accredited by the appropriate agency. A Physician's office does not qualify as a Freestanding Ambulatory Facility.

Group Health Plan or Plan

An employee welfare benefit plan (as defined in Section 3(1) of ERISA), established by an employer. References in this SPD to the Plan may be construed as reference to the American Electric Power System Comprehensive Medical Plan unless the contexts suggests otherwise.

Home Health Care

Care, by a licensed program or Provider, for the treatment of a patient in the patient's home, consisting of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the patient's attending Physician.

Home Health Care Agency

A Provider who renders care through a program for the treatment of a patient in the patient's home, consisting of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the patient's attending Physician. It must be licensed and accredited by the appropriate agency.

Hospice

A Provider which provides care for terminally ill patients and their families, either directly or on a consulting basis with the patient's Physician. It must be licensed and accredited by the appropriate agency.

Hospice Care Program

A coordinated, interdisciplinary program designed to meet the special physical, psychological, spiritual and social needs of the terminally ill Member and his or her covered family members, by providing palliative and supportive medical, nursing and other services through at-home or Inpatient care. The Hospice must be licensed and accredited by the appropriate agency and must be funded as a Hospice as defined by those laws. It must provide a program of treatment for at least two unrelated individuals who have been medically diagnosed as having no reasonable prospect of cure for their illnesses.

Hospital

An institution licensed and accredited by the appropriate agency, which is primarily engaged in providing diagnostic and therapeutic facilities on an Inpatient basis for the surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of a staff of Physicians duly licensed to practice medicine, and which continuously provides 24-hour-a-day nursing services by registered graduate nurses physically present and on duty. "Hospital" does not mean other than incidentally:

- An extended care facility; nursing home; place for rest; facility for care of the aged;
- A custodial or domiciliary institution which has as its primary purpose the furnishing of food, shelter, training or non-medical personal services; or
- An institution for exceptional or disabled children.

Identification Card or ID Card

The latest card given to you showing your identification and group numbers, the type of coverage you have and the date coverage became effective.

Ineligible Charges

Charges for health care services that are not Covered Services because the services are not Medically Necessary or Precertification was not obtained. Such charges are not eligible for payment.

Ineligible Provider

A Provider which does not meet the minimum requirements to become a contracted Provider with the Claims Administrator. Services rendered to a Member by such a Provider are not eligible for payment.

Infertile or Infertility

The condition of a presumably healthy Member who is unable to conceive or produce conception after a period of one year of frequent, unprotected heterosexual vaginal intercourse. This does not include conditions for men when the cause is a vasectomy or orchiectomy or for women when the cause is tubal ligation or hysterectomy.

Injury

Bodily harm from a non-occupational accident.

Inpatient

A Member who is treated as a registered bed patient in a Hospital and for whom a room and board charge is made.

Intensive Care Unit

A special unit of a Hospital that: (1) treats patients with serious illnesses or Injuries; (2) can provide special life-saving methods and equipment; (3) admits patients without regard to prognosis; and (4) provides constant observation of patients by a specially trained nursing staff.

Late Enrollees

Late Enrollees mean Employees or Dependents who request enrollment in a health benefit plan after the initial open enrollment period. An individual will not be considered a Late Enrollee if: (a) the person enrolls during his/her initial enrollment period under the Plan; (b) the person enrolls during a special enrollment period; or (c) a court orders pursuant to a qualified medical child support order that coverage be provided for a minor Covered Dependent under a Member's Plan, but only as long as the Member requests enrollment for such Dependent within thirty-one (31) days after the court order is so issued.

Maternity Care

Obstetrical care received both before and after the delivery of a child or children. It also includes care for miscarriage or abortion. It includes regular nursery care for a newborn infant as long as the mother's Hospital stay is a covered benefit and the newborn infant is an eligible Member under the Plan.

Maximum Allowed Amount

The maximum amount that the Plan will allow for Covered Services you receive.

For example, the Claims Administrator may determine that a claim was submitted inconsistent with procedure coding rules and/or reimbursement policies. For example, your Provider may have submitted the claim using several procedure codes when there is a single procedure code that includes all of the procedures that were performed. When this occurs, the Maximum Allowed Amount will be based on the single procedure code rather than a separate Maximum Allowed Amount for each billed code. Likewise, when multiple procedures are performed on the same day by the same Provider, the Plan may reduce the Maximum Allowed Amounts for those secondary and subsequent procedures because reimbursement at 100% of the Maximum Allowed Amount for those procedures would represent duplicative payment for components of the primary procedure that may be considered incidental or inclusive.

The Maximum Allowed Amount may vary depending upon whether the Provider is a Network Provider or an Out-of-Network Provider. For Covered Services performed by a Network Provider, the Maximum Allowed Amount is the rate the Provider has agreed with the Claims Administrator to accept as reimbursement for the Covered Services. Because Network Providers have agreed to accept the Maximum Allowed Amount as payment in full for those Covered Services, they should not send you a bill or collect for amounts above the Maximum Allowed Amount. However, you may receive a bill or be asked to pay all or a portion of the Maximum Allowed Amount to the extent you have not met your Deductible or have Coinsurance.

For Covered Services you receive from an Out-of-Network Provider, the Maximum Allowed Amount for this Plan will be one of the following as determined by the applicable Claims Administrator: Page No. 137 of 6

- An amount based on the Claims Administrator's Out-of-Network Provider fee schedule/rate, which the Claims Administrator has established at its' discretion, and which the Claims Administrator reserves the right to modify from time to time, after considering one or more of the following: reimbursement amounts accepted by like/similar Providers contracted with the Claims Administrator, reimbursement amounts paid by the Centers for Medicare and Medicaid Services for the same services or supplies, and other industry cost, reimbursement and utilization data; or
- An amount based on reimbursement or cost information from the Centers for Medicare and Medicaid Services ("CMS"). When basing the Maximum Allowed Amount upon the level or method of reimbursement used by CMS, the Claims Administrator will update such information, which is unadjusted for geographic locality, no less than annually; or
- An amount based on information provided by a third party vendor, which may reflect one or more of the following factors: (1) the complexity or severity of treatment; (2) level of skill and experience required for the treatment; or (3) comparable Providers' fees and costs to deliver care; or
- An amount negotiated by the Claims Administrator or a third party vendor which has been agreed to by the Provider. This may include rates for services coordinated through case management; or
- An amount based on or derived from the total charges billed by the Out-of-Network Provider.

Unlike Network Providers, Out-of-Network Providers may send you a bill and collect for the amount of the Provider's charge that exceeds the Plan's Maximum Allowed Amount. You are responsible for paying the difference between the Maximum Allowed Amount and the amount the Provider charges.

Medical Facility

A facility, including but not limited to, a Hospital, Freestanding Ambulatory Facility, Chemical Dependency Treatment Facility, Skilled Nursing Facility, Home Health Care Agency or mental health facility, as defined in this SPD. The facility must be licensed, accredited, registered or approved by the Joint Commission on Accreditation of Hospitals or meet specific requirements established by the applicable Claims Administrator.

Medical Necessity or Medically Necessary

An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or Injury and that is determined by the applicable Claims Administrator to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the Member's condition, illness, disease or Injury;
- Obtained from a Provider;
- Provided in accordance with applicable medical and/or professional standards;
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes;
- The most appropriate supply, setting or level of service that can safely be provided to the Member and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained in a less comprehensive setting);

- Cost-effective compared to alternative interventions, including no intervention. Cost effective does not always mean lowest cost. It does mean that as to the diagnosis or treatment of the Member's illness, Injury or disease, the service is: (1) not more costly than an alternative service or sequence of services that is medically appropriate, or (2) the service is performed in the least costly setting that is medically appropriate;
- Not Experimental/Investigative;
- Not primarily for the convenience of the Member, the Member's family or the Provider; or,
- Not otherwise subject to an exclusion under this SPD.

The fact that a Provider may prescribe, order, recommend, or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies Medically Necessary or a Covered Service and **does not** guarantee payment.

Member

Individuals, including the Subscriber and his/her Dependents, who have satisfied the Plan eligibility requirements of the Employer, applied for coverage, and been enrolled for Plan benefits.

Network Provider

A Physician, health professional, Hospital, Pharmacy, or other individual, organization and/or facility that has entered into a contract, either directly or indirectly, with the applicable Claims Administrator to provide Covered Services to Members through negotiated reimbursement arrangements.

Non-Covered Services

Services that are not benefits specifically provided under the Plan, are excluded by the Plan, are provided by an Ineligible Provider, or are otherwise not eligible to be Covered Services, whether or not they are Medically Necessary.

Out-of-Network Provider

A Provider, including but not limited to, a Hospital, Freestanding Ambulatory Facility (Surgical Center), Physician, Skilled Nursing Facility, Hospice, Home Health Care Agency, other medical practitioner or Provider of medical services or supplies, that does not have an agreement or contract with the applicable Claims Administrator to provide services to its Members at the time services are rendered.

Benefit payments and other provisions of this Plan are limited when a Member uses the services of Out-of-Network Providers.

Out-of-Pocket Maximum

The maximum amount of a Member's Coinsurance payments during a given calendar year. When the Out-of-Pocket Maximum is reached, the level of benefits is increased to 100% of the Maximum Allowed Amount for Covered Services.

Physical Therapy

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The care of disease or Injury by such methods as massage, hydrotherapy, heat, or similar care.

Physician

Any licensed Doctor of Medicine (M.D.) legally entitled to practice medicine and perform surgery, any licensed Doctor of Osteopathy (D.O.) legally licensed to perform the duties of a D.O., any licensed Doctor of Podiatric Medicine (D.P.M.) legally entitled to practice podiatry, and any licensed Doctor of Dental Surgery (D.D.S.) legally entitled to perform oral surgery; Optometrists and Clinical Psychologists (PhD) are also Providers when acting within the scope of their licenses, and when rendering services covered under this Plan.

Plan

The arrangement chosen by the Plan Sponsor to fund and provide for delivery of the Employer's health benefits.

Plan Administrator

The person or entity named by the Plan Sponsor to manage the Plan and answer questions about Plan details. **The Plan Administrator is not a Claims Administrator.**

Plan Sponsor

The legal entity that has adopted the Plan and has authority regarding its operation, amendment and termination. **The Plan Sponsor is not a Claims Administrator.**

Precertification

The process applied to certain drugs and/or therapeutic categories to define and/or limit the conditions under which these drugs will be covered. The drugs and criteria for coverage are defined by the Pharmacy and Therapeutics Committee.

Primary Care Physician

A Provider who specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Provider as allowed by the Plan. A PCP supervises, coordinates and provides initial care and basic medical services to a Member and is responsible for ongoing patient care.

Provider

A duly licensed person or facility that provides services within the scope of an applicable license and is a person or facility that the Plan approves. Providers that deliver Covered Services are described throughout this SPD. If you have a question if a Provider is covered, please call the number on the back of your Identification Card.

QMCSO, or MCSO – Qualified Medical Child Support Order or Medical Child Support Order

A QMCSO creates or recognizes the right of a child who is recognized under the order as having a right to be enrolled under the health benefit plan to receive benefits for which the Employee is entitled under the plan; and includes the name and last known address of the Employee and each such child, a reasonable description of the type of coverage to be provided by the plan, the period for which coverage must be provided and each plan to which the order applies.

An MCSO is any court judgment, decree or order (including a court's approval of a domestic relations settlement agreement) that:

- Provides for child support payment related to health benefits with respect to the child of a group health plan Member or requires health benefit coverage of such child in such plan, and is ordered under state domestic relations law; or
- Enforces a state law relating to medical child support payment with respect to a group health plan.

Retail Health Clinic

A facility that provides limited basic medical care services to Members on a "walk-in" basis. These clinics normally operate in major pharmacies or retail stores. Medical services are typically provided by Physicians Assistants and Nurse Practitioners. Services are limited to routine care and treatment of common illnesses for adults and children.

Semiprivate Room

A Hospital room which contains two or more beds.

Skilled Convalescent Care

Care required, while recovering from an illness or Injury, which is received in a Skilled Nursing Facility. This care requires a level of care or services less than that in a Hospital, but more than could be given at the patient's home or in a nursing home not certified as a Skilled Nursing Facility.

Skilled Nursing Facility

An institution operated alone or with a Hospital which gives care after a Member leaves the Hospital for a condition requiring more care than can be rendered at home. It must be licensed by the appropriate agency and accredited by the Joint Commission on Accreditation of Health Care Organizations or the Bureau of Hospitals of the American Osteopathic Association, or otherwise determined by the Claims Administrator to meet the reasonable standards applied by any of the aforesaid authorities.

SPD

This SPD in conjunction with any amendment constitutes the entire Plan. If there is any conflict between either this SPD and any amendment, the amendment shall control.

Specialist (Specialty Care Physician\Provider or SCP)

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A Specialist is a doctor who focuses on a specific area of medicine or group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-Physician Specialist is a Provider who has added training in a specific area of health care.

Spouse

For the purpose of this Plan, a Spouse is defined as shown in the “Eligibility” section of this SPD.

Therapeutic Equivalent

Therapeutic/Clinically Equivalent drugs are drugs that can be expected to produce similar therapeutic outcomes for a disease or condition.

Transplant Providers

Network Transplant Provider: A Provider that has been designated as a “Center of Excellence” for Transplants by the Medical Claims Administrator and/or a Provider selected to participate as a Network Transplant Provider by the Blue Cross and Blue Shield Association. Such Provider has entered into a transplant Provider agreement to render Covered Transplant Procedures and certain administrative functions to you for the transplant network. A Provider may be a Network Transplant Provider with respect to:

- Certain Covered Transplant Procedures; or
- All Covered Transplant Procedures.

Out-of-Network Transplant Provider: Any Provider that has NOT been designated as a “Center of Excellence” for Transplants by the Medical Claims Administrator nor has not been selected to participate as a Network Transplant Provider by the Blue Cross and Blue Shield Association.

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Transplant Provider: A Provider who has achieved designation as a Blue Distinction Center+ or Blue Distinction Center for Transplant Procedures.

PAR Transplant Provider: Hospitals participating in the Medical Claims Administrator’s networks; also known as “Network” or “PAR” (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Transplant Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Transplant services; also known as “Out-of-Network” or “non-PAR.”

Urgent Care

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Services received for a sudden, serious, or unexpected illness, Injury or condition. Urgent Care is not considered an emergency. Care is needed right away to relieve pain, find out what is wrong, or treat a health problem that is not life-threatening.

Utilization Review

A function performed by a Claims Administrator or by an organization or entity selected by a Claims Administrator to review and approve whether the services provided are Medically Necessary, including but not limited to, whether acute hospitalization, length of stay, Outpatient care or diagnostic services are appropriate.

You and Your

Refer to the Subscriber, Member and each Covered Dependent.

Health Benefits Coverage Under Federal Law

Choice of Primary Care Physician

The Plan generally allows you to select your own Primary Care Physician (PCP).

Access to Obstetrical and Gynecological (ObGyn) Care

You do not need Prior Authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Medical Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining Precertification for certain services or following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the telephone number on the back of your Identification Card or refer to the Medical Claims Administrator's website, www.anthem.com.

Statement of Rights Under the Newborns' and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending Provider (e.g., your Physician, nurse midwife, or Physician assistant), after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, to use certain Providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain Precertification. For information on Precertification, contact your Plan Administrator.

Also, under Federal law, plans may not set the level of benefits or Out-of-Pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

Statement of Rights Under the Women's Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending Physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same Deductibles and Coinsurance applicable to other medical and surgical benefits provided under this Plan. See the "Schedule of Benefits" section.

If you would like more information on WHCRA benefits, call your Plan Administrator.

Coverage for a Child Due to a Qualified Medical Support Order ("QMCSO")

If you or your Spouse are required, due to a QMCSO, to provide coverage for your child(ren), you may ask your Employer or Plan Administrator to provide you, without charge, a written statement outlining the procedures for getting coverage for such child(ren).

Special Enrollment Notice

If you are declining enrollment for yourself or your Dependents (including your Spouse) because of other health benefit coverage, you may in the future be able to enroll yourself or your Dependents in this Plan, if you or your Dependents lose eligibility for that other coverage (or if the Employer stops contributing towards you or your Dependents' other coverage). However, you must request enrollment within 31 days after you or your Dependents' other coverage ends (or after the Employer stops contributing toward the other coverage).

In addition, if you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your Dependents. However, you must request enrollment within 31 days after the marriage (or within 90 days after a birth, adoption, or placement for adoption).

Eligible Employees and Dependents may also enroll under two additional circumstances:

- The Employee's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- The Employee or Dependent becomes eligible for a subsidy (state premium assistance program).

The Employee or Dependent must request Special Enrollment within 60 days of the loss of Medicaid/CHIP or of the eligibility determination.

To request special enrollment or obtain more information, call the AEP Benefits Center.

Health Insurance Portability and Accountability Act ("HIPAA")

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Title II of the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations in 45 CFR Parts 160 through 164 contain provisions governing the use and disclosure of Protected Health Information ("PHI") by group health plans, and provide privacy rights to participants in those plans. An explanation of those rights as they pertain to your health benefits will be provided by the insurer or claims administrator, according to its policies described for each coverage option. A separate "Notice of Privacy Practices" contains additional information about how your individually identifiable health information is protected and whom you should contact with questions or concerns, and is incorporated into this SPD by reference.

PHI is information created or received by HIPAA Plans that relates to an individual's physical or mental health or condition (including genetic information as provided under the Genetic Information Nondiscrimination Act), the provision of health care to an individual, or payment for the provision of health care to an individual. The information typically identifies the individual, the diagnosis, and the treatment or supplies used in the course of treatment. It includes information held or transmitted in any form or media, whether electronic, paper, or oral.

To the extent it receives PHI, the Plan Administrator will comply with all privacy requirements defined in the HIPAA Privacy Policy and will use or disclose PHI only if the use or disclosure is permitted or required by HIPAA regulations and any other applicable federal, state, or local law. If a Plan participant wants to exercise any of his or her rights concerning PHI, he or she should contact the specific Insurer or claims administrator involved with the PHI in question. The Insurer or claims administrator will advise the Plan participant of the procedures to be followed.

The Plan will require any agents, including subcontractors, to whom it provides PHI to agree to the same restrictions and conditions that apply to the Company with respect to such information. The Company or Plan Sponsor will report to the Plan any use or disclosure of PHI it knows is other than as permitted by the Plan and HIPAA regulations.

In accordance with the Health Breach Notification Rule (16 CFR Part 18), the Plan agrees to notify both participants and the Federal Trade Commission of the use or disclosure of any PHI or electronic PHI provided for Plan administration purposes that is inconsistent with the uses or disclosures provided for, or that represents a PHI Security Incident, of which the Plan Sponsor becomes aware.

Plan Administration

Note: This section is not a part of your SPD. No Claims Administrator is responsible for any statements contained herein that are not set forth in the earlier sections of this SPD.

- **Plan Name:** American Electric Power System Comprehensive Medical Plan
- **Type of Plan:** The Plan is an Employee welfare benefit plan providing group medical benefits.
- **Type of Administration:** The HRA Plan option (including the associated medical, behavioral health and prescription drug benefits) are self-insured by AEP through contributions made solely by the Company and plan participants. Benefits are paid either directly by the Company or through trusts administered by the Company.

- **Trustee:** AEP maintains trusts that hold funds contributed by the employers and participants to the Plan. The Trustee of each of those trusts is The Bank of New York Mellon, whose principal place of business is One Mellon Center, Pittsburgh, PA 15258. Page No. 145 of 6
- **Plan Sponsor and Administrator:** The plan is sponsored and administered by American Electric Power Service Corporation (AEP). AEP's address is:

American Electric Power Service Corporation (AEP)
1 Riverside Plaza
Columbus, OH 43215
(614) 716-1000

The Plan Administrator has the authority to control, administer and manage the operation of the plan. The rights to carry out responsibilities and use maximum discretionary authority permitted by law are assigned to the Plan Administrator and the Claims Administrators identified in this Summary Plan Description (or including any additional or replacement claims administrators as may be identified from time to time). These rights and responsibilities include the following:

- Interpret, construe and administer the plan;
- Make determinations regarding plan participation, enrollment and eligibility for benefits,
- Evaluate and determine the validity of benefit claims; and
- Resolve any and all claims and disputes regarding the rights and entitlements of individuals to participate in the plan and to receive benefits and payments pursuant to the plan.

The decisions of these parties are final and binding.

- **Plan Numbers:** Documents and reports for some plans identified by the United States Department of Labor using two numbers: the Company's Employer Identification Number (EIN) and the Plan Number. The EIN for AEP is 13-4922641. The three-digit Plan Identification Number is 501.
- **Plan Year:** January 1 through December 31.
- **Agent for Service of Legal Process:** Legal process may be served on the Plan Administrator at the address listed above.

Your Legal Rights

Participants in the AEP Comprehensive Medical Plan are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plans and Benefits

- Examine, without charge, at the plan administrator's office and other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 series), and updated Summary Plan Description. The Plan Administrator may charge a reasonable fee for the copies. Page No. 146 of 6
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent actions by plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan.

The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce your rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the plan administrator. If you have a claim for benefits which is ignored or denied, in whole or in part, you may file suit in a Federal or state court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued may be ordered to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with your questions

If you have any questions about your plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest Office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Transfer of Benefits

Your medical plan benefits belong to you and, in certain cases, to members of your family. Your medical benefits may not be sold, assigned, transferred, pledged, or garnished. In addition, a Qualified Medical Child Support Order (QMCSO) may require you to provide coverage for a dependent under your medical plan.

In the event that you or your beneficiary is unable to attend your legal financial affairs, benefits may be paid to a guardian, relative or other third party appointed on your behalf. If benefits are paid to a third party in good faith, benefits will not be paid again.

Plan Amendment and Termination

The Company reserves the right to change or end the AEP Comprehensive Medical Plan, in whole or in part, at any time and for any reason, which could result in modification or termination of medical benefits to employees, former employees, retirees or other participants.

AEP's decision to amend, replace or terminate the medical plan may be due to changes in federal law or state laws governing welfare benefits, the requirements of the Internal Revenue Service, ERISA or any other reason. If the Company does make a change or decides to end the plan, it may decide to set up a different plan providing similar or identical benefits. The Company has the right to change the amount of participant contributions to the medical plan.

If the AEP Comprehensive Medical Plan is terminated, you will not receive any further benefits under the plan other than payment for losses or expenses incurred before the plan was terminated.



***Updates to the 2016 Benefit Plan Summary Plan Descriptions
(2022 Release – Active Employees, Retirees and Surviving Dependents)***

To: AEP System Benefit Plan Participants and Covered Family Members

Please note: Every effort has been made to ensure this information is accurate. However, the plans are governed by legal documents and insurance contracts. If there is any difference between the information in this update and plan documents, the plan documents will rule.

Summary Plan Descriptions (SPDs) for various benefit plans were issued in 2016. Updates to those SPDs have been issued to summarize changes from time to time. This document describes provisions of the SPDs that have been added or changed to those 2016 Summary Plan Descriptions listed below (including their updates) that affect AEP active employees, retirees and surviving dependents through those made for the plan year that began January 1, 2022. Please keep this document with those Summary Plan Descriptions and updates. We have tried to include page references to the affected SPDs or update.

The 2016 Summary Plan Descriptions affected by the changes described in this notice are as follows:

- American Electric Power (AEP) System Comprehensive Medical Plan – HSA Plan Options – Summary Plan Description for Active Employees, Retirees and Surviving Dependents Under Age 65 – Issued 2016**
- American Electric Power (AEP) System Comprehensive Medical Plan – HRA Plan Option – Summary Plan Description for Active Employees, Retirees and Surviving Dependents Under Age 65 – Issued 2016**
- American Electric Power (AEP) Comprehensive Medical Plan - Summary Plan Description for Retirees & Surviving Dependents Age 65 and Older - Issued 2016**

1. FirstCare HMO Plan no longer offered effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA SPD (pages 1, 5 – 6 & 10)
- AEP Comprehensive Medical Plan - HSA SPD (pages 1, 6 & 10)

The FirstCare HMO medical plan that had been available to employees in some areas of Texas was eliminated effective December 31, 2016.

2. Change to HSA Basic Plan Deductible limits

- AEP Comprehensive Medical Plan – HSA SPD (pages 5, 41)
- AEP Comprehensive Medical Plan – HRA SPD (page 4)

Effective January 1, 2020, the annual in-network, embedded deductibles¹ for the HSA Basic Plan are as follows:

¹ As described in the SPDs, a deductible is considered embedded when a covered individual within a family can satisfy the amount shown as the participant only annual deductible, and the applicable coinsurance will be applied to

- Participant Only: \$2,800
- Participant + Spouse/Domestic Partner: \$5,600
- Participant + 1 Child: \$5, 600
- Participant + Children: \$8,400
- Family: \$8,400

3. Changes to list of Participating AEP System Companies

- AEP Comprehensive Medical Plan – HSA SPD (page 8)
- AEP Comprehensive Medical Plan – HRA SPD (page 8)
- AEP Comprehensive Medical Plan – Over 65 Retiree & Survivors SPD (page 4)

Eligibility to participate in the American Electric Power System Comprehensive Medical Plan depends, in part, on employment with a Participating AEP System Company. AEP Energy, Inc. was added to the list of Participating AEP System Companies effective as of January 1, 2020. Also, AEP Texas Central Company and AEP Texas North Company were merged and became part of AEP Texas, Inc. effective December 31, 2016. Inclusion of any company in the list of Participating AEP System Companies may change for various reasons, including an amendment to the plan, or disposition of AEP's interest in the company. If you want more information on whether and when a particular AEP System Company participated in the Plan, please call the AEP Benefits Center toll-free at 1-888-237-2363.

4. Change to the description of eligible dependents

- AEP Comprehensive Medical Plan – HSA SPD (page 9)
- AEP Comprehensive Medical Plan – HRA SPD (page 8)
- AEP Comprehensive Medical Plan – Over 65 Retirees and Survivors (page 3)

Because the tax law has not offered individuals the opportunity to take a personal exemption deduction for their dependent children since 2018, we have changed the way the AEP Comprehensive Medical Plan describes children who may be covered by a member by reason of the employee's acting as the child's guardian. Effective since January 1, 2018, an employee's or retiree's eligible dependent children include those who are the employee's or retiree's dependent for federal income tax purposes, provided that neither natural parent of the child lives with the child *and* the employee or retiree is acting as the child's guardian.

Effective January 1, 2020, employees and retirees are permitted to cover their same-sex or different-sex partner and eligible dependent children. To be considered eligible for enrollment, the employee or retiree and their domestic partner must satisfy **all** of the following requirements:

- Must share the same permanent residence
- Must be each other's sole domestic partner and intend to remain so indefinitely

additional covered expenses incurred by that individual. Remaining family members' claims will be used toward the deductible for the applicable coverage level.

- Must have resided in the same household for at least 12 months
- Must both be at least eighteen (18) year and mentally competent to consent to a contract
- Must not be currently married to or legally separated from anyone else nor had another domestic partner within 12 months prior to designating each other as domestic partners
- Must not be in the relationship solely for the purpose of obtaining benefits coverage
- Must be financially interdependent as documented by three (3) of the following:
 - Joint ownership or lease of real property
 - Joint ownership of a motor vehicle
 - Joint bank account or credit account
 - Designation as the primary beneficiary for life insurance, retirement benefit or will
 - Assigned durable property power of attorney or healthcare power of attorney
 - Driver's license listing a common address
- Must have an approved Affidavit of Domestic Partnership on file with the AEP Benefits Center.

Note: Upon the termination of a marriage or domestic partnership, it is your responsibility to inform the AEP Benefits Center regarding the change in eligibility for your former spouse/domestic partner. Failure to do so within 60 days after the date the marriage/domestic partnership ends will not prevent their loss of coverage retroactively, but will result in their loss of eligibility to elect COBRA continuation coverage.

5. Changes to the AEP Benefits Center mailing address and web address

- AEP Comprehensive Medical Plan – HSA SPD (page 17)
- AEP Comprehensive Medical Plan – HRA SPD (page 17)
- AEP Comprehensive Medical Plan – Over 65 Retiree & Survivors SPD (page 48)

The AEP Benefits Center is available to assist you with questions regarding your eligibility, enrollment and participation in the Plan. Effective 07/01/2019, you may access the newly redesigned AEP Benefits Center website at www.aepbenefits.com.

Effective 4/1/2022 the mail address for the AEP Benefits Center is:

AEP Benefits Center
P.O. Box 850552
Minneapolis, MN 55485-0552

Between July 1, 2019 and March 31, 2022, the address for mail to the AEP Benefits Center was Box 310552; Des Moines, IA 50331-0552.

6. Elimination of out-of-network coverage for certain medical services effective January 1, 2020

- AEP Comprehensive Medical Plan - HRA SPD (pages 22, 27, 28, 29,36)
- AEP Comprehensive Medical Plan - HSA SPD (pages 22, 27, 29, 36, 44, 49,51)

For claims incurred on or after January 1, 2021, the AEP medical plans will no longer cover out-of-network claims for the following services: orthotics, dialysis, durable medical equipment, pain management, prosthetics, sleep studies, and spinal fusions. This change will ensure members are receiving services from providers who meet Anthem's care and cost standards. If there is no in-network provider within 30 miles of your home, Anthem can approve an exception in coverage.

7. LiveHealth Online (LHO) replaced Teladoc as telehealth provider effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 37)
- AEP Comprehensive Medical Plan - HSA SPD (pages 37 & 59)

Prior to January 1, 2018, telehealth services were available only through Teladoc. Effective beginning January 1, 2018, LiveHealth Online (LHO) has replaced Teladoc as AEP's sole telehealth provider. Teladoc is no longer a covered telehealth provider under the AEP medical plans. You may contact LiveHealth Online by calling 1-888-LiveHealth (1-888-548-3432). You may register or log in on its website at www.livehealthonline.com.

8. 30 visits per incidence limit on Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)

- AEP Comprehensive Medical Plan – HSA SPD (pages 38 and 60)
- AEP Comprehensive Medical Plan – HRA SPD (page 38)

The AEP Comprehensive Medical Plan has provided coverage for Physical, Occupational, and Speech therapy services when used for treatment of a congenital defect, condition, sickness, or injury. To be covered, the therapy services must be rendered in accordance with a physician's prescription. Beginning January 1, 2019, the AEP medical plan limits visits for occupational therapy, physical therapy and speech therapy to 30 visits, per incidence.

9. Revised annual limitation on chiropractic visits and massage therapy effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA Option (page 38)
- AEP Comprehensive Medical Plan – HSA SPD (pages 38 & 60)

Effective January 1, 2017, the annual limitation of 15 visits for Chiropractic care is replaced with a 15 Visit Maximum on spinal manipulations and massage therapy. Massage therapy continues to be covered when performed by a licensed provider.

10. Solera Weight Management Program

- AEP Comprehensive Medical Plan - HRA SPD (page 42)
- AEP Comprehensive Medical Plan - HSA SPD (page 65)

Solera Weight Management Program

The cost of this confidential program is covered by the AEP medical plan for plan participants and covered family members age 18 and older.

Some qualifying risk factors include Type 2 diabetes, obesity, high blood pressure and high cholesterol.

Losing 5 to 7 percent of your body weight actually lowers your risk of many chronic diseases and help to keep them in-check. In fact, that's the goal of this nationally recognized lifestyle change program.

Participants in this program take a one-minute quiz asking about their risk factors to help them understand if this program can help them. Then, Solera will help the participant decide whether an in-person support group or an online option is the best fit for them.

Most programs include access to a personal health coach, a small group for support, and tools like a scale with wireless internet connectivity. At week 4 of the program all participants will receive a FitBit activity tracker.

11. Qualified Health Expense (QHE) form no longer required for Health Reimbursement Account (HRA) Plan participant behavioral health claims effective January 1, 2017

- AEP Comprehensive Medical Plan - HRA SPD (page 46)

Prior to January 1, 2017, Anthem may have required you to file a copy of your Explanation of Benefit (EOB) provided by Magellan and/or a copy of your itemized bill or receipt from your Provider along with a Qualified Health Expense (QHE) form to get reimbursed from your HRA. The QHE form is no longer required for covered claims incurred on or after January 1, 2017, for behavioral health benefits (i.e., mental health/substance abuse services).

12. Expanded pre-certification list for medical services

- AEP Comprehensive Medical Plan – HRA SPD (page 47 - 51)
- AEP Comprehensive Medical Plan – HSA SPD (page 69 -72, 93)

Effective January 1, 2021, additional medical services will require pre-certification. In order to confirm whether a service or treatment requires precertification, please call the Member Services telephone number on your Identification Card, log on to www.anthem.com. Under "My Plans"

select "Medical", from the menu bar select "Plan Documents" to access the most up to date pre-certification list. The list is also posted at AEPBenefits.com on the medical plan page.

13. Certain generic statins added to preventive drug program effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 67)
- AEP Comprehensive Medical Plan - HSA SPD (page 89)

To comply with the Affordable Care Act, certain preventive medications are covered at zero copay and no cost to you. You must be covered by the AEP Comprehensive Medical Plan, have a written prescription from a physician, and meet the applicable age and gender guidelines. The Member Pays Difference and Exclusive Home Delivery rules otherwise described in the SPD will apply.

Effective January 1, 2018, the list of preventive medication was expanded to include some generic low to moderate-dose statins for the treatment of high cholesterol for plan members ages 40–75. Please note that not all members and statins qualify to receive their prescription at no cost. Members should contact Express Scripts directly to determine if the statin they are taking is included as preventive and available at no cost.

Medications/products covered as preventive may change from time to time. To access the most up-to-date information about such medications/products, log in to www.express-scripts.com

14. Prescription drug Exclusive Home Delivery program expanded effective January 1, 2018

- AEP Comprehensive Medical Plan - HRA SPD (page 67)
- AEP Comprehensive Medical Plan - HSA SPD (page 89)

Prior to January 1, 2018, participants were subject to limits on prescriptions filled at a retail pharmacy. There was an Exclusive Home Delivery program that limited the filling of prescriptions for maintenance medications to up to three times at a participating retail pharmacy. After the third fill, participants were required to fill their maintenance medications through Express Scripts Pharmacy mail order. If a participant had continued to fill these prescriptions at a retail pharmacy, they would have paid the entire cost of the medication and that cost was not reimbursed from their HRA balance, if applicable, or applied toward their deductible or annual out-of-pocket maximum.

Effective for prescriptions filled on or after January 1, 2018, prescriptions for such maintenance medications can be filled either through the Express Scripts Pharmacy or at a CVS pharmacy (including CVS pharmacies within a Target store).

15. Enhanced clinical review of specialty medications

- AEP Comprehensive Medical Plan – HRA SPD (page 68)
- AEP Comprehensive Medical Plan – HSA SPD (page 90)

Effective for claims incurred on or after January 1, 2021, members prescribed certain medications that are classified as “specialty” are required to use the specialty mail-order pharmacy, Accredo, the first time the medication is dispensed. Accredo specialty pharmacy services patients with complex and chronic health conditions, including cancer, hepatitis C, HIV, bleeding disorders and multiple sclerosis. Treatment for these conditions can be difficult, and this change ensures that well-trained clinicians specific to these conditions are able to support the member as well as connect them with payment assistance programs, if available. Additional benefits such as nutritional counseling, social worker support, coordination of care and training on proper medication administration are available through Accredo. As a part of this program, to the extent that manufacturer-funded patient assistance is provided for these specialty drugs, the member will not be given credit for those amounts as out-of-pocket expenses and therefore will not be applied to their Plan’s applicable deductible and out-of-pocket maximums. Contact Express Scripts at 1-800-841-3045 for more details.

16. Anthem became the administrator of the Employee Assistance Program (EAP) services and behavioral health benefits effective January 1, 2018

- AEP Comprehensive Medical Plan – HRA SPD (primarily pages 73 - 75)
- AEP Comprehensive Medical Plan – HSA SPD (primarily pages 95- 97)

Effective January 1, 2018, Anthem has replaced Magellan Healthcare Inc. as the company responsible for administration of the Employee Assistance Program (EAP) and of the behavioral health benefits offered under the Medical Plan. Please consider all references in the Medical Plan SPDs to Magellan as replaced by Anthem. Your access to the EAP and the benefits offered under the Medical Plan for behavioral health are the same as those described in the SPDs except as follows:

Precertification of Certain Behavioral Health Services

Please refer to the guidance regarding “Health Care Management – Precertification” starting on page 47 of the HRA SPD and page 69 of the HSA SPD. That discussion is supplemented by the section entitled "Precertification" in the Behavioral Health Benefits area of the SPDs (see page 71 of the HRA SPD and page 93 of the HSA SPD). The list of the services specified there should be replaced with the following as examples for purposes of treatment of covered Behavioral Health/Substance Abuse services:

- Acute Inpatient Admissions
- Transcranial Magnetic Stimulation (TMS)
- Residential Care
- Partial Hospitalization (PHP)
- Intensive Outpatient Therapy (IOP)

- ABA- Applied Behavioral Analysis

If precertification is not obtained, claims for these benefits will be denied. However, claims may be reopened and any services found to be medically necessary may be covered.

Call Anthem at the number specified on your AEP medical ID card for “Pre Certification” to precertify behavioral health services.

Coverage for Autism and Developmental Delays

The Medical Plan continues to provide coverage for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), including intellectual disability and developmental delays; however, the plan has excluded the use of certain therapies for treatment of these conditions. Therefore, although the plan provides coverage for Physical Therapy, Occupational Therapy and Speech Therapy services when used for treatment of a congenital defect, condition, sickness or injury, only Speech Therapy services are covered for developmental delays.

That said, beginning January 1, 2018, the plan began providing coverage for Physical Therapy and Occupational Therapy in addition to Speech Therapy services when used for treatment of Autism. Coverage for Physical Therapy and Occupational Therapy continues to be excluded for other developmental delays.

17. Applied Behavior Analysis treatment for autism no longer excluded effective January 1, 2017

- AEP Comprehensive Medical Plan – HRA SPD (page 76)
- AEP Comprehensive Medical Plan – HSA SPD (page 98)

The AEP Comprehensive Medical Plan no longer excludes coverage for medically necessary claims incurred on or after January 1, 2017, for Applied Behavior Analysis (ABA) for the treatment of autism. The medical plan will continue to exclude other services, treatment, educational testing or training related to learning disabilities or developmental delays, although speech therapy is allowed for developmental delays.

Participants will be required to obtain precertification in order to receive benefits for covered ABA treatment. If precertification is not obtained, claims for these benefits will be denied. However, claims may be reopened and any services found to be medically necessary may be covered.

18. Access to expanded services related to diagnosis and treatment of developmental delays and learning disabilities effective January 1, 2019

- AEP Comprehensive Medical Plan – HSA SPD (pages 80 and 98)

- AEP Comprehensive Medical Plan – HRA SPD (pages 62 and 76)
- Update - 2018 Release – Item 5 (description of Coverage for Autism and Developmental Delays)

The 2016 SPDs describe the following among the limitations and exclusions under the AEP Comprehensive Medical Plan: services, treatment, educational testing, or training related to learning disabilities or developmental delays (such as autism or Asperger's Syndrome) and except for speech therapy for developmental delays regarding speech. In addition to the expansion of services described in the 2018 release related to the 2016 SPDs, effective January 1, 2019, plan participants have access to office visits, labs, x-rays, and outpatient services related to the diagnosis and treatment of developmental delays and learning disabilities, including physical, occupational and speech therapy.

19. Certain pharmacy prescribed medications that are classified as “specialty” will be required to use the specialty mail-order pharmacy, Accredo, and manufacturer provided assistance will not be applied to the Plan deductible or out of pocket maximum

- AEP Comprehensive Medical Plan – HSA SPD (page 89)
- AEP Comprehensive Medical Plan – HRA SPD (page 69)

Starting January 1, 2019, members prescribed certain medications that are classified as “specialty” are required to use the specialty mail-order pharmacy, Accredo, the first time the medication is dispensed. Accredo specialty pharmacy serves patients with complex and chronic health conditions, including cancer, hepatitis C, HIV, bleeding disorders and multiple sclerosis. Treatment for these conditions can be difficult, and this change ensures that well-trained clinicians specific to these conditions are able to support the member as well as connect them with payment-assistance programs, if available. Additional benefits such as nutritional counseling, social worker support, coordination of care and training on proper medication administration are available through Accredo. As a part of this program, to the extent that manufacturer-funded patient assistance is provided for these specialty drugs, the member will not be given credit for those amounts as out-of-pocket expenses and therefore will not be applied to their Plan’s applicable deductible and out-of-pocket maximums. Contact Express Scripts at 1-800-841-3045 for more details.

20. Implement additional Formulary Exclusions

- AEP Comprehensive Medical Plan – HSA SPD (page 91)
- AEP Comprehensive Medical Plan – HRA SPD (page 69)

The AEP Comprehensive Medical Plan does exclude from coverage certain drugs for which appropriate clinical alternatives are available at substantially lower costs. The drugs covered by the Plan as limited or excluded could change from time to time. Plan coverage of drugs can be

checked by calling Express Scripts Member Services at the number listed on the back of your Identification Card or at www.Express-Scripts.com by selecting “Prescriptions” and then from the drop down list “Price a Medication”.

21. Requirement for Accreditation of Out-of-Network Residential Treatment Centers (RTC), Partial Hospitalization (PHP) and Intensive Outpatient Therapy (IOP) relating to Behavioral Health

- AEP Comprehensive Medical Plan – HSA SPD (page 93)
- AEP Comprehensive Medical Plan – HRA SPD (page 71)

The 2016 SPDs for the AEP Comprehensive Medical Plan describe the requirement that out-of-network Residential Treatment Centers (RTC), and facilities that provide Partial Hospitalization (PHP) and Intensive Outpatient Therapy (IOP) must be duly licensed to be considered able to provide covered services. Effective January 1, 2019, out-of-network Residential Treatment Centers, and out-of-network facilities that provide Partial Hospitalization or Intensive Outpatient Therapy Services will not be covered unless the RTC, PHP, or IOP facility is both licensed and accredited.

22. Subrogation not applicable to Critical Illness Insurance or Accident Insurance coverage

- AEP Comprehensive Medical Plan - HRA SPD (page 94)
- AEP Comprehensive Medical Plan - HSA SPD (page 116)

The Medical Plan currently includes a provision reserving the right to recover payments it makes on your behalf from any party responsible for compensating you for your illnesses or injuries. The Company has made arrangements for employees to be able to purchase Group Critical Illness Insurance coverage and Accident Insurance coverage through Securian Life Insurance Company. To ensure that the Medical Plan remains clear on this point, please understand that its provisions for Subrogation and Reimbursement do not extend to payments that may be issued pursuant the Critical Illness Insurance or Accident Insurance issued under a group policy for employees of the AEP Participating System Companies and their dependents.



POWERING *you*

**American Electric Power (AEP)
System Comprehensive Medical Plan
HSA Plan Options**

Summary Plan Description for Active Employees, Retirees and Surviving Dependents

Under Age 65

Issued 2016

Summary Plan Description

AEP is committed to providing eligible employees and their families the opportunity to purchase quality health care at a cost they and the company can afford. The AEP System Comprehensive Medical Plan is comprised of several medical plan options which vary by location. The HSA Basic Plan, the HSA Plus Plan and the Health Reimbursement Account (HRA) Plan are options available to all eligible employees and their families. In a few other locations, you may also have an HMO option.

This is a summary of the HSA Plan options under the American Electric Power System Comprehensive Medical Plan (the Plan or Group Health Plan) as in effect on January 1, 2016. A summary of the HRA Plan option is contained in a separate booklet.

The summary descriptions of any Plan option is not intended as an employment contract or a guarantee of current or future employment. The Company reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, at any time, at its discretion. Any such action may be taken with or without advance notice to participants, subject to applicable law. The Company further reserves the right to change the amount of required participant contributions for coverage under any option at any time, with or without advance notice to participants.

This Summary Plan Description (SPD) is one of the Plan documents that apply to the benefits described in this booklet. In the event of a conflict between this Summary and any Plan document that is not included in this summary, the applicable Plan documents shall govern. For fully insured benefits, any discrepancy will be governed by the insurance certificates or policies.

The following Claims Administrators have been designated by AEP to provide administrative services for this option under the Plan, such as claims processing, care management, and other services, and to arrange for a network of health care Providers whose services are covered by the Plan:

- Medical Benefit Claims - Anthem Blue Cross and Blue Shield, or “Anthem”
- Behavioral Health Benefit Claims – Magellan Healthcare Inc. or “Magellan”
- Prescription Drug Benefit Claims – Express Scripts, Inc. or “Express Scripts”

Important: This is not an insured benefit Plan. The benefits described in this SPD or any rider or amendments attached hereto are funded by the Employer who is responsible for their payment. Anthem, Magellan and Express Scripts provide administrative claims payment services only and do not assume any financial risk or obligation with respect to claims.

NOTE: As context permits, words and phrases within this document that are denoted with initial capitalization have the meaning ascribed to them within the document itself, or within the “Definitions” section.

Si usted necesita ayuda en español para entender este documento, puede solicitarla gratuitamente llamando a Servicios al Cliente al número que se encuentra en su tarjeta de identificación.

If you need assistance in Spanish to understand this document, you may request it for free by calling Customer Service at the number on your Identification Card.

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Your Medical Plan Options at a Glance

The AEP System Comprehensive Medical Plan offers three consumer-directed health plan options (CDHPs) to eligible employee and to electing eligible retirees and surviving dependents who have not reached age 65. Electing eligible retirees and surviving dependents who have reached age 65 should refer to the separate Summary Plan Description for the AEP Comprehensive Medical Plan applicable to them for additional information regarding their medical benefits.

The FirstCare HMO option is available only in certain ZIP codes in West and Central Texas.

The three CDHP options are:

- **HRA** – CDHP with an AEP-funded Health Reimbursement Account (HRA).
- **HSA Plus** – CDHP with a Health Savings Account (HSA) that allows both AEP funding and optional funding via payroll deduction (for active employees only) or via deposits made directly to the account.
- **HSA Basic** – CDHP with an optional Health Savings Account (HSA) that allows employee funding via payroll deduction (for active employees only) or via deposits made directly to the account.

General medical claims under each of the CDHP options are administered by Anthem Blue Cross and Blue Shield and each is available in all areas.

What's included?

All of AEP's medical plan options include coverage under the prescription drug program, behavioral health and fully covered in-network preventive care (meaning you pay nothing for immunizations, routine annual exams, adult screenings and routine colonoscopies as long as you receive this type of care from in-network providers).

Health Reimbursement Account (HRA plan)

The HRA Plan option provides medical coverage and convenience with an AEP-funded account that is used for covered out-of-pocket costs associated with your medical plan. AEP contributes to your HRA annually. The amount of AEP's contribution depends on the coverage level you elect. Your account is automatically set up by AEP when you enroll in the plan. The money in your HRA gets applied automatically to your medical and prescription drug claims until it is gone. However, until the process can be changed, it relies on you to submit to Anthem the Explanation of Benefits (EOB) forms that you receive from Magellan in order to verify your entitlement to reimbursement from the HRA for expenses you incur for behavioral health services. You cannot make contributions to the HRA account. Any unused balance can be carried over from year to year only if you remain in the HRA plan.

How it works

Preventive care – Services are covered at 100% when you use in-network providers.

Annual deductible – You pay the negotiated cost, up to your annual deductible, except to the extent there is an available balance in your HRA. Medical, prescription drugs and behavioral health claims all accrue toward your annual deductible.

Coinsurance – After your annual deductible is met, you pay 15% (in-network) of the cost of care, except to the extent there is an available balance in your HRA.

Out-of-pocket maximum – Once you reach the out-of-pocket maximum, the plan pays 100% of covered charges. You have no further responsibility for covered expenses under the plan (for the remainder of the current plan year).

Use of network providers – Cost of services and your responsibility for these costs will vary based on if you use in-network or out-of-network providers. Review the plan chart on the next page for more detail on how the plan pays in-network and out-of-network claims.

HRA Plan Option Summary		
Annual Contribution to HRA		
Participant only	\$1,000	
Participant + spouse/domestic partner	\$1,500	
Participant + child(ren)	\$1,500	
Participant + family	\$2,000	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Non-embedded deductible*	
Participant only	\$1,500	\$1,500
Participant + spouse/domestic partner	\$2,250	\$2,250
Participant + child(ren)	\$2,250	\$2,250
Participant + family	\$3,000	\$3,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Non-embedded out-of-pocket maximum**	
Participant only	\$4,000	\$6,500
Participant + spouse/domestic partner	\$6,000	\$9,750
Participant + child(ren)	\$6,000	\$9,750
Participant + family	\$8,000	\$13,000
Coinsurance	15%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	15%, after deductible	15%, after deductible
Brand-name	15%, after deductible	15%, after deductible

* **Non-embedded deductible** – an individual within a family can satisfy the full family deductible or it can be a combination of all family members meeting the full annual family deductible. There is no separate individual deductible limit.

** **Non-embedded out-of-pocket maximum** – an individual within a family can satisfy the full out-of-pocket maximum or it can be a combination of all family members meeting the full family out-of-pocket maximum. There is no separate individual out-of-pocket maximum limit.

*** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

Health Savings Account Plan Options

The Plan offers two options which may provide you the ability to fund a Health Savings Account (HSA).

The HSA Plus plan option provides health care coverage and convenience with an AEP-funded account that you can use for out-of-pocket medical costs. AEP contributes to an HSA that is set up for you in conjunction with your enrolling in this option. The amount of AEP's contribution depends on the coverage level you elect.

The HSA Basic plan provides health care coverage and convenience with an optional employee-funded HSA that you can use for out-of-pocket costs. Unlike the HRA and HSA Plus plan options, there is no annual AEP contribution to your HSA or any other account under this option.

The federal income tax code imposes limitations on the contributions that may be made each year to an individual's health savings account. If you want to learn more about those limitations, you may read IRS Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans). AEP also may impose limitations on the ability of certain individuals to enroll in the HSA Plus Plan option. Please refer to the enrollment guide applicable upon your initial enrollment or any subsequent annual enrollment to learn more about any limitations that may be applicable to you.

You have control of where, when and how you use your HSA funds. You can even save the funds in your HSA account and invest them for future expenses. You also may be able to contribute through payroll deduction on a before-tax basis to your HSA account, up to IRS contribution limits. Your HSA is yours to keep even if you move to another plan or leave AEP. Any unused balance remains in your HSA regardless of whether you remain in the AEP plan or any of its benefit options.

How it works

Preventive care – Services are covered at 100% when you use in-network providers.

Annual deductible – You pay the negotiated cost, up to your annual deductible. Medical, prescription drugs and behavioral health claims all accrue toward the applicable annual deductible.

Coinsurance – After the annual deductible applicable to you has been met, you pay a percentage (in-network – 15% for HSA Plus and 10% for HSA Basic) of the cost of care.

Out-of-pocket maximum – Once you reach the out-of-pocket maximum applicable to you, the plan pays 100% of covered charges. You have no further responsibility for covered charges under the plan for the remainder of the current plan year).

Use of network providers – Cost of services and your responsibility for these costs will vary based on if you use in-network or out-of-network providers. Review the plan charts immediately below for more detail on how each of the HSA Plus and HSA Basic options pay in-network and out-of-network claims.

HSA contribution limits – There is a limit on the amount that can be contributed to your HSA each year. That limit takes into account the contribution made to your HSA by AEP under the HSA Plus option.

HSA Plus Plan Option Summary		
EP Annual Contribution to HSA		
Participant only	\$500	
Participant + spouse/domestic partner	\$750	
Participant + child(ren)	\$750	
Participant + family	\$1,000	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Non-embedded deductible*	
Participant only	\$2,000	\$3,000
Participant + spouse/domestic partner	\$3,000	\$4,500
Participant + child(ren)	\$3,000	\$4,500
Participant + family	\$4,000	\$6,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Embedded out-of-pocket maximum**	
Participant only	\$4,000	\$6,000
Participant + spouse/domestic partner	\$6,000	\$9,000
Participant + child(ren)	\$6,000	\$9,000
Participant + family	\$8,000	\$12,000
Coinsurance	15%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	15%, after deductible	15%, after deductible
Brand-name	15%, after deductible	15%, after deductible

* **Non-embedded deductible** – an individual within a family can satisfy the full family deductible or it can be a combination of all family members meeting the full annual family deductible. There is no separate individual deductible in the family.

** **Embedded out-of-pocket maximum** – the Plan will pay for all covered expenses of a covered individual within the family once the amount shown as the Participant Only out-of-pocket maximum has been reached. Remaining covered family members' claims will be used toward the out-of-pocket maximum shown for the applicable coverage level.

*** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

HSA Basic Plan Option Summary		
AEP Annual Contribution to HSA	n/a	
Preventive care	In-network	Out-of-network
	You pay	
	\$0, no deductible	30%, after deductible
Annual deductible (includes medical, prescription drug and behavioral health)	Embedded deductible*	
Participant only	\$2,700	\$4,000
Participant + spouse/domestic partner	\$5,400	\$8,000
Participant + 1 child	\$5,400	\$8,000
Participant + child(ren)	\$8,100	\$12,000
Participant + family	\$8,100	\$12,000
Annual out-of-pocket maximum (includes medical, prescription drug and behavioral health)	Embedded out-of-pocket maximum**	
Participant only	\$4,000	\$8,000
Participant + spouse/domestic partner	\$8,000	\$16,000
Participant + 1 child	\$8,000	\$16,000
Participant + child(ren)	\$12,000	\$24,000
Participant + family	\$12,000	\$24,000
Coinsurance	10%, after deductible	30%, after deductible
Coinsurance for Blue Distinction***	5%, after deductible	n/a
Prescription drugs		
Generic	10%, after deductible	10%, after deductible
Brand-name	10%, after deductible	10%, after deductible

* **Embedded deductible** – a covered individual within a family can satisfy the amount shown as the Participant Only annual deductible, and Coinsurance will be applied to additional Covered Expenses incurred by that individual.

Remaining family members' claims will be used towards the deductible for the applicable coverage level.

** **Embedded out-of-pocket maximum** – the Plan will pay for all covered expenses of a covered individual within the family once the amount shown as the Participant Only out-of-pocket maximum has been reached. Remaining covered family members' claims will be used toward the out-of-pocket maximum shown for the applicable coverage level.

*** **Blue Distinction and Blue Distinction Plus** – refer to facilities that are rated to provide high-quality specialty care. As a result you pay less in coinsurance for certain services performed at these facilities.

Please refer to the separate Summary Plan Description for the AEP Comprehensive Medical Plan (HRA Plan Option) for additional information regarding the HRA plan option.

FirstCare HMO Plan Option

The FirstCare HMO is available in parts of West and Central Texas. You may contact the AEP Benefits Center for assistance in determining whether you are eligible for the FirstCare HMO. You may also contact FirstCare HMO directly for specific plan information at www.firstcare.com.

FirstCare HMO Plan Option Summary	
Plan features (in-network)	You pay
Annual medical deductible	No deductible
Annual medical out-of-pocket maximum (includes medical coinsurance and copays; does not include prescription drugs)	\$3,000 participant/\$6,000 family
Office visit – primary care provider	\$20 copay
Office visit – specialist	\$30 copay
Coinsurance	15%
Annual preventive maximum	No limit
Emergency room	15% coinsurance
Urgent care	\$50 copay
Routine lab/X-rays	No copay
Chiropractic care	\$30 copay; medical director authorization required
Annual prescription deductible	Retail: \$50 individual/\$150 family; Mail: \$0
Annual prescription out-of-pocket maximum	\$1,000 individual /\$3,000 family includes annual prescription deductible)
Generic prescription benefit	Retail: \$10 copay; Mail: \$20 copay
Brand-name prescription benefit	Retail, preferred brand-name drug: 20% coinsurance (\$20 minimum/\$100 maximum)* Retail, nonpreferred brand-name drug: 35% coinsurance (\$35 minimum/\$200 maximum)* Mail, preferred brand-name drug: 20% coinsurance (\$50 minimum/\$200 maximum)* Mail, nonpreferred brand-name drug: 35% coinsurance (\$90 minimum/\$300 maximum)*

* If you purchase a brand-name drug and a generic drug is available, you will pay the generic copay plus the difference in cost between the brand-name and generic drug regardless of your doctor's dispense-as-written instructions. All other rules described in the Prescription Drug Benefits Program section of this SPD (such as Exclusive Home Delivery, Preferred Drug Step Therapy, Member Pays Difference, Precertification, Preventive Drugs, Limitations and Exclusions, and the use of in- and out-of-network (participating and non-participating) pharmacies, apply

Eligibility

Members who do not enroll within 31 days of being eligible are considered Late Enrollees. Please refer to the “Late Enrollees” provision in this section.

Active Employees

This SPD describes the benefits an Employee may receive under this health care Plan. The Employee is also called a Subscriber.

You are eligible to enroll yourself and your eligible dependents on your first day of work if you are classified by AEP as:

- A full-time active employee of a Participating AEP System Company scheduled to work an average of at least 40 hours per week; or
- A part-time active employee scheduled to work an average of at least 20 hours per week.

You are not eligible to participate if you are:

- Not an employee of a Participating AEP System Company; or
- Classified by AEP as a contractor, a temporary employee, a leased employee, or an employee under a collective bargaining agreement not covered under the Plan.

Retirees

You remain eligible to elect medical coverage for yourself and your eligible dependents if you were last hired or rehired by an AEP Participating System Company on or before December 31, 2013 and you are at least age 55 with 10 or more years of service with a Participating AEP Company at retirement. In addition, if you are rehired by a Participating AEP System Company on or after January 1, 2014, you may remain eligible to elect medical coverage for yourself and eligible dependents upon your later retirement if you were eligible to elect retiree medical benefits upon your pre-2014 termination of employment with AEP.

In determining whether a Retiree has met the service requirement, any service provided as a temporary employee, independent contractor, leased employee or otherwise had services based upon a fee or contract, will not be taken into account. You also will be excluded from eligibility if your benefits were the subject of a collective bargaining agreement that does not provide for retiree coverage under this Plan.

The benefits available to an eligible retiree once the Retiree is age 65 and become eligible for Medicare are described in a separate Summary Plan Description booklet. Please contact the AEP Benefits Center if you would like to be provided a copy of the summary plan description currently in effect with respect to those benefits.

Surviving Spouse and Dependent Eligibility

Survivors of Active Employees (not retiree benefit eligible)

Surviving spouses of active employees who were not retiree benefit eligible on the date of death can elect to continue medical coverage until the earlier of age 65 or remarriage, if the surviving spouse was enrolled in the medical plan at the time of the employee's death. Surviving dependent children of an active employee who was not retiree benefit eligible on the date of death can elect to continue

medical coverage until they reach the limiting age (see the “Dependent Eligibility” section), if the surviving dependent was enrolled in the medical plan at the time of the employee’s death.

Survivors of Active Employees (retiree benefit eligible)

Surviving spouses of active employees who were retiree benefit eligible on the date of death can elect medical coverage until remarriage, if the surviving spouse was enrolled in the medical plan at the time of the employee’s death. Surviving dependents of active employees who were retiree benefit eligible on the date of death can elect medical coverage until the limiting age (see the “Dependent Eligibility” section), if the surviving dependent was enrolled in medical coverage at the time of the employee’s death.

Survivors of Retirees

Surviving spouses of retirees can elect medical coverage until remarriage, if the surviving spouse was enrolled in the medical plan at the time of the retiree’s death. Surviving dependents of retirees can elect medical coverage until the limiting age (see the “Dependent Eligibility” section), if the surviving dependent was enrolled in medical coverage at the time of the retiree’s death.

Once a survivor waives or terminates participation in the medical plan, he or she cannot re-elect it. See “When Coverage Ends” section.

Domestic Partners are not eligible for survivor medical benefits. However, AEP will offer COBRA-like coverage to eligible Alternative Family Members. Refer to the “Continuing Medical Coverage through COBRA” section for additional information.

Participating AEP System Companies

Eligibility to participate in the Plan depends, in part, on employment with a Participating AEP System Company (generically called the “company” in this SPD). The list of Participating AEP System Companies includes the following as of January 1, 2016, but their inclusion may change for various reasons, including an amendment to the Plan, or disposition of AEP’s interest in the Company:

- American Electric Power Service Corporation
- AEP Energy Partners, Inc.
- AEP Energy Services, Inc.
- AEP Generation Company
- AEP Generating Resources, Inc.
- AEP OnSite Partners, LLC
- AEP Pro Serv, Inc.
- AEP Texas Central Company
- AEP Texas North Company
- Appalachian Power Company
- CSW Energy, Inc.
- Dolet Hills Lignite Company, LLC.
- Indiana Michigan Power Company
- Kentucky Power Company
- Kingsport Power Company
- Ohio Power Company
- Public Service Company of Oklahoma
- River Transportation Division I&MP
- Southwestern Electric Power Company
- Wheeling Power Company

This list is not complete. If you want more information on whether and when a particular AEP System Company participated in the plan, please call the AEP Benefits Center, toll-free, at 1-888-237-2363.

Dependent Eligibility

The AEP Comprehensive Medical Plan allows Employees and Retirees covered by the Plan to purchase coverage for their eligible dependents. Survivors of active employees or Retirees generally cannot enroll any of their own dependents who were not covered by the medical plan at the time of the Employee's or Retiree's death. Covered Dependents are also called Members. Eligible dependents include the Employee's or Retiree's:

Spouse: As defined by state law where you live, including common law marriages. However, a same-sex spouse relationship created under applicable law will be respected regardless of whether the state in which you live recognizes it.

Domestic Partner: AEP no longer allows the addition of domestic partners to coverage under the Plan. Only those same-sex domestic partners enrolled prior to October 28, 2015, are permitted to remain covered, but only through December 31, 2016. Coverage after December 31, 2016 will be limited to those who are legally married.

To qualify one for coverage as a domestic partner, you and your domestic partner must have certified and declared that you met the criteria below. You and your domestic partner:

- Must be the same gender.
- Must not be related by blood.
- Must be at least 18 years of age or older.
- Must be jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. Your partner need not contribute equally or jointly to the cost of these expenses as long as you both agree that you both are responsible for the cost.
- Must have been living with you in the same residence for at least six consecutive months with the intent to continue doing so indefinitely.
- Must be in a serious and committed relationship.
- Must not be legally married to you or anyone else, in a partnership with another individual, or have had another partner within the prior six months. The determination of whether you are legally married will be determined based upon the law of the state in which you reside or where the marriage takes place.
- Must be legally competent – that is, legally and mentally capable of entering into a legally enforceable contract.
- Must have Affidavit of Domestic Partnership on file at the AEP Benefits Center.

Note: If you terminate your domestic partner relationship, or your domestic partner ceases to satisfy the criteria above for an eligible domestic partner, you must notify the AEP Benefits Center to discontinue your domestic partner from coverage. Failure to do so in a timely manner will not prevent their loss of coverage retroactively but will result in their loss of eligibility to elect COBRA-like continuation coverage.

You may cover your domestic partner whether or not he or she qualifies as your tax dependent. If your domestic partner is not your tax dependent, you will incur imputed income on that benefit coverage.

Children: To qualify for coverage, your dependent child(ren) must be under age 26 and fall into one of the following categories:

- Your natural child or the natural child of your spouse or eligible domestic partner;

- A child legally adopted by you, your spouse or eligible domestic partner or placed with you, your spouse or covered domestic partner for adoption. "Placement for adoption" means the assumption and retention by the Employee of the legal obligation for the total or partial support of a child to be adopted. Placement ends whenever the legal support obligation ends.
- Your foster child;
- A child who resides in your household and for whom you, your spouse or your eligible domestic partner are the court-appointed guardian;
- A child for whom you are required to provide coverage as a result of a Qualified Medical Child Support Order (QMSCO); or
- Any other child you claim as a dependent on your federal income tax return, provided that neither natural parent of the child lives with the child and you are acting as the child's guardian.

Note: The FirstCare HMO medical plan option also allows you to cover your grandchildren whom you claim as a dependent on your federal income tax return at the time of his or her initial enrollment, regardless of whether the child's natural parent resides with you or you are acting as the grandchild's guardian.

Disabled Dependents: To qualify for coverage beyond age 26, your disabled child(ren) must meet the criteria listed under the "Children" section above, plus:

- Disability must have occurred prior to attaining age 26.
- The child must remain continuously covered under any of the options available under this Plan.

You must submit proof that the child reaching age 26 is disabled and incapable of self-support within 31 days after he or she reaches age 26. If you are enrolling the child for the first time after the child has already reached age 26, you must submit proof that the child has been disabled and incapable of self-support since age 26 within 31 days after enrolling the child. The Medical Claims Administrator has the right to require, at reasonable intervals, proof that the child continues to be disabled and incapable of self-support. If you fail to submit any required proof or if you refuse to permit a medical examination of the child, he or she will not be considered disabled and therefore not eligible for coverage.

If Both You and Your Eligible Dependent have AEP Benefits

If both you and your spouse, domestic partner or eligible dependents are eligible for the medical plan as an AEP employee or retiree:

- You may each enroll as an employee or retiree, as appropriate; or
- One of you may enroll as an employee or retiree and the other as a spouse, domestic partner or child. Neither of you may be covered as both an employee or retiree and as a dependent.
- Neither you or your spouse or domestic partner can cover the same eligible dependent children.

Tax Considerations When Covering your Dependents

A number of benefits that AEP offers to its employees receive special tax treatment. For the most part, the special tax provisions allow employees to pay their share of the cost of certain benefits on a before-tax basis and AEP to pay its share of the cost without having to include those payments in the employees' taxable wages.

AEP makes medical coverage available to dependents that may not satisfy the requirements to be treated as dependents for tax purposes, and the employee's contributions for covering those dependents would be paid on an after-tax basis and AEP's share of the cost of covering them would

be taxable wages for the employee. If you want more information on the requirements to be treated as a dependent for tax purposes, please call the AEP Benefits Center, toll-free, at 1-888-237-2363.

When you enroll one or more dependents, you will be required to declare whether or not they are considered your federal income tax dependent under Sections 152 and 106 of the Internal Revenue Code for group health coverage purposes.

State Eligibility Laws and ERISA

States sometimes pass laws that require benefit plans to provide coverage and/or benefits to individuals who otherwise are not eligible. For example:

- A state might require an employer to provide coverage to an ex-spouse or to a child who is over age 26 and is not otherwise eligible for medical coverage under the Plan; or
- A particular state law may mandate coverage for a particular condition or medication that is not ordinarily covered by AEP's group health coverage.

While an insurer (e.g., under a fully insured benefit option like the HMO option) is generally required to comply with a particular state law, self-insured plans are exempt from many state mandates. So, if you are enrolled in one of AEP's self-insured benefit options, you should know that a state mandate does not apply to these benefits as a result of the federal law known as ERISA. ERISA contains a preemption provision that supersedes most state laws that "relate to an employee benefit plan."

Enrolling For Coverage

How and When to Make Enrollment Elections and Changes

You can enroll for coverage after you meet the eligibility requirements.

As a New Employee

As a newly eligible employee of a Participating AEP System Company, you will receive information and instructions about how to enroll for your benefits. You must indicate your medical election either online or by phone to the AEP Benefits Center within 31 days of your date of hire. If you do not enroll within 31 days, you will be considered to have elected the default coverage which is the HSA Basic Plan option for yourself only, and to have your share of the cost for that coverage deducted from your paychecks.

Social Security Numbers Generally Required for Enrollment

Under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 ("MMSEA"), the Centers for Medicare & Medicaid Services ("CMS") generally require Social Security numbers (or Tax Identification number for non-USA citizens) for employees and dependents to assist with reporting under the Medicare Secondary Payer requirements.

For a newborn child, the newborn may be enrolled under your coverage without a Social Security number (provided you request the enrollment within 90 days of the birth). However, you should apply for the child's Social Security number as soon as possible and provide it to the AEP Benefits Center.

As a New Retiree

Your coverage in effect as an active employee will automatically continue into retirement. If you are under age 65 at the time of your retirement and enrolled in the AEP Medical Plan, you will continue being enrolled in the same option under the plan, covering the same eligible dependents. If you are over age 65 at the time of your retirement and enrolled in the AEP Medical Plan, you will be automatically enrolled into the Maintenance of Benefit (MOB) option applicable to post-age 65 retiree, covering the same eligible dependents. If you wish to drop coverage or add/remove dependents at the time of your retirement, you must do so by contacting the AEP Benefits Center within 31 days of your retirement. You may NOT change options under the AEP Medical Plan due to your retirement event (although post-age 65 retirees may have the opportunity to select an option other than the default MOB option).

If you are not enrolled in an AEP medical plan option at the time of your retirement, you will continue to not be enrolled until you contact the AEP Benefits Center within 31 days of your retirement.

Late Enrollees

If an Employee or Retiree or their Dependents are not enrolled when first eligible, it generally will be necessary to wait for the next annual enrollment period. However, the Employee or Retiree or their Dependents may be eligible for a mid-year enrollment under certain circumstances. See “Making Changes During the Year” section.

As a New Surviving Dependent

As a new AEP surviving spouse or dependent, if all contributions are paid up to date at the time of the Employee's or Retiree's death, you will automatically be enrolled in the same medical plan option you had as of the date of death if under age 65. You may NOT change medical plan options. If you are over age 65 as of the date of death then you will automatically be enrolled in the Maintenance of Benefit (MOB) plan. If you do not wish to continue coverage as a surviving spouse or dependent (or, if you are over 65 and want to select an option other than the default MOB option), you must contact the AEP Benefits Center within 31 days of the Employee's or Retiree's death. If you choose not to enroll in medical coverage as a surviving spouse or dependent, you will not be able to enroll at a later date, regardless of any changes in employment or family status.

Annual Enrollment

Each year, during a designated Annual Enrollment period, Employees, Retirees and then participating Surviving Dependents will be given the opportunity to enroll in or drop coverage or change coverage elections. Employees and Retirees may change the dependents they cover, Surviving Dependents only would have the opportunity to drop any eligible dependents that they cover. Your Annual Enrollment materials will provide the options available to you and your share of the premium cost, if any, for the coverages you elect. Your materials will also include what actions you must take to continue certain coverages and will explain any applicable default coverage that you will be deemed to have elected if you do not make the required elections by the specified deadline. The elections you make will take effect on January 1 and stay in effect through December 31, unless you have a qualifying change in status that permits you to make a mid-year election change. See “Making Changes During the Year” section.

Making Changes During the Year

In general, after you enroll in benefits (or choose to waive a benefit), you may not add, change or cancel your election choices during the year until the next Annual Enrollment period. However, certain qualifying changes in family or employment status may warrant benefit changes if they are due to and consistent with the qualifying change in family or employment status that affects your eligibility for the coverage. If you experience a qualifying change in status, you can make certain mid-year changes to your medical coverage elections. Examples of these qualifying life events and what you need to do relative to your medical coverage are listed in the “Life Events and your Coverage” section.

Covering Your Family

When you enroll yourself in medical coverage, you decide if you want to enroll your eligible dependents. You can choose one of the following coverage levels:

- Participant only;
- Participant + Spouse or Domestic Partner (not applicable to surviving dependents);
- Participant + Child(ren) and/or Domestic Partner’s Child(ren) (A surviving spouse or dependent child may enroll the other surviving dependent children); or
- Participant + Family (not applicable to surviving dependents).

You must be enrolled in medical coverage to enroll your eligible dependents. Coverage is provided only for those eligible Dependents the Employee, Retiree and Surviving Dependent has actually enrolled. You should contact the AEP Benefits Center to confirm those enrolled or to add or remove eligible dependents from your coverage at permissible times.

Nondiscrimination

No person who is eligible to enroll will be refused enrollment based on health status, health care needs, genetic information, previous medical information, disability, sexual orientation or identity, gender, or age.

Waiving Coverage

You may waive coverage under the AEP Comprehensive Medical Plan. If you elect to waive coverage for yourself, you automatically waive coverage for your eligible dependents.

Note: If you are an Employee, even if you waive coverage for AEP’s medical plan, you and your covered dependents are eligible to use the Employee Assistance Program (EAP) offered by AEP as a stand-alone benefit at no cost to you. The EAP vendor is Magellan. The EAP offers confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners and dependent children to age 26. EAP services can be accessed by calling Magellan at 1-877-705-4357 or online at www.magellanehealth.com/member. Please refer to the “Employee Assistance Program” section of this SPD for more details.

Qualified Medical Child Support Order (QMCSO).

In some cases, you may be required by a court or administrative order to cover a dependent child under one or more group health plans. Federal law requires group health plans, including the AEP Comprehensive Medical Plan, to comply with orders from state courts and administrative agencies that meet the requirements to be considered Qualified Medical Child Support Orders (QMCSOs). A QMCSO may require you to add your child as a dependent for medical, dental and vision benefits in some situations, typically a divorce.

You must be enrolled in medical coverage to add a dependent pursuant to a QMCSO. When you receive a QMCSO, you should contact the AEP Benefits Center, toll-free, at 1-888-237-2363 to request a change in coverage. You will also need to forward a copy of the court or administrative order to the AEP Benefits Center. Once you or your dependent furnishes a court or administrative order to the AEP Benefit Center, you and each affected child you will be informed of receipt of the order and will be provided a copy of the procedures for determining if the order is a QMCSO. Subsequently, the interested parties will be notified of the determination. You may also obtain a copy of the QMCSO administrative procedures, free of charge, by contacting the AEP Benefits Center.

Cost of Coverage

Each year, AEP evaluates plan costs and may adjust your cost of coverage for the next year. Your cost may be affected by factors that AEP considers appropriate, such as the availability of other coverage to covered dependents, the time and circumstances applicable to an Employee or Retiree at the time of disability, retirement or death and wellness incentive programs that AEP may implement from time to time. The applicable cost for the upcoming year is made available by the time the Annual Enrollment period for that year begins.

Employees

You and AEP share the cost of your medical coverage. Your monthly contribution for medical coverage is automatically deducted from 24 paychecks per year. For any period that your paycheck is not sufficient to cover your cost, you will have to make payments as directed at that time.

The amount you contribute toward the cost of your benefits generally is determined by:

- The options you choose.
- The number of dependents you cover.

Your contributions generally will be paid through before-tax payroll deductions; however, some benefits or other circumstances may require contributions to be paid with after-tax dollars.

Retirees and Surviving Dependents

If you are covered as a Retiree or Surviving Dependent, your contribution toward the cost of your coverage is paid on an after-tax basis. If you are covered as a Retiree, you may be able to elect payment of your contribution from a monthly annuity being paid to you by the AEP System Retirement Plan (including the portion consisting of the former Central and South West Corporation Retirement Plan). Otherwise, you will receive a monthly billing statement for your medical contributions. Failure to remit payments in a timely manner will result in loss of coverage.

When Coverage Begins

For new hires

If you fail to waive coverage under the AEP Comprehensive Medical Plan within 31 days of your date of hire as an eligible employee, coverage under the option you select (or the option into which you are defaulted) begins on your date of hire. Coverage for your enrolled dependents begins the same day that your coverage begins.

For new retirees

If you timely enroll (or, if your coverage automatically continued, failed to waive coverage) as a retiree, your retiree coverage begins the first of the month following your retirement date.

For newly surviving dependents

If you fail to waive coverage as a surviving dependent, your coverage continues the first of the month following the date of the employee's or retiree's death.

During Annual Enrollment

If you make changes to your medical plan coverage during the Annual Enrollment period, the elected coverage for you and your enrolled dependents begins on January 1 of the following year and continues through December 31.

If You Make Changes During the Year

you must notify the AEP Benefits Center, toll-free, at 1-888-237-2363 within 31 days of a qualifying change in status event (or within 90 days of a birth or adoption), except as otherwise specified. To be qualified, the change that you make to your coverage must be due to and consistent with the event and affect your eligibility for coverage. You also may be required to provide proof of the qualifying status changes. If you make changes to your coverage during the year because of a qualifying status change, the change in your coverage generally will become effective as of the date of your qualifying event.

Refer to the "Life Events and your Coverage" section for a list of some possible qualifying events and actions you must take if any of these events in your life occur.

Member Rights and Responsibilities

While you are a Member you have rights and responsibilities when receiving health care. As your health care partner, the each Claims Administrator wants to make sure your rights are respected while providing your health benefits. That means giving you access to each Claims Administrator's network health care Providers and the information you need to make the best decisions for your health. As a Member, you should also take an active role in your care.

You have the right to:

- Speak freely and privately with your health care Providers about all health care options and treatment needed for your condition no matter what the cost or whether it is covered under your Plan.
- Work with your Doctors to make choices about your health care.
- Be treated with respect and dignity.
- Expect the Claims Administrator to keep your personal health information private by following the Claims Administrator's privacy policies, and state and Federal laws.
- Get the information you need to help make sure you get the most from your health Plan, and share your feedback. This includes information on:
 - The Claims Administrator's company and services.
 - The Claims Administrator network of health care Providers.
 - Your rights and responsibilities.
 - The rules of your health Plan.
 - The way your health Plan works.
- Make a complaint or file an appeal about:
 - Your health Plan and any care you receive.
 - Any Covered Service or benefit decision that your health Plan makes.
- Say no to care, for any condition, sickness or disease, without having an effect on any care you may get in the future. This includes asking your Doctor to tell you how that may affect your health now and in the future.
- Get the most up-to-date information from a health care Provider about the cause of your illness, your treatment and what may result from it. You can ask for help if you do not understand this information.

You have the responsibility to:

- Read all information about your health benefits and ask for help if you have questions.
- Follow all health Plan rules and policies.
- Choose a Network Primary Care Physician, also called a PCP, if your health Plan requires it.
- Treat all Doctors, health care Providers and staff with respect.
- Keep all scheduled appointments. Call your health care Provider's office if you may be late or need to cancel.
- Understand your health problems as well as you can and work with your health care Providers to make a treatment plan that you all agree on.
- Inform your health care Providers if you don't understand any type of care you are getting or what they want you to do as part of your care plan.
- Follow the health care plan that you have agreed on with your health care Providers.

- Give the Claims Administrator, your Doctors and other health care Providers the information needed to help you get the best possible care and all the benefits you are eligible for under your health Plan. This may include information about other health coverage benefits you have along with your coverage with the Plan.
- Inform Member Services if you have any changes to your name, address or family members covered under your Plan.

Each Claims Administrator wants to provide high quality customer service to the Plan's Members. Benefits and coverage for services given under the Plan are governed by the Employer's Plan and not by this Member Rights and Responsibilities statement.

Contacting the AEP Benefits Center

The AEP Benefits Center is available to assist you with questions regarding your eligibility, enrollment and participation in the Plan. You may contact the AEP Benefits Center at the following address by calling 1-888-237-2363, by visiting the AEP Benefits Center web site (www.ibenefitcenter.com/aep) or by mail at the following address:

AEP Benefits Center
P.O. Box 622
Des Moines IA 50306-0622

HSA Plans Generally

The Maximum Allowed Amount is the amount the Claims Administrator will reimburse for services and supplies which meet its definition of Covered Services, as long as such services and supplies are not excluded under the Member's Plan; are Medically Necessary; and are provided in accordance with the Member's Plan. See the Definitions and Claims Payment sections for more information.

Under certain circumstances, if the Claims Administrator pays the healthcare Provider amounts that are your responsibility, such as Deductibles or Coinsurance, the Claims Administrator may collect such amounts directly from you. You agree that the Claims Administrator has the right to collect such amounts from you.

Welcome to the Health Savings Account (HSA) Plan!

The Health Savings Account (HSA) plans provide an innovative approach to health benefits for eligible Employees of Participating AEP System Companies (generically, the "company" or your "Employer").

With the HSA plans, you have health coverage available to you for which you and the company share the cost. This coverage has two components designed to work together to provide you flexibility and control in choosing the health care services you and your family members receive and in choosing how the cost of these services is paid. Bottom line, the plans are designed to help you — and your family — take control of your health care dollars and decisions.

The HSA Plan – In Brief

The HSA Plan options may offer you an opportunity to set up and fund a Health Savings Account (HSA). If you meet the eligibility requirements imposed by the federal income tax code, you can contribute pre-tax dollars to your HSA. Others may also contribute dollars to your account. You can use the dollars to help meet your annual Deductible responsibility as well as other out-of-pocket expenses.

If you want to learn more about the eligibility requirements to have pre-tax contributions made to an HSA, you may read IRS Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans).

The HSA Plan options help you stay healthy by encouraging you to use Preventive Care — 100% coverage for nationally recommended services using Network Providers. You incur no Out-of-Pocket costs as long as you receive your preventive care from a Network Provider. If you choose to go to an Out-of-Network Provider, your Deductible or Traditional Health Coverage benefits will apply.

The HSA Plan options also offer you Traditional Health Coverage to protect you and your enrolled dependents to the extent your Out-of-Pocket Costs for Covered Services exceed your annual Deductible. Once Traditional Health Coverage is effective, the Plan will reimburse a percentage of the cost for Covered Services. You will be responsible for covering the remainder of the expense of Covered Services (called your Coinsurance responsibility), up to an annual Out-of-Pocket Maximum. After this amount has been met, you will receive coverage for Covered Services for the remainder of the Plan year as specified elsewhere in this SPD.

Any day and dollar limits associated with specific benefits under the Plan apply at all times, including while you are in the Traditional Health Coverage portion of the plan.

Financial Tools

Each HSA Plan option offers online financial tools to help you keep track of your health care dollars. Plus you can track your claims for Covered Services. You can review what you've spent on health care, view your HSA balance, or look up the status of a particular claim any time of the day.

To best control your Out-Of-Pocket expense, obtain Covered Services from a Network Provider. Benefits for Covered Services are based on the Maximum Allowable Amount, which is the maximum amount the Plan will pay for a given service. When you use an Out-of-Network Provider, you are responsible for any balance due between the Out-of-Network Provider's charge and the Maximum Allowable Amount in addition to any Coinsurance, Deductibles, and non-covered charges.

Coinsurance/Maximums are calculated based upon the Maximum Allowable Amount, not the Provider's charge.

HSA Plus Plan

The HSA plan options may give you the opportunity to build your available health care dollars over time in a personal health savings account. AEP may impose limitations on the ability of certain individuals to enroll in the HSA Plus plan option. Please refer to the enrollment guide applicable upon your initial enrollment or any subsequent annual enrollment to learn more about any limitations that may be applicable to you.

The HSA Plus plan option includes an annual company contribution to your HSA.

HSA Contribution	
Individual	\$500
Employee + Spouse/Domestic Partner	\$750
Employee + Child(ren)	\$750
Family	\$1,000

Note: If you join the HSA Plus plan at any time other than at the beginning of the Plan year (January 1), the initial amount contributed to your HSA will be prorated based on the month on a monthly basis when you joined the Plan.

You also may be able to contribute to your HSA. The federal income tax code imposes limitations on whether contributions made an individual's health savings account (HSA) will be eligible for favorable tax treatment. If you qualify for favorable tax treatment of your HSA, then so long as you don't use the full amount of your HSA, it remains available to you tax-free for eligible expenses now and in the future.

Note: If you experience a change in family status during the Plan year that results in a reduction in coverage (i.e. from Family to Individual), your allocation of Company contributions will not change until the beginning of the next Plan year. If the change in family status results in an increase in coverage (e.g., from Individual to Family), you will receive an additional prorated allocation of Company contributions equal to a portion of the difference between the levels allocation. If your participation in the HSA Plus plan ends for any reason, amounts already properly contributed to your HSA remain yours.

The Traditional Health Coverage provisions of the HSA Plus Plan option do not kick in until the applicable annual Deductible has been met.

Your Annual Deductible is:

	In-Network	Out-of-Network
Individual	\$2,000	\$3,000
Employee + Spouse/Domestic Partner	\$3,000	\$4,500
Employee + Child(ren)	\$3,000	\$4,500
Family	\$4,000	\$6,000

Note: The Deductible applies to all Covered Services you incur in a Benefit Period except Network Preventive Care Services. The Network Deductible and Out-of-Network Deductible are not separate and do accumulate toward each other.

Your Plan has a non-embedded Deductible which means:

- If you, the Subscriber, are the only person covered by this Plan, only the "Individual" amounts apply to you.
- If you also cover Dependents (other family members) under this Plan, the applicable Deductible amounts can be satisfied by you and any other covered family member or a combination of family members. Once the applicable Deductible is met, it is considered met for you and all other covered family members.

Traditional Health Coverage

In addition to your HSA account, the Plan offers additional health coverage to protect you and your covered family members in case you incur health care expenses that exceed your annual Deductible. This coverage begins once you have satisfied the applicable Deductible on Covered Services.

Coinsurance

When using the Traditional Health Coverage, you pay a certain percentage of the cost of Covered Services through Coinsurance. Generally, the Traditional Health Coverage pays 85% of the cost of most In-Network Covered Services and 70% of the Maximum Allowable Cost of most Out-of-Network Covered Services, and your Coinsurance amount is 15% or 30%, as appropriate, until you reach a limit called the Out-of-Pocket Maximum.

Out-of-Pocket Maximum

The Plan's Out-of-Pocket Maximum may be the most that you will pay toward covered health expenses in a Plan year. Once you reach the Out-of-Pocket Maximum under the Plan, the Plan pays 100% of Covered Services for Network Providers and 100% of the Maximum Allowable Amount for Out-of-Network Providers.

Your Out-of-Pocket Maximum is:

	Network	Out-of-Network
Individual	\$4,000	\$6,000
Employee + Spouse/Domestic Partner	\$6,000	\$9,000
Employee + Child(ren)	\$6,000	\$9,000
Family	\$8,000	\$12,000

Note: The Out-of-Pocket Maximum includes all Deductibles and/or Coinsurance you incur in a Benefit Period. Once the Out-of-Pocket Maximum is satisfied, no additional Coinsurance will be required for the remainder of the Benefit Period.

Network and Out-of-Network Coinsurance and Out-of-Pocket Maximums are not separate and do accumulate toward each other.

The HSA Plus Plan has an embedded Out-of-Pocket Maximum, which means:

- An individual within the family will never pay more than their individual Out-of-Pocket Maximum; and
- If you also cover Dependents (other family members) under this Plan, the Out-of-Pocket costs for you and their Covered Services will be applied towards the remaining Out-of-Pocket Maximum for your coverage level. Once the Out-of-Pocket Maximum applicable for your coverage level is met, it is considered met for all covered family members.

Note: The Out-of-Pocket Maximum does not include Non-covered services, Services deemed not Medically Necessary by the applicable Claims Administrator, Penalties for non-compliance, or Charges over the Maximum Allowed Amount.

Schedule of Benefits (HSA Plus Plan)

Other sections of this SPD include additional information about the following:

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Acupuncture	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
ADD/ADHD <ul style="list-style-type: none"> • Attention Deficit Disorders includes Intellectual Disability, Developmental Delays and Learning Disabilities. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Allergy Care		
Testing and Treatment – Physician or Specialist Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Biofeedback	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Blood Processing and Storage	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Consultation, Second Opinion <ul style="list-style-type: none"> • Includes Family Planning. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Dental & Oral Surgery/TMJ Services		
Accidental Injury <ul style="list-style-type: none"> • Covered for treatment of an injury to sound and natural teeth. • Only if treatment is completed within 12 months of the accident. • Care must commence within 90 days of accident. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Oral Surgery - Subject to Medical Necessity – excludes appliances and orthodontic treatment. <ul style="list-style-type: none"> • Dental Anesthesia is covered only if related to a payable oral surgery. • DOES NOT include removal of impacted teeth. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
TMJ - Subject to Medical Necessity <ul style="list-style-type: none"> • Covered for medical treatment (surgical and non-surgical). • Excludes appliances and orthodontic treatment. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Diabetes Maintenance		
Diabetes Education/Diabetic Nutritional Counseling Outpatient Institutional <ul style="list-style-type: none"> • Nutritional Counseling for Diabetes. • May be covered at 100% under certain circumstances - refer to Preventive Care Benefits. • Covered for medical conditions that require a special diet. • Includes gestational. • Diabetic Supply - Covered only for glucometer or insulin infusion pump. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Diagnostic Physician's Services		
Diagnostic services (including second opinion) by a Physician or Specialist Physician – office visit or home visit:		
Physician / Specialist Physician Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Diagnostic X-ray and Lab – office or independent lab. <ul style="list-style-type: none"> • Covered at the In Network benefit level. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Diagnostic services are defined as any claim for services performed to diagnose an illness or Injury.		
Dialysis/Hemodialysis Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Emergency Room, Urgent Care, and Ambulance Services		
Emergency room for an Emergency Medical Condition <ul style="list-style-type: none"> • Applies to Emergency Medical Condition diagnoses (as defined by Prudent Layperson). All services will be paid at the in Network level of benefit (accidental injury and medical emergency diagnoses pay as emergency). • Quick Care Options. • All other services. 	Deductible then 15% Coinsurance	Covered at the In Network benefit level (See note below)
Use of the emergency room for non-Emergency Medical Conditions <ul style="list-style-type: none"> • Applies to non-emergency Medical Condition diagnoses (as defined by Prudent Layperson). • Quick Care Options • All other services. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Urgent Care clinic visit <ul style="list-style-type: none"> • All other services 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Ambulance Services (when Medically Necessary) <ul style="list-style-type: none"> • Land/Air (Air Ambulance will suspend for Medical Necessity). 	Deductible then 15% Coinsurance	Covered at the In Network benefit level at Billed Charges. (See note below)
Note: Care received Out-of-Network for an Emergency Medical Condition will be provided at the Network level of benefits if the following conditions apply: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following conditions: (1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part. If an Out-of-Network Provider is used, however, you are responsible to pay the difference between the Maximum Allowed Amount and the amount the Out-of-Network Provider charges.		

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Eye Care		
Office visit – medical eye care exams (treatment of disease or Injury to the eye)		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Glasses/Contacts after Cataract Surgery - Limited to one (1) occurrence: includes initial frames, lenses or contacts following Cataract surgery. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hearing Care		
Office visit – Audiometric exam/hearing evaluation test		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Cochlear Implants 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hearing devices/hearing aids, including exams and hearing aid accessories. 	Not Covered	Not Covered
<ul style="list-style-type: none"> • No coverage for hearing loss due to age. 		
High Diagnostic Imaging		
<ul style="list-style-type: none"> • Includes MRI/MRA/CAT/PET/SPECT. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hospital Based Provider services rendered by non-par providers are covered at the In-Network benefit level. 		

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Home Health Care Services <ul style="list-style-type: none"> Includes Private Duty Nursing and Home Infusion therapy (Services do NOT count toward the Home Health visit maximum.) 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum Home Care visits	120 visits per calendar year combined Network and Out-of-Network (limit not applicable to Behavioral Health benefit)	
Hospice Care Services <ul style="list-style-type: none"> Respite Care is Not Covered. Bereavement Counseling is Not Covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hospital Inpatient Services – Precertification Required		
Room and board (Semiprivate or ICU/CCU)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Hospital services and supplies (x-ray, lab, anesthesia, surgery (Precertification required), Inpatient Physical Medical Rehab, Inpatient Physical Therapy, etc.)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Pre-Admission testing	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physician Services:		
<ul style="list-style-type: none"> Surgeon 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Anesthesiologist 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Radiologist 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Pathologist 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Anesthesiologist, radiologist, and pathologist charges are always paid at the Network level of benefits at Billed Charges when providing Inpatient services.		
Infusion Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Maternity Care (Dependent Daughters are covered) & Other Reproductive Services		
Physician's office: Global care (includes pre-and post-natal delivery)		
Primary Care Physician (includes obstetrician and gynecologist) Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Midwife (Precertification required)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physician Hospital/Birthing Center Services (Precertification required)		
Physician's services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Newborn nursery services (well baby care)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Circumcision	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Newborn stays in the Hospital after the mother is discharged, as well as any stays exceeding 48 hours for a vaginal delivery or 96 hours for a cesarean section, must be pre-certified		
Outpatient Institutional <ul style="list-style-type: none"> • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Outpatient Professional/Office Professional Visit <ul style="list-style-type: none"> • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Infertility Services <ul style="list-style-type: none"> • Treatment for underlying medical conditions are covered as medical. • Covered for services to diagnose infertility only. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
<ul style="list-style-type: none"> Treatment of infertility is not covered (except artificial insemination). Artificial Insemination is limited to 6 attempts per lifetime. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Invitro Fertilization - Includes in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), artificial insemination, and reversal of voluntary sterilization.) are Not covered. 	Not Covered	Not Covered
Sterilization Services that do not qualify as “Preventive Care” benefits (Precertification required for Inpatient procedures)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Sterilizations for women may be covered under the “Preventive Care” benefit. Please see that section in Medical Benefits for further details.		
<ul style="list-style-type: none"> Vasectomy Reversals are Not Covered.	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Contraceptives –that do not qualify as “Preventive Care” benefits <ul style="list-style-type: none"> Spermicide, vaginal ring, hormone patch Depo - Estradiol Cypionate Covered for birth control as well as medical conditions. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Medical Supplies and Equipment		
Medical Supplies	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Durable Medical Equipment (DME) <ul style="list-style-type: none"> (Purchase & Rental) 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Orthotics <ul style="list-style-type: none"> Foot (Foot Orthotics based on Medical Necessity) and shoe 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Prosthetic Appliances (external) <ul style="list-style-type: none"> Wigs/Toupees limited to one per Benefit Period, subject to Medical Necessity. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Nutritional Counseling for Non-Diabetes <ul style="list-style-type: none"> • May be considered Preventive Care Benefits under certain circumstances. • Eating Disorders are covered. • Covered for medical conditions that require a special diet. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
- Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Nutritional Counseling for Eating Disorders	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Outpatient Hospital/Facility Services		
Outpatient facility	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Lab and x-ray services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Outpatient Physician services (surgeon, anesthesiologist, radiologist, pathologist, etc.)	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physician Services (Home and Office Visits)		
Primary Care Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Office Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Online Visits from LiveHealth Online Provider	Not Covered	Not Covered
Prescription Injectables/Prescription Drugs Dispensed in the Physician's Office	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Prescription Drugs (other than Preventive Care)		
Generic	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Brand-name	Deductible then 15% Coinsurance	Deductible then 15% Coinsurance
Preventive Services (regardless of Provider or setting where Preventive care is provided)	Covered at 100%	Deductible then 30% Coinsurance
Contraceptives - qualify as “Preventive Care” benefit <ul style="list-style-type: none"> • IUDs, injections for Depo-Provera, diaphragm fittings, and any other FDA approved birth control devices (other than the ones listed above that do not qualify as “Preventive Care” benefits). <ul style="list-style-type: none"> • Covered based on the diagnosis restriction within the “Preventive Care” benefits. 	Covered at 100%	Deductible then 30% Coinsurance
Other Preventive Services		
Routine eye exams	Not Covered	Not Covered
Routine hearing exams <ul style="list-style-type: none"> • Limited to one per calendar year. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Routine Foot Care <ul style="list-style-type: none"> • Foot Orthotics may be covered as DME. 	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Note: Preventive Care treatment generally applied to Covered Services only when claim submitted with a “well” diagnosis.		
Retail Health Clinics	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Skilled Nursing Facility	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Maximum days 	120 days per calendar year combined Network and Out-of-Network.	
Surgical Services	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Bariatric Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
<p align="center">Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.</p>		
<p>Blue Distinction Bariatric Services Benefit: This benefit description applies to the Bariatric surgery, the pre-determination of eligibility by the Blue Distinction (BD) Bariatric Specialty Care Management unit, travel to a BD Designated Center of Excellence (COE) provider associated with the surgery event, and the after care provided by the BD Bariatric Specialty Care Management unit only.</p>		
<p>Designated BD Bariatric COE: For the Covered Bariatric Procedure, you will pay 5% of the Maximum Allowable Amount for Bariatric Surgery facility.</p>		
<p>Prior to and after the Covered Bariatric Procedure, Covered Services will be paid as Inpatient Services, Outpatient Services or Physician Home Visits and Office Services depending where the service is performed.</p>		
<p>Out of Network Bariatric provider: you will pay 30% of the Maximum Allowable Amount for a Bariatric procedure performed at an Out-of-Network facility.</p>		
<p>Transportation and Lodging – Distance the patient must live from the surgical facility to use this benefit: 50 Miles. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Facility must be 50 miles from member's residence.</p>		
<p>Participation in Anthem BD Bariatric Specialty Care Management Program is required for benefits to be considered.</p>		

Benefits		Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Blue Distinction Centers+/Blue Distinction Centers Transplant Surgery Benefit			
Designated BDC+ Provider for Transplant Surgery Procedures	Designated BDC Provider for Transplant Surgery procedures	PAR (Network) Transplant Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Transplant Provider
Benefit Limits for Covered Transplant Procedure:			
For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Transplant Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Applicable Deductibles apply	Applicable Deductibles apply	Applicable Deductibles apply.	Applicable Deductibles apply.

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Live Donor Searches		
Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 85% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.
Bone Marrow Donor Search		
Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant
Organ Transplants (institutional)		
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount
Organ Transplants (professional)		
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount

Benefits	Network	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	Not Covered	Not Covered
Blue Distinction Cardiac Surgery Benefit			
Designated BDC+ Provider for Cardiac Procedures	Designated BDC Provider for Cardiac procedures	PAR (Network) Cardiac Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Cardiac Provider

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Benefit Limits for Covered Cardiac Procedure:			
For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Cardiac Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.	Out-of-Network Deductibles will apply.

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Blue Distinction Orthopedic Surgery Benefit			
Designated BDC+ Provider for Knee/Hip Replacements & Spine Surgery Procedures	Designated BDC Provider for Knee/Hip Replacements & Spine Surgery procedures	PAR (Network) Orthopedic Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Orthopedic Provider

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Benefit Limits for Covered Orthopedic Procedure:			
For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 15% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Orthopedic Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.	Out-of-Network Deductibles will apply.

Benefits	Network		Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Telehealth Visits			
<ul style="list-style-type: none"> • Includes Teladoc. • All other providers are NOT Covered. Please contact Customer Service for additional information.		Deductible then 15% Coinsurance	Not Covered

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Therapy Services (Outpatient)		
Physician – Coinsurance, per visit	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician or other – Coinsurance per visit	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Physical Therapy Occupational Therapy Speech Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<p>Note: Coverage is provided for Physical, Occupational, and Speech therapy services when used for treatment of a congenital defect, condition, sickness, or injury. To be covered, the therapy services must be rendered in accordance with a physician's prescription. Therapy is covered for developmental delays. Learning disabilities are excluded.</p>		
Chiropractic Care – Maximum per calendar year	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance 15 Visit Maximum Includes all services performed by a Chiropractor. Combined In and Out-of-Network. Massage Therapy is covered when performed by a chiropractor, and included in the chiropractic maximum.
Cardiac Rehabilitation	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Radiation Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Chemotherapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Respiratory Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Vision Therapy	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
<p>Note: Inpatient therapy services will be paid under the Inpatient Hospital benefit.</p>		
Transgender Surgery	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplants			
<p>Any Medically Necessary human organ and stem cell/bone marrow transplant and transfusion as determined by the Medical Claims Administrator including necessary acquisition procedures, collection and storage, including Medically Necessary preparatory myeloablative therapy.</p> <p>The Center of Excellence requirements do not apply to Cornea and kidney transplants; and any Covered Services, related to a Covered Transplant Procedure, received prior to or after the Transplant Benefit Period.</p> <p>Note: Even if a Hospital is a Network Provider for other services, it may not be a Network Transplant Provider for these services. Please be sure to contact the Medical Claims Administrator to determine which Hospitals are Network Transplant Providers. (When calling Customer Service, ask to be connected with the Transplant Case Manager for further information.)</p>			

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplant Benefit Period			
	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues to the date of discharge.
Covered Transplant Procedure during the Transplant Benefit Period	Deductible then 5% Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Care coordinated through a Network Transplant Provider/ Center of Excellence subject to Deductible. When performed by Out-of-Network Transplant Provider, you are responsible for any charges from the Out-of-Network Transplant Provider which exceeds the Maximum Allowed Amount.			
Bone Marrow & Stem Cell Transplant (Inpatient & Outpatient)	Deductible then 5% Coinsurance	Deductible then 15% Coinsurance	Deductible then 30% Coinsurance
Includes unrelated donor search up to \$30,000 per transplant.			

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Live Donor Health Services (including complications from the donor procedure for up to six weeks from the date of procurement)	Deductible then 5% Coinsurance, as approved, up to a \$30,000 benefit limit	Deductible then 15% Coinsurance, as approved, up to a \$30,000 benefit limit	Covered, as approved, up to a \$30,000 benefit limit. You are responsible for Deductible then 30% Coinsurance of search charges. These charges will NOT apply to the Out-of-Pocket Maximum.
Eligible Travel and Lodging –	Covered at 100%	Covered at 100%	Not Covered
	<ul style="list-style-type: none"> • Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. (Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant/Center of Excellence facility.) Meals are not covered. • Transportation for two companions if the patient is a minor child. • Travel is reimbursed for patient and companion. 		
All Other Covered Transplant Services	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received

HSA Basic Plan

The HSA plan options approach gives you the opportunity to build your available health care dollars over time in a personal health savings account (HSA). If you enroll in the HSA Basic Plan option, you may be able to contribute to your HSA. The federal income tax code imposes limitations on whether contributions you make to your HSA will be eligible for favorable tax treatment. If you qualify for favorable tax treatment of your HSA, then so long as you don't use the full amount of your HSA, it remains available to you tax-free for eligible expenses now and in the future.

The Traditional Health Coverage provisions of the HSA Basic Plan option do not kick in until the applicable annual Deductible has been met.

Your Annual Deductible is:

	In-Network	Out-of-Network
Individual	\$2,700	\$4,000
Employee + Spouse/Domestic Partner	\$5,400	\$8,000
Employee + Child	\$5,400	\$8,000
Employee + Children	\$8,100	\$12,000
Family	\$8,100	\$12,000

Note: The Deductible applies to all Covered Services you incur in a Benefit Period except Network Preventive Care Services. The Network Deductible and Out-of-Network Deductible are not separate and do accumulate toward each other.

Your Plan has an embedded Deductible which means:

- A covered individual within a family can satisfy the amount shown as the Participant Only Deductible, and Coinsurance will be applied to additional Covered Expenses incurred by that individual.
- Remaining family members' claims will be used towards the Deductible for the applicable coverage level.

Traditional Health Coverage

The Plan offers additional health coverage to protect you and your covered family members in case you incur health care expenses that exceed your annual Deductible. This coverage begins once you have satisfied the applicable Deductible on Covered Services.

Coinsurance

When using the Traditional Health Coverage, you pay a certain percentage of the cost of Covered Services through Coinsurance. Generally, the Traditional Health Coverage pays 90% of the cost of most In-Network Covered Services and 70% of the Maximum Allowable Cost of most Out-of-Network Covered Services, and your Coinsurance amount is 10% or 30%, as appropriate, until you reach a limit called the Out-of-Pocket Maximum.

Out-of-Pocket Maximum

The Plan's Out-of-Pocket Maximum may be the most that you will pay toward covered health expenses in a Plan year. Once you reach the Out-of-Pocket Maximum under the Plan, the Plan pays 100% of Covered Services for Network Providers and 100% of the Maximum Allowable Amount for Out-of-Network Providers.

Your Out-of-Pocket Maximum is:

	In-Network	Out-of-Network
Individual	\$4,000	\$8,000
Employee + Spouse/Domestic Partner	\$8,000	\$16,000
Employee + Child	\$8,000	\$16,000
Employee + Children	\$12,000	\$24,000
Family	\$12,000	\$24,000

Note: The Out-of-Pocket Maximum includes all Deductibles and/or Coinsurance you incur in a Benefit Period. Once the Out-of-Pocket Maximum is satisfied, no additional Coinsurance will be required for the remainder of the Benefit Period.

Network and Out-of-Network Coinsurance and Out-of-Pocket Maximums are not separate and do accumulate toward each other.

The HSA Basic Plan has an embedded Out-of-Pocket Maximum, which means:

- An individual within the family will never pay more than their individual Out-of-Pocket Maximum; and

- If you also cover Dependents (other family members) under this Plan, the Out-of-Pocket costs for your and their Covered Services will be applied towards the remaining Out-of-Pocket Maximum applicable for your coverage level. Once the Out-of-Pocket Maximum applicable for your coverage level is met, it is considered met for all covered family members.

Note: The Out-of-Pocket Maximum does not include Non-covered services, Services deemed not Medically Necessary by the applicable Claims Administrator, Penalties for non-compliance, or Charges over the Maximum Allowed Amount.

Schedule of Benefits (HSA Basic Plan)

Other sections of this SPD include additional information about the following:

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Acupuncture	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
ADD/ADHD <ul style="list-style-type: none"> • Attention Deficit Disorders includes Intellectual Disability, Developmental Delays and Learning Disabilities. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Allergy Care		
Testing and Treatment – Physician or Specialist Physician	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Biofeedback	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Blood Processing and Storage	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Consultation, Second Opinion <ul style="list-style-type: none"> • Includes Family Planning. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Dental & Oral Surgery/TMJ Services		
Accidental Injury <ul style="list-style-type: none"> • Covered for treatment of an injury to sound and natural teeth. • Only if treatment is completed within 12 months of the accident. • Care must commence within 90 days of accident. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Oral Surgery - Subject to Medical Necessity – excludes appliances and orthodontic treatment. <ul style="list-style-type: none"> • Dental Anesthesia is covered only if related to a payable oral surgery. • DOES NOT include removal of impacted teeth. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
TMJ - Subject to Medical Necessity <ul style="list-style-type: none"> • Covered for medical treatment (surgical and non-surgical). • Excludes appliances and orthodontic treatment. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Diabetes Maintenance		
Diabetes Education/Diabetic Nutritional Counseling Outpatient Institutional <ul style="list-style-type: none"> • Nutritional Counseling for Diabetes. • May be covered at 100% under certain circumstances - refer to Preventive Care Benefits. • Covered for medical conditions that require a special diet. • Includes gestational. • Diabetic Supply - Covered only for glucometer or insulin infusion pump. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
– Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Diagnostic Physician's Services		
Diagnostic services (including second opinion) by a Physician or Specialist Physician – office visit or home visit:		
Physician / Specialist Physician Coinsurance	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Diagnostic X-ray and Lab – office or independent lab. <ul style="list-style-type: none"> • Covered at the In Network benefit level. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Note: Diagnostic services are defined as any claim for services performed to diagnose an illness or Injury.		
Dialysis/Hemodialysis Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Emergency Room, Urgent Care, and Ambulance Services		
Emergency room for an Emergency Medical Condition <ul style="list-style-type: none"> • Applies to Emergency Medical Condition diagnoses (as defined by Prudent Layperson). All services will be paid at the in Network level of benefit (accidental injury and medical emergency diagnoses pay as emergency). • Quick Care Options. • All other services. 	Deductible then 10% Coinsurance	Covered at the In Network benefit level (See note below)
Use of the emergency room for non-Emergency Medical Conditions <ul style="list-style-type: none"> • Applies to non-emergency Medical Condition diagnoses (as defined by Prudent Layperson). • Quick Care Options • All other services. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Urgent Care clinic visit <ul style="list-style-type: none"> • All other services. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Ambulance Services (when Medically Necessary) <ul style="list-style-type: none"> • Land/Air (Air Ambulance will suspend for Medical Necessity). 	Deductible then 10% Coinsurance	Covered at the In Network benefit level at Billed Charges. (See note below)
<p>Note: Care received Out-of-Network for an Emergency Medical Condition will be provided at the Network level of benefits if the following conditions apply: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following conditions: (1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction of any bodily organ or part. If an Out-of-Network Provider is used, however, you are responsible to pay the difference between the Maximum Allowed Amount and the amount the Out-of-Network Provider charges.</p>		

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Eye Care		
Office visit – medical eye care exams (treatment of disease or Injury to the eye)		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Glasses/Contacts after Cataract Surgery - Limited to one (1) occurrence: includes initial frames, lenses or contacts following Cataract surgery. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Hearing Care		
Office visit – Audiometric exam/hearing evaluation test		
<ul style="list-style-type: none"> • Physician / Specialist Physician Coinsurance 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Treatment other than office visit 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Cochlear Implants 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hearing devices/hearing aids, including exams and hearing aid accessories. 	Not Covered	Not Covered
<ul style="list-style-type: none"> • No coverage for hearing loss due to age. 		
High Diagnostic Imaging		
<ul style="list-style-type: none"> • Includes MRI/MRA/CAT/PET/SPECT. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Hospital Based Provider services rendered by non-par providers are covered at the In-Network benefit level. 		

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Home Health Care Services <ul style="list-style-type: none"> • Includes Private Duty Nursing and Home Infusion therapy (Services do NOT count toward the Home Health visit maximum.) 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
- Maximum Home Care visits	120 visits per calendar year combined Network and Out-of-Network (limit not applicable to Behavioral Health benefit)	
Hospice Care Services <ul style="list-style-type: none"> • Respite Care is Not Covered. • Bereavement Counseling is Not Covered. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Hospital Inpatient Services – Precertification Required		
Room and board (Semiprivate or ICU/CCU)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Hospital services and supplies (x-ray, lab, anesthesia, surgery (Precertification required), Inpatient Physical Medical Rehab, Inpatient Physical Therapy, etc.)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Pre-Admission testing	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Physician Services:		
• Surgeon	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
• Anesthesiologist	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
• Radiologist	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
• Pathologist	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Note: Anesthesiologist, radiologist, and pathologist charges are always paid at the Network level of benefits at Billed Charges when providing Inpatient services.		
Infusion Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Maternity Care (Dependent Daughters are covered) & Other Reproductive Services		
Physician's office: Global care (includes pre-and post-natal delivery)		
Primary Care Physician (includes obstetrician and gynecologist) Coinsurance	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician Coinsurance	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Midwife (Precertification required)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Physician Hospital/Birthing Center Services (Precertification required)		
Physician's services	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Newborn nursery services (well baby care)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Circumcision	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Note: Newborn stays in the Hospital after the mother is discharged, as well as any stays exceeding 48 hours for a vaginal delivery or 96 hours for a cesarean section, must be pre-certified		
Outpatient Institutional • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered.	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Outpatient Professional/Office Professional Visit • Includes Therapeutic and Elective Abortion. • Dependent Daughters are covered.	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Infertility Services • Treatment for underlying medical conditions are covered as medical. • Covered for services to diagnose infertility only.	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
<ul style="list-style-type: none"> Treatment of infertility is not covered (except artificial insemination). Artificial Insemination is limited to 6 attempts per lifetime. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> Invitro Fertilization - Includes in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), artificial insemination, and reversal of voluntary sterilization.) are Not covered. 	Not Covered	Not Covered
Sterilization Services that do not qualify as “Preventive Care” benefits (Precertification required for Inpatient procedures)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Sterilizations for women may be covered under the “Preventive Care” benefit. Please see that section in Medical Benefits for further details.		
<ul style="list-style-type: none"> Vasectomy Reversals are Not Covered.	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Contraceptives –that do not qualify as “Preventive Care” benefits <ul style="list-style-type: none"> Spermicide, vaginal ring, hormone patch Depo - Estradiol Cypionate Covered for birth control as well as medical conditions. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Medical Supplies and Equipment		
Medical Supplies	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Durable Medical Equipment (DME) <ul style="list-style-type: none"> (Purchase & Rental) 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Orthotics <ul style="list-style-type: none"> Foot (Foot Orthotics based on Medical Necessity) and shoe 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Prosthetic Appliances (external) <ul style="list-style-type: none"> Wigs/Toupees limited to one per Benefit Period, subject to Medical Necessity. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Nutritional Counseling for Non-Diabetes <ul style="list-style-type: none"> • May be considered Preventive Care Benefits under certain circumstances. • Eating Disorders are covered. • Covered for medical conditions that require a special diet. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
- Maximum visits per calendar year	6 combined visits per year, combined with Non-Diabetes diagnosis combined Network and Out-of-Network	
Nutritional Counseling for Eating Disorders	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Outpatient Hospital/Facility Services		
Outpatient facility	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Lab and x-ray services	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Outpatient Physician services (surgeon, anesthesiologist, radiologist, pathologist, etc.)	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Physician Services (Home and Office Visits)		
Primary Care Physician	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Office Surgery	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Online Visits from LiveHealth Online Provider	Not Covered	Not Covered
Prescription Injectables/Prescription Drugs Dispensed in the Physician's Office	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Prescription Drugs (other than Preventive Care)		
Generic	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Brand-name	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Preventive Services (regardless of Provider or setting where Preventive care is provided)	Covered at 100%	Deductible then 30% Coinsurance
Contraceptives - qualify as “Preventive Care” benefit <ul style="list-style-type: none"> • IUDs, injections for Depo-Provera, diaphragm fittings, and any other FDA approved birth control devices (other than the ones listed above that do not qualify as “Preventive Care” benefits). <ul style="list-style-type: none"> • Covered based on the diagnosis restriction within the “Preventive Care” benefits. 	Covered at 100%	Deductible then 30% Coinsurance
Other Preventive Services		
Routine eye exams	Not Covered	Not Covered
Routine hearing exams <ul style="list-style-type: none"> • Limited to one per calendar year. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Routine Foot Care <ul style="list-style-type: none"> • Foot Orthotics may be covered as DME. 	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Note: Preventive Care treatment generally applied to Covered Services only when claim submitted with a “well” diagnosis.		
Retail Health Clinics	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Skilled Nursing Facility	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<ul style="list-style-type: none"> • Maximum days 	120 days per calendar year combined Network and Out-of-Network.	
Surgical Services	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Bariatric Surgery	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Blue Distinction Bariatric Services Benefit: This benefit description applies to the Bariatric surgery, the pre-determination of eligibility by the Blue Distinction (BD) Bariatric Specialty Care Management unit, travel to a BD Designated Center of Excellence (COE) provider associated with the surgery event, and the after care provided by the BD Bariatric Specialty Care Management unit only.		
Designated BD Bariatric COE: For the Covered Bariatric Procedure, you will pay 5% of the Maximum Allowable Amount for Bariatric Surgery facility.		
Prior to and after the Covered Bariatric Procedure, Covered Services will be paid as Inpatient Services, Outpatient Services or Physician Home Visits and Office Services depending where the service is performed.		
Out of Network Bariatric provider: you will pay 30% of the Maximum Allowable Amount for a Bariatric procedure performed at an Out-of-Network facility.		
Transportation and Lodging – Distance the patient must live from the surgical facility to use this benefit: 50 Miles. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Facility must be 50 miles from member's residence.		
Participation in Anthem BD Bariatric Specialty Care Management Program is required for benefits to be considered.		

Benefits		Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Blue Distinction Centers+/Blue Distinction Centers Transplant Surgery Benefit			
Designated BDC+ Provider for Transplant Surgery Procedures	Designated BDC Provider for Transplant Surgery procedures	PAR (Network) Transplant Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Transplant Provider
Benefit Limits for Covered Transplant Procedure:			
For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Transplant Procedure, you will pay 10% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Transplant Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Applicable Deductibles apply	Applicable Deductibles apply	Applicable Deductibles apply.	Applicable Deductibles apply.

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Live Donor Searches		
Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 95% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Donor benefits are limited to benefits not available to the donor from any other source. Medically Necessary charges for the procurement of an organ from a live donor are covered up to 90% of the Maximum Allowable Amount, including complications from the donor procedure for up to six weeks from the date of procurement.
Bone Marrow Donor Search		
Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant	Bone Marrow Donor Search fees are covered up to a maximum of \$30,000 per transplant
Organ Transplants (institutional)		
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount
Organ Transplants (professional)		
Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 95% of Maximum Allowed Amount	Donor expenses are covered at 70% of Maximum Allowed Amount

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Blue Distinction Cardiac Surgery Benefit			
Designated BDC+ Provider for Cardiac Procedures	Designated BDC Provider for Cardiac procedures	PAR (Network) Cardiac Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Cardiac Provider

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Benefit Limits for Covered Cardiac Procedure:			
For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Cardiac Procedure, you will pay 10% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).	For the Covered Cardiac Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).
Deductibles			
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.	Out-of-Network Deductibles will apply.

Benefits	Network	Out-of-Network	
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required. Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered. Reimbursed at 100% as long as cardiac procedure is covered and performed at BDC facility. Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion. Facility must be 50 miles from member's residence.	Not Covered	Not Covered
Blue Distinction Orthopedic Surgery Benefit			
Designated BDC+ Provider for Knee/Hip Replacements & Spine Surgery Procedures	Designated BDC Provider for Knee/Hip Replacements & Spine Surgery procedures	PAR (Network) Orthopedic Provider (non-BDC+/BD Provider)	Non-PAR (Out-of-Network) Orthopedic Provider

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Benefit Limits for Covered Orthopedic Procedure:		
For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC+ provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 5% of the Maximum Allowable Amount when using a designated BDC provider. This benefit includes services directly related to the covered procedure (facility, professional and ancillary services) during the inpatient or outpatient stay. If the service is NOT directly related to the covered procedure, services will be covered based on your standard medical benefit.	For the Covered Orthopedic Procedure, you will pay 10% of the Maximum Allowable Amount when using a PAR , Network provider. As the provider is PAR (Network) you will NOT be responsible for amounts that exceed the Maximum Allowable Amount (you will NOT be required to pay any amounts due to providers after your health plan benefits have been applied, beyond your standard Out-of-Pocket costs).
For the Covered Orthopedic Procedure, you will pay 30% of the Maximum Allowable Amount when using a non-PAR , Out-of-Network provider. As the provider is non-PAR (Out-of-Network) you WILL be responsible for amounts that exceed the Maximum Allowable Amount (you WILL be required to pay any amounts due to providers after your health plan benefits have been applied).		
Deductibles		
Normal Deductibles apply.	Normal Deductibles apply.	Normal Deductibles apply.
		Out-of-Network Deductibles will apply.

Benefits	Network	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.			
Travel Reimbursement			
<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	<p>Covered, as approved by the Medical Claims Administrator, for applicable transportation and lodging expenses. Prior approval is required.</p> <p>Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. Meals are not covered.</p> <p>Reimbursed at 100% as long as orthopedic procedure is covered and performed at BDC facility.</p> <p>Travel includes: Transportation for two companions if the patient is a minor child. Travel is reimbursed for patient and companion.</p> <p>Facility must be 50 miles from member's residence.</p>	Not Covered	Not Covered
Telehealth Visits			
<ul style="list-style-type: none"> • Includes Teladoc. • All other providers are NOT Covered. <p>Please contact Customer Service for additional information.</p>		Deductible then 10% Coinsurance	Not Covered

Benefits	Network	Out-of-Network
Note: Unless otherwise noted, In Network and Out-of-Network services are subject to the applicable Deductible and Coinsurance.		
Therapy Services (Outpatient)		
Physician – Coinsurance, per visit	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Specialist Physician or other – Coinsurance per visit	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Physical Therapy Occupational Therapy Speech Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
<p>Note: Coverage is provided for Physical, Occupational, and Speech therapy services when used for treatment of a congenital defect, condition, sickness, or injury. To be covered, the therapy services must be rendered in accordance with a physician’s prescription. Therapy is covered for developmental delays. Learning disabilities are excluded.</p>		
Chiropractic Care – Maximum per calendar year	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance 15 Visit Maximum Includes all services performed by a Chiropractor. Combined In and Out-of-Network. Massage Therapy is covered when performed by a chiropractor, and included in the chiropractic maximum.
Cardiac Rehabilitation	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Radiation Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Chemotherapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Respiratory Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Vision Therapy	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Note: Inpatient therapy services will be paid under the Inpatient Hospital benefit.		
Transgender Surgery	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplants			
<p>Any Medically Necessary human organ and stem cell/bone marrow transplant and transfusion as determined by the Medical Claims Administrator including necessary acquisition procedures, collection and storage, including Medically Necessary preparatory myeloablative therapy.</p> <p>The Center of Excellence requirements do not apply to Cornea and kidney transplants; and any Covered Services, related to a Covered Transplant Procedure, received prior to or after the Transplant Benefit Period.</p> <p>Note: Even if a Hospital is a Network Provider for other services, it may not be a Network Transplant Provider for these services. Please be sure to contact the Medical Claims Administrator to determine which Hospitals are Network Transplant Providers. (When calling Customer Service, ask to be connected with the Transplant Case Manager for further information.)</p>			

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Transplant Benefit Period			
	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period (The number of days will vary depending on the type of transplant received and the Center of Excellence Network Transplant Provider agreement. Contact the Customer Service number on your Identification Card and ask for the Transplant Case Manager for specific Network Transplant Provider information.)	Starts one day prior to a Covered Transplant Procedure and continues to the date of discharge.
Covered Transplant Procedure during the Transplant Benefit Period	Deductible then 5% Coinsurance	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Care coordinated through a Network Transplant Provider/ Center of Excellence subject to Deductible. When performed by Out-of-Network Transplant Provider, you are responsible for any charges from the Out-of-Network Transplant Provider which exceeds the Maximum Allowed Amount.			
Bone Marrow & Stem Cell Transplant (Inpatient & Outpatient)	Deductible then 5% Coinsurance	Deductible then 10% Coinsurance	Deductible then 30% Coinsurance
Includes unrelated donor search up to \$30,000 per transplant.			
Live Donor Health Services (including complications from the donor procedure for up to six weeks from the date of procurement)	Deductible then 5% Coinsurance, as approved, up to a \$30,000 benefit limit	Deductible then 10% Coinsurance, as approved, up to a \$30,000 benefit limit	Covered, as approved, up to a \$30,000 benefit limit. You are responsible for Deductible then 30% Coinsurance of search charges. These charges will NOT apply to the Out-of-Pocket Maximum.

Benefits	Center of Excellence	Network Transplant Provider	Out-of-Network Transplant Provider
Eligible Travel and Lodging – <ul style="list-style-type: none"> • Lodging allowance: \$50 per day for single occupancy/\$100 per day for double occupancy. (Reimbursed at 100% as long as transplant is covered and performed at BDC Transplant/Center of Excellence facility.) Meals are not covered. • Transportation for two companions if the patient is a minor child. • Travel is reimbursed for patient and companion. 	Covered at 100%	Covered at 100%	Not Covered
All Other Covered Transplant Services	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received	Benefits are paid based on the setting in which Covered Services are received

How Your Plan Works

Note: Capitalized terms such as Covered Services, Medical Necessity, and Out-of-Pocket Maximum are defined in the “Definitions” section.

Introduction

Your health Plan is a Preferred Provider Organization (PPO) plan, which is a comprehensive Plan. The Plan is divided into two sets of benefits: Network and Out-of-Network. If you choose a Network Provider, you will receive Network benefits. Utilizing this method means you will not have to pay as much money; your Out-of-Pocket expenses will be higher when you use Out-of-Network Providers.

Providers are compensated using a variety of payment arrangements, including fee for service, per diem, discounted fees, and global reimbursement.

All Covered Services must be Medically Necessary, and coverage or certification of services that are not Medically Necessary may be denied.

Network Services

When you use a Network Provider or get care as part of an Authorized Service, Covered Services will be covered at the Network level. Regardless of Medical Necessity, benefits will be denied for care that is not a Covered Service. The Plan has the final authority to decide the Medical Necessity of the service.

Network Providers include Primary Care Physicians/Providers (PCPs), Specialists (Specialty Care Physicians/Providers - SCs), other professional Providers, Hospitals, Pharmacies and other Facilities who contract with one of the Claims Administrators to provide Covered Services for you. Referrals are never needed to visit a PCP, Network Specialist or other professional Provider, including behavioral health Providers.

To see a PCP, Network Specialist or other professional Provider, call their office:

- Tell them you are an Anthem or Magellan (as applicable) Member.
- Have your Member Identification Card handy. The Provider's office may ask you for your group or Member ID number.
- Tell them the reason for your visit.

When you go to the office, be sure to bring your Member Identification Card with you.

For services from Network Providers:

1. You will not need to file claims to get credit against your applicable Deductible or Out-of-Pocket Maximum. Network Providers will file claims for Covered Services for you. (You will still need to pay any Coinsurance and/or Deductibles that apply.) you may be billed by your Network Provider(s) for any Non-Covered Services you get or when you have not followed the terms of this SPD.
2. Precertification will be done by the Network Provider. (See the "Health Care Management – Precertification" section for further details.)

Please read the "Claims Payment" section for additional information on Authorized Services.

After Hours Care

If you need care after normal business hours, your PCP may have several options for you. You should call your PCP's office for instructions if you need care in the evenings, on weekends, or during the holidays and cannot wait until the office reopens. If you have an Emergency, call 911 or go to the nearest emergency services provider.

Out-of-Network Services

When you do not use a Network Provider or get care as part of an Authorized Service, Covered Services are covered at the Out-of-Network level, unless otherwise indicated in this SPD.

For services from an Out-of-Network Provider:

- The Out-of-Network Provider can charge you the difference between their bill and the Plan's Maximum Allowed Amount plus any Deductible and/or Coinsurance;
- You may have higher cost sharing amounts (i.e., Deductibles and Coinsurance);
- You will have to pay for services that are not Medically Necessary;
- You will have to pay for Non-Covered Services;
- You may have to file claims; and
- You must make sure any necessary Precertification is done. (Please see the "Health Care Management – Precertification" section for more details.)

How to Find a Provider in the Network

There are three ways you can find out if a Provider or facility is in the Network for this Plan. You may also be able to find out where they are located and details about their license or training.

- See your Plan's directory of Network Providers at www.anthem.com or www.magellanhealth.com/member, which lists the Doctors, Providers, and facilities that participate in this Plan's Network. The Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to check the correct Network directory for the care you are seeking. To determine whether a retail pharmacy is a Network Provider as participating pharmacy, log into the Express Scripts website (www.express-scripts.com), select "Locate a Pharmacy" from the "Manage Prescriptions" menu and search by ZIP code or city and state.
- Call Customer Service at Anthem, Magellan or Express Scripts at the number on your plan identification card to ask for a list of doctors, Providers or pharmacies that participate in this Plan's Network, based geographic area, and specialty (if applicable).
- Check with your doctor, Provider or pharmacy.

Health and Wellness Programs

Anthem offers a number of programs intended to assist in achieving health and wellness objectives. A number of these are described in this section.

If you would like to learn more about the health and wellness programs offered by other vendors assisting with the administration of the Plan, please call the number on the back of your Identification Card or exploring their respective websites:

Anthem: www.anthem.com;

Magellan: www.magellanhealth.com; and

Express Scripts: www.express-scripts.com.

Quick Care Options

Quick Care Options helps to raise your awareness about appropriate alternatives to Hospital emergency rooms (ERs). When you need care right away, Retail Health Clinics and Urgent Care centers can offer appropriate care for less cost and leave the ER available for actual emergencies. Quick Care Options educates you on the availability of ER alternatives for non-urgent diagnoses and provides the Provider finder website to support searches for ER alternatives.

ComplexCare

The ComplexCare program reaches out to you if you are at risk for frequent and high levels of medical care in order to offer support and assistance in managing your health care needs. ComplexCare empowers you for self-care of your condition(s), while encouraging positive health behavior changes through ongoing interventions. ComplexCare nurses will work with you and your Physician to offer:

- Personalized attention, goal planning, health and lifestyle coaching.
- Strategies to promote self-management skills and medication adherence.
- Resources to answer health-related questions for specific treatments.

- Access to other essential health care management programs.
- Coordination of care between multiple Providers and services.

The program helps you effectively manage your health to achieve improved health status and quality of life, as well as decreased use of acute medical services.

ConditionCare Programs

ConditionCare programs help maximize your health status, improve health outcomes and control health care expenses associated with the following prevalent conditions:

- Asthma (pediatric and adult).
- Diabetes (pediatric and adult).
- Heart failure (HF).
- Coronary artery disease (CAD).
- Chronic obstructive pulmonary disease (COPD).

You will receive:

- 24/7 phone access to a nurse coach who can answer your questions and give you up-to-date information about your condition.
- A health review and follow-up calls if you need them.
- Tips on prevention and lifestyle choices to help you improve your quality of life.

Future Moms

The Future Moms program offers a guided course of care and treatment, leading to overall healthier outcomes for mothers and their newborns. Future Moms helps routine to high-risk expectant mothers focus on early prenatal interventions, risk assessments and education. The program includes special management emphasis for expectant mothers at highest risk for premature birth or other serious maternal issues. The program consists of nurse coaches supported by pharmacists, registered dietitians, social workers and medical directors. You will receive:

- 24/7 phone access to a nurse coach who can talk with you about your pregnancy and answer your questions.
- *Your Pregnancy Week by Week*, a book to show you what changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your Physician and your Future Moms nurse coach track your pregnancy and spot possible risks.

MyHealth Coach

MyHealth Coach serves as a personal health guide for individuals and their families. Each coach provides education, counseling, tools and support to help you navigate the health care system and make wise decisions. MyHealth Coach is available if you are experiencing health issues or need assistance managing lifestyle issues. MyHealth Coach primarily uses the following:

- Coaching for education and self-care via web-based, self-help tools and the program's 24/7 NurseLine.
- Collaborative goal planning and intervention strategies with you.
- Facilitation, coordination and referral to necessary services.

- Incorporating clinical resources such as pharmacists, social workers and dietitians.
- Mailed and telephonic education, including healthy living support through the Healthwise Knowledgebase®.

The coach works with you and your family to create an individualized program that features personalized goals to ensure you are following your Provider's plan of care.

24/7 NurseLine

You may have emergencies or questions for nurses around-the-clock. 24/7 NurseLine provides you with accurate health information any time of the day or night. Through one-on-one counseling with experienced nurses available 24 hours a day via a convenient toll-free number, you can make more informed decisions about the most appropriate and cost-effective use of health care services. A staff of experienced nurses is trained to address common health care concerns such as medical triage, education, access to health care, diet, social/family dynamics and mental health issues. Specifically, the 24/7 NurseLine features:

- A skilled clinical team – RN license (BSN preferred) that helps Members assess systems, understand medical conditions, ensure Members receive the right care in the right setting and refer you to programs and tools appropriate to your condition.
- Bilingual RNs, language line and hearing impaired services.
- Access to the AudioHealth Library, containing hundreds of audiotapes on a wide variety of health topics.
- Proactive callbacks within 24 to 48 hours for Members referred to 911 emergency services, poison control and pediatric Members with needs identified as either emergent or urgent.
- Referrals to relevant community resources.

MyHealth Advantage

Under the MyHealth Advantage program, Anthem will review your incoming health claims to see if Anthem can save you any money. Anthem can check to see what medications you are taking and alert your Physician if Anthem spots a potential drug interaction. Anthem also keeps track of your routine tests and checkups, reminding you to make these appointments by mailing you MyHealth Notes. MyHealth Notes summarize your recent claims. From time to time, Anthem may offer tips to save you money on Prescription Drugs and other health care supplies.

AIM Imaging Cost & Quality Program

The Imaging Cost & Quality Program is available to Anthem Blue Cross Blue Shield Members through AIM Specialty Health. This Program provides you with access to important information about imaging services you might need. This Program is **not** a benefit under the Plan.

If you need an MRI or a CT scan, it's important to know that costs can vary quite a bit depending on where you go to receive the service. Sometimes the differences are significant – anywhere from \$300 to \$3,000 – but a higher price doesn't guarantee higher quality. If your benefit plan requires you to pay a portion of this cost (like a Deductible or Coinsurance) where you go can make a very big difference to your wallet.

That's where the AIM Imaging Cost & Quality Program comes in – AIM does the research for you and makes it available to help you find the right location for your MRI or CT scan. Here's how the Program works:

- Your Physician refers you to a radiology Provider for an MRI or CT scan;
- AIM works with your Physician to help make sure that you are receiving the right test – using evidence-based guidelines;
- AIM also reviews the referral to see if there are other Providers in your area that are high quality but have a lower price than the one you were referred to;
- If AIM finds another Provider that meets the quality and price criteria, AIM will give you a call to let you know; and
- You have the choice – you can see the radiology Provider your Physician suggested OR you can choose to see a provider that AIM tells you about. AIM will even help you schedule an appointment with the new Provider.

The AIM Imaging Cost & Quality Program gives you the opportunity to reduce your health care expenses (and those of your Employer) by selecting high quality, lower cost Providers or locations. No matter which Provider you choose, there is no effect on your health care benefits. This Program is being made available to you to give you information that helps you to make informed choices about where to go when you need care.

Sleep Study Program

The Sleep Management Program is a program that helps your Physician make better informed decisions about your treatment. It is administered by AIM Specialty Health which is a wholly-owned division of Anthem Blue Cross Blue Shield. The Sleep Management Program includes outpatient and home sleep testing and therapy. If you require sleep testing, depending on your medical condition, you may be asked to complete the sleep study in your home. Home sleep studies provide the added benefit of reflecting your normal sleep pattern while sleeping in the comfort of your own bed versus going to an outpatient facility for the test.

As part of this program, you are required to obtain precertification for:

- Home sleep tests (HST).
- In-lab sleep studies (polysomnography or PSG, a recording of behavior during sleep).
- Titration studies (to determine the exact pressure needed for treatment).
- Treatment orders for equipment, including positive airway pressure devices (APAP, CPAP, BPAP, and ASV), oral devices and related supplies.

If you need ongoing treatment, AIM will review your care quarterly to assure that medical criteria are met for coverage. Your equipment supplier or your Physician will be required to provide periodic updates to ensure clinical appropriateness. Ongoing claim approval will depend partly on how you comply with the treatment your Physician has ordered.

Please talk to your Physician about getting approval for any sleep testing and therapy equipment and supplies. If you do not contact Anthem before receiving services, it may be more difficult for you to obtain approval for your benefit claim.

Health Care Management - Precertification

Your Plan includes the processes of Precertification and Post Service Clinical Claims Review to determine when services should be covered by your Plan. Their purpose is to promote the delivery of cost-effective medical care by reviewing the use of procedures and, where appropriate, the setting or place of service that they are performed. Your Plan requires that Covered Services be Medically Necessary for benefits to be provided. When setting or place of service is part of the review, services that can be safely provided to you in a lower cost setting will not be Medically Necessary if they are performed in a higher cost setting.

Prior Authorization: Network Providers are required to obtain Precertification in order for you to receive benefits for certain services. Precertification will be based on multiple sources including medical policy, clinical guidelines, and pharmacy and therapeutics guidelines. The applicable Claims Administrator may determine that a service that was initially prescribed or requested is not Medically Necessary if you have not previously tried alternative treatments which are more cost effective.

If you have any questions regarding the information contained in this section, you may call the Customer Service telephone number for the applicable Claims Administrator on your Identification Card or visit www.anthem.com or www.magellanhealth.com/member.

Types of Requests:

Precertification – A required review of a service, treatment or admission for a benefit coverage determination which must be obtained prior to the service, treatment or admission start date. For emergency admissions, you, your authorized representative or Physician must notify the Claims Administrator within two business days after the admission or as soon as possible within a reasonable period of time. For childbirth admissions, Precertification is not required unless there is a complication and/or the mother and baby are not discharged at the same time.

Post Service Clinical Claims Review – A retrospective review for a benefit coverage determination to determine the Medical Necessity or Experimental/Investigative nature of a service, treatment or admission that did not require Precertification. Medical reviews occur for a service, treatment or admission in which the Claims Administrator has a related clinical coverage guideline and may be initiated by you or the Claims Administrator.

If You Fail to Obtain Precertification:

IMPORTANT NOTE: IF YOU OR YOUR NON NETWORK PROVIDER DO NOT OBTAIN THE REQUIRED PRECERTIFICATION, THE CLAIMS WILL BE DENIED FOR NO PRECERTIFICATION. ONCE INFORMATION IS RECEIVED CLAIMS CAN BE RE-OPENED BASED ON MEDICAL INFORMATION PROVIDED. ANY SERVICES OR DAYS FOUND NOT TO BE MEDICALLY NECESSARY WILL NOT BE COVERED.

The following list is not all inclusive and is subject to change; please call the Customer Service telephone number on your Identification Card to confirm the most current list and requirements for your Plan.

Medical:

- Inpatient Admission for Medical or Behavioral Health care
- Elective Admissions for Medical or Behavioral Health care
- Emergency Admissions for Medical or Behavioral Health care (require notification no later than two business after admission)
- Bariatric Surgery
- Maternity Admission Precertification only needed if inpatient stay exceeds 48 hours for normal delivery and 96 hours after a cesarean delivery.
- Acute Inpatient Rehabilitation
- Home Health Care (includes Home Infusion billed by Home Health Care agency)
- Home Infusion Therapy (billed by home infusion specialist)
- Visiting Nurses, Private Duty Nursing (Home)
- Skilled Nursing Facility (SNF)
- Hospice (inpatient and outpatient)
- Organ and Tissue Transplant (inpatient and outpatient)
- Bone Marrow and Stem Cell Transplant (inpatient and outpatient)
- Air Ambulance
- American Imaging Management (AIM-IHM)

Utilizing a Provider outside of the Network may result in significant additional financial responsibility for you, because your health benefit plan cannot prohibit Out-of-Network Providers from billing you for the difference between the Provider's charge and the benefit the Plan provides.

The ordering Provider, facility or attending Physician should contact the applicable Claims Administrator to request a Precertification review ("requesting Provider"). The Claims Administrator will work directly with the requesting Provider for the Precertification request. However, you may designate an authorized representative to act on your behalf for a specific request. The authorized representative can be anyone who is 18 years of age or older.

The Claims Administrator will utilize its clinical coverage guidelines, such as medical policy, clinical guidelines, preventative care clinical coverage guidelines, and other applicable policies and procedures to assist in making Medical Necessity decisions. The Claims Administrator reserves the right to review and update these clinical coverage guidelines periodically. The terms of the Plan will be used to determine whether a particular service is covered.

You are entitled to receive, upon request and free of charge, reasonable access to any documents relevant to your benefits request. To request this information, contact the Customer Service telephone number on your Identification Card.

The Claims Administrator may, from time to time, waive, enhance, modify or discontinue certain medical management processes (including utilization management, case management, and disease management) if at the Claims Administrator's discretion, such change is in furtherance of the provision of cost effective, value based and/or quality services.

In addition, the Claims Administrator may select certain qualifying Providers to participate in a program that exempts them from certain procedural or medical management processes that would otherwise apply. The Claims Administrator may also exempt your claim from medical review if certain conditions apply.

Just because the Claims Administrator exempts a process, Provider or claim from the standards which otherwise would apply, it does not mean that the Claims Administrator will do so in the future, or will

do so in the future for any other Provider, claim or Member. The Claims Administrator may stop or modify any such exemption with or without advance notice.

You may determine whether a Provider is participating in certain programs by contacting the customer service number on the back of your Identification Card.

The Claims Administrator also may identify certain Providers to review for potential fraud, waste, abuse or other inappropriate activity if the claims data suggests there may be inappropriate billing practices. If a Provider is selected under this program, then the Claims Administrator may use one or more clinical utilization management guidelines in the review of claims submitted by this Provider, even if those guidelines are not used for all Providers delivering services to this Plan's Members.

Request Categories:

- **Urgent** – A request for Precertification that in the opinion of the treating Provider or any Physician with knowledge of the Member's medical condition, could in the absence of such care or treatment, seriously jeopardize the life or health of the Member or the ability of the Member to regain maximum function or subject the Member to severe pain that cannot be adequately managed without such care or treatment.
- **Prospective** – A request for Precertification that is conducted prior to the service, treatment or admission.
- **Concurrent/Continued Stay Review** – A request for Precertification that is conducted during the course of treatment or admission.
- **Retrospective** – A request for Precertification that is conducted after the service, treatment or admission has occurred. Post Service Clinical Claims Review is also retrospective. Retrospective review does not include a review that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication of payment.

Decision and Notification Requirements

Timeframes and requirements listed are based in general on Federal regulations. You may call the telephone number on your Identification Card for additional information.

Request Category	Timeframe Requirement for Decision and Notification
Prospective Urgent	72 hours from the receipt of request
Prospective Non-Urgent	15 calendar days from the receipt of the request
Concurrent/Continued Stay Review when hospitalized at time of request	72 hours from request and prior to expiration of current certification
Other Concurrent/Continued Stay Review Urgent when request is received more than 24 hours before the expiration of the previous authorization	24 hours from the receipt of the request
Concurrent/Continued Stay Review Urgent when request is received less than 24 hours before the expiration of the previous authorization or no previous authorization exists	72 hours from the receipt of the request
Concurrent/Continued Stay Review Non-Urgent for ongoing outpatient treatment	15 calendar days from the receipt of the request
Retrospective	30 calendar days from the receipt of the request

If additional information is needed to make a decision, the Claims Administrator will notify the requesting Provider and send written notification to you or your authorized representative of the specific information necessary to complete the review. If the Claims Administrator does not receive the specific information requested or if the information is not complete by the timeframe identified in the written notification, a decision will be made based upon the information in the Claims Administrator's possession.

The Claims Administrator will provide notification of its decision in accordance with Federal regulations.

Notification may be given by the following methods:

- **Verbal:** oral notification given to the requesting Provider via telephone or via electronic means if agreed to by the Provider.
- **Written:** mailed letter or electronic means including email and fax given to, at a minimum, the requesting Provider and the Member or authorized Member representative.

Precertification does not guarantee coverage for or payment of the service or procedure reviewed. For benefits to be paid, on the date you receive service:

1. You must be eligible for benefits;
2. The service or surgery must be a Covered Service under your Plan;
3. The service cannot be subject to an exclusion under your Plan; and
4. You must not have exceeded any applicable limits under your Plan.

Individual Case Management

The Claims Administrator's individual health plan case management programs (Case Management) helps coordinate services for Members with health care needs due to serious, complex, and/or chronic health conditions. The Claims Administrator's programs coordinate benefits and educate Members who agree to take part in the Case Management program to help meet their health-related needs.

The Claims Administrator's Case Management programs are confidential and voluntary and are made available at no extra cost to you. These Case Management programs are separate from any Covered Services you are receiving.

If you meet program criteria and agree to take part, the Claims Administrator will help you meet your identified health care needs. This is reached through contact and team work with you and/or your authorized representative, treating Physician(s), and other Providers.

In addition, the Claims Administrator may assist in coordinating care with existing community-based programs and services to meet your needs. This may include giving you information about external agencies and community-based programs and services.

Medical Benefits

Payment terms apply to all Covered Services. Please refer to the Schedule of Benefits for details. All Covered Services must be Medically Necessary, whether provided through Network Providers or Out-of-Network Providers.

Acupuncture

Treatment of neuromusculoskeletal pain by an acupuncturist who acts within the scope of their license. Treatment involves using needles along specific nerve pathways to ease pain.

Ambulance Service

Medically Necessary Ambulance Services are a Covered Service when one or more of the following criteria are met:

- You are transported by a state licensed vehicle that is designed, equipped, and used only to transport the sick and injured and staffed by Emergency Medical Technicians (EMT), paramedics, or other certified medical professionals. This includes ground, water, fixed wing, and rotary wing air transportation.
- For ground ambulance, you are taken:
 - From your home, the scene of an accident or Medical Emergency to a Hospital;
 - Between Hospitals, including when the Medical Claims Administrator requires you to move from an Out-of-Network Hospital to a Network Hospital;
 - Between a Hospital and a Skilled Nursing Facility or other approved Facility.
- For air or water ambulance, you are taken:
 - From the scene of an accident or Medical Emergency to a Hospital;
 - Between Hospitals, including when the Medical Claims Administrator requires you to move from an Out-of-Network Hospital to a Network Hospital;
 - Between a Hospital and an approved Facility.

Ambulance Services are subject to Medical Necessity reviews by the Medical Claims Administrator. Emergency ambulance services do not require Precertification and are allowed regardless of whether the Provider is a Network or Out-of-Network Provider.

Non-Emergency ambulance services are subject to Medical Necessity reviews by the Medical Claims Administrator. When using an air ambulance, for non-Emergency transportation, the Medical Claims Administrator reserves the right to select the air ambulance Provider. If you do not use the air ambulance Provider the Medical Claims Administrator selects, the Out-of-Network Provider may bill you for any charges that exceed the Plan's Maximum Allowed Amount.

You must be taken to the nearest Facility that can give care for your condition. In certain cases the Medical Claims Administrator may approve benefits for transportation to a Facility that is not the nearest Facility.

Benefits also include Medically Necessary treatment of a sickness or Injury by medical professionals from an ambulance service, even if you are not taken to a Facility.

Ambulance Services are not covered when another type of transportation can be used without endangering your health. Ambulance Services for your convenience or the convenience of your family or Physician are not a Covered Service.

Other non-covered Ambulance Services include, but are not limited to, trips to:

- A Physician's office or clinic; or
- A morgue or funeral home.

Important Notes on Air Ambulance Benefits

Benefits are only available for air ambulance when it is not appropriate to use a ground or water ambulance. For example, if using a ground ambulance would endanger your health and your medical condition requires a more rapid transport to a Facility than the ground ambulance can provide, the Plan will cover the air ambulance. Air ambulance will also be covered if you are in an area that a ground or water ambulance cannot reach.

Air ambulance will not be covered if you are taken to a Hospital that is not an acute care Hospital (such as a Skilled Nursing Facility), or if you are taken to a Physician's office or your home.

Hospital to Hospital Transport

If you are moving from one Hospital to another, air ambulance will only be covered if using a ground ambulance would endanger your health and if the Hospital that first treats cannot give you the medical services you need. Certain specialized services are not available at all Hospitals. For example, burn care, cardiac care, trauma care, and critical care are only available at certain Hospitals. To be covered, you must be taken to the closest Hospital that can treat you. **Coverage is not available for air ambulance transfers simply because you, your family, or your Provider prefers a specific Hospital or Physician.**

Assistant Surgery

Services rendered by an assistant surgeon are covered based on Medical Necessity.

Breast Cancer Care

Covered Services are provided for Inpatient care following a mastectomy or lymph node dissection until the completion of an appropriate period of stay as determined by the attending Physician in consultation with the Member. Follow-up visits are also included and may be conducted at home or at the Physician's office as determined by the attending Physician in consultation with the Member.

Breast Reconstructive Surgery

Covered Services are provided following a mastectomy for reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications, including lymphedemas.

Cardiac Rehabilitation

Covered Services are provided as outlined in the "Schedule of Benefits" section.

Consultation Services

Covered when the special skill and knowledge of a consulting Physician is required for the diagnosis or treatment of an illness or Injury. Second surgical opinion consultations are covered.

Staff consultations required by Hospital rules are excluded. Referrals (the transfer of a patient from one Physician to another for treatment) are not consultations under this Plan.

Dental Services

Related to Accidental Injury

Your Plan includes benefits for dental work required for the initial repair of an Injury to the jaw, sound natural teeth, mouth or face which are required as a result of an accident and are not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment without adversely affecting the Member's condition. Injury as a result of chewing or biting is not considered an Accidental Injury except where the chewing or biting results from an act of domestic violence or directly from a medical condition.

Treatment must be completed within the timeframe shown in the "Schedule of Benefits" section.

Other Dental Services

Your Plan also includes benefits for Hospital charges and anesthetics provided for dental care if the Member meets any of the following conditions:

- The Member is under the age of five (5);
- The Member has a severe disability that requires hospitalization or general anesthesia for dental care; or
- The Member has a medical condition that requires hospitalization or general anesthesia for dental care.

Diabetes

Equipment and outpatient self-management training and education, including nutritional therapy for individuals with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin using diabetes as prescribed by the Physician. Covered Services for outpatient self-management training and education must be provided by a certified, registered or licensed health care professional with expertise in diabetes. Screenings for gestational diabetes are covered under "Preventive Care."

Dialysis Treatment

The Plan covers Covered Services for Dialysis treatment. If applicable, the Plan will pay secondary to Medicare Part B, even if a Member has not applied for eligible coverage available through Medicare.

Durable Medical Equipment

The Plan will pay the rental charge up to the purchase price of the equipment. In addition to meeting criteria for Medical Necessity, and applicable Precertification requirements, the equipment must also be used to improve the functions of a malformed part of the body or to prevent or slow further decline of the Member's medical condition. The equipment must be ordered and/or prescribed by a Physician and be appropriate for in-home use.

The equipment must meet the following criteria:

- It can stand repeated use;
- It is manufactured solely to serve a medical purpose;
- It is not merely for comfort or convenience;
- It is normally not useful to a person not ill or Injured;
- It is ordered by a Physician;
- The Physician certifies in writing the Medical Necessity for the equipment. The Physician also states the length of time the equipment will be required. The Plan may require proof at any time of the continuing Medical Necessity of any item; and
- It is related to the Member's physical disorder.

Emergency Services

Life-threatening Medical Emergency or Serious Accidental Injury

Coverage is provided for Hospital emergency room care including a medical screening examination that is within the capability of the emergency department of a Hospital, including ancillary services routinely available to the emergency department to evaluate an Emergency Medical Condition; and within the capabilities of the staff and facilities available at the Hospital, such further medical examination and treatment as are required to Stabilize the patient. Emergency Service care does not require any Precertification from the Plan.

Stabilize means, with respect to an Emergency Medical Condition: to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility. With respect to a pregnant woman who is having contractions, the term "stabilize" also means to deliver (including the placenta), if there is inadequate time to affect a safe transfer to another Hospital before delivery or transfer may pose a threat to the health or safety of the woman or the unborn child.

The Maximum Allowed Amount for emergency care from an Out-of-Network Provider will be the greatest of the following:

- The amount negotiated with Network Providers for the Emergency service furnished;
- The amount for the Emergency Service calculated using the same method the Medical Claims Administrator generally uses to determine payments for Out-of-Network services but substituting the Network cost-sharing provisions for the Out-of-Network cost-sharing provisions; or
- The amount that would be paid under Medicare for the Emergency Service.

The Coinsurance percentage payable for both Network and Out-of-Network are shown in the "Schedule of Benefits" section.

General Anesthesia Services

Covered when ordered by the attending Physician and administered by another Physician who customarily bills for such services, in connection with a covered procedure.

Such anesthesia service includes the following procedures which are given to cause muscle relaxation, loss of feeling, or loss of consciousness:

- Spinal or regional anesthesia;
- Injection or inhalation of a drug or other agent (local infiltration is excluded).

Anesthesia services administered by a Certified Registered Nurse Anesthetist (CRNA) are only covered when billed by the supervising anesthesiologist.

Habilitative Services

Benefits also include habilitative health care services and devices that help you keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of Inpatient and/or outpatient settings.

Home Health Care Services

Home Health Care provides a program for the Member's care and treatment in the home. Your coverage is outlined in the "Schedule of Benefits" section. The program consists of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the Member's attending Physician. Services may be performed by either Network or Out-of-Network Providers.

Some special conditions apply:

- The Physician's statement and recommended program must be pre-certified.
- Claims will be reviewed to verify that services consist of skilled care that is medically consistent with the diagnosis. Note: Covered Services available under Home Health Care do NOT reduce outpatient benefits available under the Physical Therapy section shown in this Plan.
- A Member must be essentially confined at home.

Covered Services:

- Visits by an RN or LPN. Benefits cannot be provided for services if the nurse is related to the Member.
- Visits by a qualified physiotherapist or speech therapist and by an inhalation therapist certified by the National Board of Respiratory Therapy.
- Visits to render services and/or supplies of a licensed Medical Social Services Worker when Medically Necessary to enable the Member to understand the emotional, social, and environmental factors resulting from or affecting the Member's illness.
- Visits by a Home Health Nursing Aide when rendered under the direct supervision of an RN.
- Nutritional guidance when Medically Necessary.
- Administration or infusion of prescribed drugs.
- Oxygen and its administration.

Covered Services for Home Health Care do not include:

- Food, housing, homemaker services, sitters, home-delivered meals;
- Home Health Care services which are not Medically Necessary or of a non-skilled level of care;
- services and/or supplies which are not included in the Home Health Care plan as described;
- Services of a person who ordinarily resides in the Member's home or is a member of the family of either the Member or Member's Spouse or a Member's covered Domestic Partner;
- Any services for any period during which the Member is not under the continuing care of a Physician;
- Convalescent or Custodial Care where the Member has spent a period of time for recovery of an illness or surgery and where skilled care is not required or the services being rendered are only for aid in daily living, i.e., for the convenience of the Member;

- Any services or supplies not specifically listed as Covered Services;
- Routine care and/or examination of a newborn child;
- Dietician services;
- Maintenance therapy;
- Dialysis treatment; or
- Purchase or rental of dialysis equipment.

Hospice Care Services

The services and supplies listed below are Covered Services when given by a Hospice for the palliative care of pain and other symptoms that are part of a terminal disease. Palliative care means care that controls pain and relieves symptoms, but is not meant to cure a terminal illness. Covered Services include:

- Care from an interdisciplinary team with the development and maintenance of an appropriate plan of care;
- Short-term Inpatient Hospital care when needed in periods of crisis or as respite care;
- Skilled nursing services, home health aide services, and homemaker services given by or under the supervision of a registered nurse;
- Social services and counseling services from a licensed social worker;
- Nutritional support such as intravenous feeding and feeding tubes;
- Physical Therapy, occupational therapy, speech therapy, and respiratory therapy given by a licensed therapist;
- Pharmaceuticals, medical equipment, and supplies needed for the palliative care of your condition, including oxygen and related respiratory therapy supplies; and

Your Physician and Hospice medical director must certify that you are terminally ill and likely have less than 12 months to live. Your Physician must agree to care by the Hospice and must be consulted in the development of the care plan. The Hospice must keep a written care plan on file and give it to the Medical Claims Administrator upon request.

Benefits for Covered Services beyond those listed above, such as chemotherapy and radiation therapy given as palliative care, are available to a Member in Hospice. These additional Covered Services will be covered under other parts of this SPD.

Hospital Services

You may receive treatment at a Network or an Out-of-Network Hospital. However, payment is significantly reduced if services are received at an Out-of-Network Hospital. Your Plan provides Covered Services when the following services are Medically Necessary.

Network

Inpatient Services

- Inpatient room charges. Covered Services include Semiprivate Room and board, general nursing care and intensive or cardiac care. If you stay in a private room, the Maximum Allowed Amount is based on the Hospital's prevalent semiprivate rate. If you are admitted to a Hospital that has only private rooms, the Maximum Allowed Amount is based on the Hospital's prevalent room rate.

Service and Supplies

- Services and supplies provided and billed by the Hospital while you are an Inpatient, including the use of operating, recovery and delivery rooms. Laboratory and diagnostic examinations, intravenous solutions, basal metabolism studies, electrocardiograms, electroencephalograms, x-ray examinations, and radiation and speech therapy are also covered.
- Convenience items (such as radios, TV's, record, tape or CD players, telephones, visitors' meals, etc.) will not be covered.

Length of Stay

- Determined by Medical Necessity.

Out-of-Network

Hospital Benefits

If you are confined in an Out-of-Network Hospital, your benefits will be significantly reduced, as explained in the "Schedule of Benefits" section.

Hospital Visits

The Physician's visits to his or her patient in the Hospital. Covered Services are limited to one daily visit for each attending Physician specialty during the covered period of confinement.

Human Organ and Tissue Transplant Services

Notification

To maximize your benefits, you need to call the Medical Claims Administrator's transplant department to discuss benefit coverage when it is determined a transplant may be needed. You must do this before you have an evaluation and/or work-up for a transplant. Your evaluation and work-up services must be provided by a Network Transplant Provider to receive the maximum benefits.

Contact the customer service telephone number on your Identification Card and ask for the transplant coordinator. The Medical Claims Administrator will then assist the Member in maximizing their benefits by providing coverage information including details regarding what is covered and whether any medical policies, network requirements or exclusions are applicable. Failure to obtain this information prior to receiving services could result in increased financial responsibility for the Member.

Covered Transplant Benefit Period

Starts one day prior to a Covered Transplant Procedure and continues for the applicable case rate/global time period. The number of days will vary depending on the type of transplant received and the Network Transplant Provider agreement. Contact the Medical Claims Administrator for specific Network Transplant Provider information for services received at, or coordinated by a Network Transplant Provider Facility or starts one day prior to a Covered Transplant Procedure and continues to the date of discharge at an Out-of-Network Transplant Provider Facility.

Prior Approval and Precertification

In order to maximize your benefits, the Medical Claims Administrator strongly encourages you to call its' transplant department to discuss benefit coverage when it is determined a transplant may be needed. You must do this before you have an evaluation and/or work-up for a transplant. The Medical Claims Administrator will assist you in maximizing your benefits by providing coverage information, including details regarding what is covered and whether any clinical coverage guidelines, medical policies, Network Transplant Provider requirements, or exclusions are applicable. Contact the Customer Service telephone number on the back of your Identification Card **and ask for the transplant coordinator**. Even if the Medical Claims Administrator issues a prior approval for the Covered Transplant Procedure, you or your Provider must call the Medical Claims Administrator's Transplant Department for precertification prior to the transplant whether this is performed in an Inpatient or outpatient setting.

Please note that there are instances where your Provider requests approval for Human Leukocyte Antigen (HLA) testing, donor searches and/or a collection and storage of stem cells prior to the final determination as to what transplant procedure will be requested. Under these circumstances, the HLA testing and donor search charges are covered as routine diagnostic testing. The collection and storage request will be reviewed for Medical Necessity and may be approved. However, such an approval for HLA testing, donor search and/or a collection and storage is NOT an approval for the subsequent requested transplant. A separate Medical Necessity determination will be made for the transplant procedure.

Transportation and Lodging

The Plan will provide assistance with reasonable and necessary travel expenses as determined by the Medical Claims Administrator when you obtain prior approval and are required to travel more than 75 miles from your residence to reach the facility where your Covered Transplant Procedure will be performed. The Plan's assistance with travel expenses includes transportation to and from the facility and lodging for the transplant recipient Member and one companion for an adult Member, or two companions for a child patient. The Member must submit itemized receipts for transportation and lodging expenses in a form satisfactory to the Medical Claims Administrator when claims are filed. Contact the Medical Claims Administrator for detailed information. The Medical Claims Administrator will follow Internal Revenue Service (IRS) guidelines in determining what expenses can be paid.

Licensed Speech Therapist Services

Services must be ordered and supervised by a Physician as outlined in the "Schedule of Benefits" section. Speech therapy is not covered when rendered for the treatment of Developmental Delay.

Maternity Care and Reproductive Health Services

Covered Services are provided for Network Maternity Care as stated in the "Schedule of Benefits" section. If you choose an Out-of-Network Provider, benefits are subject to the Deductible and percentage payable provisions as stated in the "Schedule of Benefits" section.

Routine newborn nursery care is part of the mother's maternity benefits. Benefits are provided for well-baby pediatrician visits performed in the Hospital.

Should the newborn require other than routine nursery care, the baby will be admitted to the Hospital in his or her own name. (See “Changing Coverage (Adding a Dependent)” to add a newborn to your coverage.)

Under Federal law, the Plan may not restrict the length of stay to less than the 48/96 hour periods or require Precertification for either length of stay. The length of hospitalization which is Medically Necessary will be determined by the Member’s attending Physician in consultation with the mother. Should the mother or infant be discharged before 48 hours following a normal delivery or 96 hours following a cesarean section delivery, the Member will have access to two post-discharge follow-up visits within the 48 or 96 hour period. These visits may be provided either in the Physician’s office or in the Member’s home by a Home Health Care Agency. The determination of the medically appropriate place of service and the type of Provider rendering the service will be made by the Member’s attending Physician.

Abortion (Therapeutic or Elective)

Your Plan includes benefits for a therapeutic abortion, which is an abortion recommended by a Provider that is performed to save the life or health of the mother, or as a result of incest or rape. Your Plan also provides benefits for an elective (voluntary) abortion, which is an abortion performed for reasons other than those described above.

Contraceptive Benefits

Benefits include oral contraceptive Drugs, injectable contraceptive Drugs and patches. Benefits also include contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants. Certain contraceptives are covered under as a “Preventive Care” benefit. Please refer to the section below describing “Preventive Care” and the section on “Prescription Drug Benefits” for further details.

Infertility Services

your Plan also includes benefits for the diagnosis and treatment of Infertility. Covered Services include diagnostic and exploratory procedures to determine whether a Member suffers from Infertility. This includes surgical procedures to correct any diagnosed disease or condition affecting the reproductive organs. This includes, but is not limited to, endometriosis, (tissue lining the uterus moves to other parts of the body), collapsed/clogged fallopian tubes or testicular failure. Covered fertilization services include artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), or ZIFT (zygote intra-fallopian transfer) procedures. See the “Schedule of Benefits” section for benefit limitations, Coinsurance and Copayment amounts.

Sterilization Service

Benefits include sterilization services and services to reverse a non-elective sterilization that resulted from an illness or Injury. Reversals of elective sterilizations are not covered. Sterilizations for women may be covered under the “Preventive Care” benefit.

Medical Care

General diagnostic care and treatment of illness or Injury. Some procedures require Precertification.

Nutritional Counseling

Nutritional counseling related to the medical management of a disease state as stated in the “Schedule of Benefits” section.

Out-of-Network Freestanding Ambulatory Facility

Any services rendered or supplies provided while you are a patient or receiving services at or from an Out-of-Network Freestanding Ambulatory Facility will be payable at no more than the Maximum Allowed Amount.

Out-of-Network Hospital Benefits

If you are confined in an Out-of-Network Hospital, your benefits will be significantly reduced, as explained in the “Schedule of Benefits” section.

Obesity

Prescription Drugs and any other services or supplies for the treatment of obesity are not covered. Surgical treatment of obesity is only covered for patients meeting Medical Necessity criteria, as defined by the Plan.

Oral Surgery

Covered Services include only the following:

- Fracture of facial bones;
- Lesions of the mouth, lip, or tongue which require a pathological exam;
- Incision of accessory sinuses, mouth salivary glands or ducts;
- Dislocations of the jaw;
- Treatment of temporomandibular joint syndrome (TMJ) or myofascial pain including only removable appliances for TMJ repositioning and related surgery and diagnostic services. Covered Services do **not** include fixed or removable appliances which involve movement or repositioning of the teeth, or operative restoration of teeth (fillings), or prosthetics (crowns, bridges, dentures);
- Plastic repair of the mouth or lip necessary to correct traumatic Injuries or congenital defects that will lead to functional impairments; and
- Initial services, supplies or appliances for dental care or treatment required as a result of, and directly related to, accidental bodily Injury to sound natural teeth or structure occurring while a Member is covered by this Plan and performed within the timeframes shown in the “Schedule of Benefits” section after the accident.

Although this Plan covers certain oral surgeries as listed above, many oral surgeries (e.g. removal of wisdom teeth) are not covered. Covered Services also include the following:

- Orthognathic surgery for a physical abnormality that prevents normal function of the upper and/or lower jaw and is Medically Necessary to attain functional capacity of the affected part.
- Oral/surgical correction of accidental injuries as indicated in the “Dental Services” section.
- Treatment of non-dental lesions, such as removal of tumors and biopsies.
- Incision and drainage of infection of soft tissue not including odontogenic cysts or abscesses.

Other Covered Services

Your Plan provides Covered Services when the following services are Medically Necessary:

- Chemotherapy and radioisotope, radiation and nuclear medicine therapy;
- Diagnostic x-ray and laboratory procedures;
- Dressings, splints and casts when provided by a Physician;
- Oxygen, blood and components, and administration;
- Pacemakers and electrodes; or
- Use of operating and treatment rooms and equipment.

Outpatient CT Scans and MRIs

These services are covered at regular Plan benefits.

Outpatient Hospital Services

The Plan provides Covered Services when the following outpatient services are Medically Necessary: pre-admission tests, surgery, diagnostic X-rays and laboratory services. Certain procedures require Precertification.

Outpatient Surgery

Network Hospital outpatient department or Network Freestanding Ambulatory Facility charges are covered at regular Plan benefits. Benefits for treatment by an Out-of-Network Hospital are explained under "Hospital Services."

Physical Therapy, Occupational Therapy, Chiropractic Care

Services by a Physician, a registered physical therapist (R.P.T.), a licensed occupational therapist (O.T.), or a licensed chiropractor (D.C.) as outlined in the "Schedule of Benefits" section. All services rendered must be within the lawful scope of practice of, and rendered personally by, the individual Provider. No coverage is available when such services are necessitated by Developmental Delay.

Physician Services

You may receive treatment from a Network or Out-of-Network Physician. However, payment is significantly reduced if services are received from an Out-of-Network Physician. Such services are subject to your Deductible, Co-Insurance and other Out-of-Pocket requirements.

Preventive Care

Preventive care services include screenings and other services for adults and children with no current symptoms or prior history of a medical condition associated with that screening or service.

Members who have current symptoms or have been diagnosed with a medical condition are not considered to require Preventive Care for that condition but instead benefits will be considered under the Diagnostic Services benefit.

Notwithstanding the above, coverage for Preventive Care Services provided under the Plan shall meet requirements as determined by Federal law, as those requirements change and become applicable to the Plan. Many preventive care services are covered by this Plan with no Deductible or Coinsurance from the Member when provided by a Network Provider. That means the Plan pays 100% of the Maximum Allowed Amount.

Cost-sharing is permitted for office visits when Preventive Care Services are billed separately (or are tracked as individual encounter data separately) or are not the primary purpose of an office visit. On the other hand, the Plan will pay at 100% when Preventive Care Services are not billed separately (or are not tracked as individual encounter data separately) by the Network Provider and are the primary purpose of an office visit.

Preventive Care services fall under the following broad categories as shown below:

1. Services with an “A” or “B” rating from the United States Preventive Services Task Force.
Examples of these services are screenings for:
 - a. Breast cancer;
 - b. Cervical cancer;
 - c. Colorectal cancer;
 - d. High blood pressure;
 - e. Type 2 Diabetes Mellitus;
 - f. Cholesterol;
 - g. Child and adult obesity.
2. Immunizations for children, adolescents, and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
3. Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. Additional preventive care and screening for women provided for in the guidelines supported by the Health Resources and Services Administration, including the following:
 - a. Women’s contraceptives, sterilization procedures, and counseling. Coverage includes contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants.
 - b. Breastfeeding support, supplies, and counseling. Benefits for breast pumps are limited to one per pregnancy.
 - c. Gestational diabetes screening.
5. Preventive care services for tobacco cessation for Members age 18 and older as recommended by the United States Preventive Services Task Force including:
 - a. Counseling;
 - b. Prescription Drugs; and
 - c. Nicotine replacement therapy products when prescribed by a Provider, including over the counter (OTC) nicotine gum, lozenges and patches.

Prescription drugs and OTC items are limited to a no more than 180 day supply per 365 days.

6. Prescription Drugs and OTC items identified as an A or B recommendation by the United States Preventive Services Task Force when prescribed by a Provider including:
 - a. Aspirin;
 - b. Folic acid supplement;
 - c. Vitamin D supplement;
 - d. Iron supplement; and
 - e. Bowel preparations.

Please note that certain age and gender and quantity limitations apply.

You may call Customer Service using the number on your Identification Card for additional information about these services or view the Federal government's web sites,

<http://www.healthcare.gov/center/regulations/prevention.html>, <http://www.ahrq.gov>, and <http://www.cdc.gov/vaccines/acip/index.html>.)

Prosthetic Appliances

Prosthetic devices to improve or correct conditions resulting from Accidental Injury or illness are covered if Medically Necessary and ordered by a Physician.

Prosthetic devices include: artificial limbs and accessories; artificial eyes, one pair of glasses or contact lenses for eyes used after surgical removal of the lens(es) of the eye(s); arm braces, leg braces (and attached shoes); and external breast prostheses used after breast removal.

The following items are excluded: corrective shoes; dentures; replacing teeth or structures directly supporting teeth (except to correct traumatic Injuries); electrical or magnetic continence aids (either anal or urethral); and implants for cosmetic purposes except for reconstruction following a mastectomy.

Reconstructive Surgery

Precertification is required. Reconstructive surgery does not include any service otherwise excluded in this SPD. (See the "Limitations and Exclusions" section.)

Reconstructive surgery is covered only to the extent Medically Necessary:

- To correct significant anatomic deformities which are not within normal anatomic variation and which are caused by congenital or developmental abnormalities, illness, or Injury for the purpose of improving the significant anatomic deformity toward a normal appearance; or
- To correct medical complications or post-surgical deformity, unless the previous surgery was not a Covered Service.

Benefits include reconstructive surgery to correct significant deformities caused by congenital or developmental abnormalities, illness, Injury or an earlier treatment in order to create a more normal appearance. Benefits include surgery performed to restore symmetry after a mastectomy.

Reconstructive services needed as a result of an earlier treatment are covered only if the first treatment would have been a Covered Service under this Plan.

Note: Coverage for reconstructive services does not apply to orthognathic surgery. See the "Oral Surgery" section above for that benefit.

Retail Health Clinic

Benefits are provided for Covered Services received at a Retail Health Clinic.

Skilled Nursing Facility Care

Benefits are provided as outlined in the "Schedule of Benefits" section. This care must be ordered by the attending Physician. All Skilled Nursing Facility admissions require Pre-Certification. Claims will be reviewed to verify that services consist of Skilled Convalescent Care that is medically consistent with the diagnosis.

Skilled Convalescent Care during a period of recovery is characterized by:

- A favorable prognosis;
- A reasonably predictable recovery time; and
- Services and/or facilities less intense than those of the acute general Hospital, but greater than those normally available at the Member's residence.

Covered Services include:

- Semiprivate or ward room charges including general nursing service, meals, and special diets. If a Member stays in a private room, this Plan pays the Semiprivate Room rate toward the charge for the private room;
- Use of special care rooms;
- Pathology and radiology;
- Physical or speech therapy;
- Oxygen and other gas therapy;
- Drugs and solutions used while a patient; and
- Gauze, cotton, fabrics, solutions, plaster and other materials used in dressings, bandages, and casts.

This benefit is available only if the patient requires a Physician's continuous care and 24-hour-a-day nursing care.

Benefits will not be provided when:

- A Member reaches the maximum level of recovery possible and no longer requires other than routine care;
- Care is primarily Custodial Care, not requiring definitive medical or 24-hour-a-day nursing service;
- Care is for mental illness including drug addiction, chronic brain syndromes and alcoholism, and no specific medical conditions exist that require care in a Skilled Nursing Facility;
- A Member is undergoing senile deterioration, mental or intellectual disability, and has no medical condition requiring care; or
- The care rendered is for other than Skilled Convalescent Care.

Surgical Care

Surgical procedures including the usual pre- and post-operative care. Some procedures require Precertification.

Blue Distinction Bariatric Surgery Benefit

Blue Distinction is a national designation program which recognizes hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Bariatric Procedure(s). This benefit applies to the following Medically Necessary bariatric procedure(s) as determined by the Medical Claims Administrator:

- Gastric banding
- Gastric stapling

Blue Distinction Cardiac Surgery Benefit

Blue Distinction is a national designation program which recognizes hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Cardiac Procedure(s). This benefit applies to the following Medically Necessary cardiac procedure(s) as determined by the Medical Claims Administrator:

- Coronary artery bypass graft
- Percutaneous coronary intervention

Blue Distinction Orthopedic Surgery Benefit

Blue Distinction is a national designation program which recognizes Hospitals that have demonstrated expertise in delivering quality specialty care for patients with highly complex medical needs.

Your Employer has implemented the following benefit requirements related to the use of designated Blue Distinction facilities.

Covered Orthopedic Procedures.

This benefit only applies to Medically Necessary Knee/Hip Replacement or Spine Surgery Procedures as designated by the Medical Claims Administrator restricted to the following procedures:

- Total knee replacement;
- Revision knee replacement;
- Total hip replacement;
- Revision hip replacement;
- Discectomy;
- Decompression;
- Primary spinal fusion; and
- Revision spinal fusion.

Prescription Drug Benefits

Prescription drug benefits under the HSA Plan options are administered by Express Scripts as the Claims Administrator. Your share of the cost of your prescription medications depends if you use participating retail pharmacies, the Express Scripts Pharmacy (for home delivery), and if you use generic or brand-name drugs.

The program covers most FDA approved drugs or medicines that by law require a physician's prescription. The program does not cover homeopathic drugs or medicines not requiring a prescription.

Under the Federal Food, Drug & Cosmetic Act, unapproved, misbranded, and all adulterated drugs are prohibited from importation into the U.S., including foreign versions of U.S.-approved medications, as is re-importation of approved drugs made in the U.S. In general, all drugs imported by individuals fall into one of these prohibited categories and are not covered under the AEP System Comprehensive Medical Plan.

The program offers prescription drug benefits two ways:

- For short-term (up to a 30-day supply) or emergency prescriptions, you should fill your prescription at a retail pharmacy.
- For long-term, maintenance prescriptions (up to a 90-day supply), you may save money when you take advantage of the Express Scripts Pharmacy prescription drug service. You can obtain a form to use to submit your prescription to Express Scripts by printing it from **www.express-scripts.com**, or by contacting the AEP Benefits Center, toll-free, at 1-888-237-2363 or calling Express Scripts at 1-800-841-3045.

If you purchase a brand-name medication when your physician has allowed for a generic substitution – and a generic drug is available – you and the Plan will share the cost based on the cost of the generic, and you will be responsible for any difference in cost between the brand-name and generic medication.

All other plan provisions such as annual deductibles, out-of-pocket maximums, and the use of in-network retail and mail pharmacies, apply.

Ordering New Prescriptions or Refills

At participating retail pharmacies:

- Show your prescription ID card at the pharmacy.
- Pay your deductible and/or coinsurance. A representative at the pharmacy will inform you of the dollar amount when you pick up your prescription.

At nonparticipating retail pharmacies:

- You must pay the full cost of the prescription if you fill your retail prescription at a nonparticipating pharmacy.
- Complete a direct reimbursement claim form, attach the receipt, and submit it to Express Scripts.

Express Scripts Pharmacy (Order for Home Delivery)

The Prescription Drug Program offers members a home delivery prescription drug feature through Express Scripts called "Express Scripts Pharmacy." you can conveniently order your maintenance medication, up to a 90-day supply, and have it delivered to your home. Standard shipping is at no cost to you. You can request expedited shipping at an extra fee that will be charged to you.

Submit an original prescription from your physician, along with an Express Scripts claim form, to start this service. Subsequent refills can be ordered from Express Scripts by phone or online. Claim forms are available for print on **www.express-scripts.com**. To receive a claim form in the mail, contact Express Scripts at the member services number on your ID card or call the AEP Benefits Center at 1-888-237-2363.

Note: If your cost share of your prescription drug order through Express Scripts By Mail is \$200 or more, Express Scripts will not ship without a payment. Therefore, if you do not have a credit or debit card on file with Express Scripts, or if you do not send a check or money order in with your prescription or refill, you will not receive your order. If you have any questions about payment to Express Scripts, call the Express Scripts customer service number listed on your ID card.

Preventive Drugs

Coverage for under the Plan shall meet requirements as determined by Federal law, as those requirements change and become applicable to the Plan. To comply with the Affordable Care Act, certain preventive medications are covered at zero copay and no cost to you. You must be covered by the AEP Comprehensive Medical Plan, have a written prescription from a physician, and meet the applicable age and gender guidelines. The Member Pays Difference and Exclusive Home Delivery rules described later in this section will apply.

Medications/products covered as Preventive may change from time to time. To access the most up-to-date information about such medications/products, log in to www.express-scripts.com. You will find a “click here” indicator to view the list of the Plan’s preventive medications. You may also call the Express Scripts Member Services number listed on the back of your Identification Card.

Exclusive Home Delivery

HSA Plan participants are subject to limits on prescriptions filled at a retail pharmacy. The Exclusive Home Delivery program limits the filling of prescriptions for maintenance medications to up to three times at a participating retail pharmacy. After the third fill, participants will be required to fill their maintenance medications through Express Scripts Pharmacy mail order. If you would continue to fill these prescriptions at a retail pharmacy, you will pay the entire cost of the medication and this cost will not be applied toward your deductible or annual out-of-pocket maximum.

Note: Nursing home residents are exempt from this Exclusive Home Delivery plan provision.

Preferred Drug Step Therapy

This program targets certain prescription medications in certain drug classes, that may change from time to time. At the effective date for this SPD, those targeted drug classes include:

- Acne
- Asthma
- BPH (Benign prostatic hyperplasia)
- Non-narcotic pain
- Gastroenterology
- High Cholesterol
- Hypnotics
- Nasal Steroids
- Osteoporosis
- Overactive Bladder
- Topical Steroids

The Plan wants you to encourage your physicians to prescribe lower-cost preferred brand or generic alternatives.

Nonpreferred brand drugs (for example, Prevacid, Prilosec, Lunesta, and Travatan) generally are not covered under the Plan. If your physician believes that the nonpreferred brand drug is clinically necessary, a coverage review process is available. Contact Express Scripts by calling the toll-free number on your Identification Card for instructions regarding a coverage review or on how to obtain an alternative medication that will be covered under the Plan. Brand-name drugs that have an equivalent generic are considered nonpreferred.

Member Pays Difference Rule

If you purchase a brand-name medication and there is a generic equivalent, you will pay the generic cost share plus the difference in cost between the brand-name and generic medication. This rule applies regardless of your doctor's DAW (Dispense As Written) instructions. The amount you pay under the Member Pays Difference rule will not be applied to your annual deductible or out-of-pocket maximum.

Precertification

Certain rare, specialty and non-specialty drug classes require precertification. Precertification will require a coverage review questionnaire to be completed by your physician before certain prescriptions can be filled.

Drugs that require precertification currently include certain drugs that treat Multiple Sclerosis, Rheumatoid Arthritis, psoriasis, Crohn's disease and some cancers, such as Adcirca, Letairis, Revatio, Tracleer, Tyvaso and Ventavis (PAH), Celebrex (COX-II Inhibitor) and Imitrex, Amerge, Axert, Frova, Treximet, Zomig and Sumavel (Migraine Therapy).

The drug classes and drugs listed here could change from time to time. Call the Express Scripts Member Services number listed on the back of your Identification card to inquire about other prescription drugs that require a precertification.

Medications

While outpatient prescription drugs prescribed by a physician and purchased or obtained from a retail pharmacy or retail pharmacist or a mail service pharmacy are covered under the Plan to the extent described in this "Prescription Drug Benefits" and other sections of this SPD, certain Prescription Drugs are covered as medical or behavioral health benefits (administered by the Medical Claims Administrator or the Behavioral Health Claims Administrator, as appropriate) when rendered in a Hospital, in a Provider's office, or as part of a Home Health Care benefit. These would include prescription drugs provided as Ancillary Services during an Inpatient stay or an Outpatient Surgical procedure; prescription drugs used in conjunction with a Diagnostic Service; Chemotherapy performed in the office; home infusion or home IV therapy, and drugs administered in your Provider's office.

Limitations and Exclusions

In addition to the circumstances described in the Limitations and Exclusions section of this document, the following limitations and exclusions apply to the prescription drug benefits provided under the HSA Plans:

- Limitations
 - Impotency medications covered at 6 units per 30-day supply at a retail pharmacy and 18 units per 90-day supply through the Express Scripts Pharmacy.
 - Topical Retinoids for patients over age 25 (including Avita, Differin, Retin A and Tazorac) are covered through Express Scripts Pharmacy and retail pharmacies and require prior authorization and medical review from Express Scripts.
 - Prescription vitamins are covered only through the Express Scripts Pharmacy.
- Exclusions
 - Allergy serum.
 - Renova.

The limitations, exclusions and drugs listed here could change from time to time. Call the Express Scripts Member Services number listed on the back of your Identification card to inquire about the limitations and exclusions then applicable.

Behavioral Health Benefits

In addition to benefits for physician services and hospitalization described in the Medical Benefits Program section, the HSA Plans provide coverage for behavioral health services. The Claims Administrator for mental health/substance abuse benefits described in this section is Magellan Healthcare Inc. (Magellan)

Express Scripts remains the Claims Administrator for prescription drugs, including those used to treat behavioral health conditions.

Benefits covered by this Behavioral Health Benefits program include treatment for:

- Mental illness;
- Emotional and psychological disorders; and
- Substance abuse (alcoholism, drug addiction, chemical dependency).

Magellan administers behavioral health benefits similarly to the way medical benefits are administered by Anthem. You may seek behavioral health services from any qualified Provider whether that Provider is in or out of Magellan's Network.

Magellan offers a national network of Network Providers. The Magellan Network is made up of credentialed mental health/substance abuse professionals. All Network Providers have agreed to treat you and your eligible dependents at negotiated rates. In addition, there are also participating Hospitals, rehabilitation centers, day hospital programs and outpatient centers that are credentialed by Magellan.

You receive a higher level of coverage when care is utilized through the Magellan Network of Providers. You are encouraged to call Magellan at 1-877-705-4357 prior to entering any type of behavioral health treatment so that Magellan can help guide you through the services that may be available to you. For more information regarding precertification for behavioral health services, call the Magellan number on your medical Identification card or log on to www.magellanhealth.com/member.

For services from Network Providers:

- You will not need to file claims. Network Providers will file claims for Covered Services for you. (You will still need to pay any Deductible or Coinsurance that applies.) You may be billed by your Network Provider(s) for any Non-Covered Services you get or when you have not followed the terms of this SPD.
- Precertification will be done by the Network Provider. (See the “Health Care Management – Precertification” section, above, for further details.)

After Hours Care

If you need behavioral healthcare after normal business hours, your PCP may have several options for you. You should call your PCP’s office for instructions if you need behavioral healthcare in the evenings, on weekends, or during the holidays and cannot wait until the office reopens. If you have an Emergency, call 911 or go to the nearest Emergency services provider.

Out-of-Network Services

When you do not use a Magellan Network Provider or do not get behavioral healthcare as part of an Authorized Service, Covered Services are covered at the Out-of-Network level, unless otherwise indicated in this SPD.

For services from an Out-of-Network Provider:

- The Out-of-Network Provider can charge you the difference between his, her or its bill and the Plan’s Maximum Allowed Amount plus any Deductible and/or Coinsurance;
- You may have higher cost sharing amounts (i.e., Deductibles and Coinsurance);
- You will have to pay for services that are not Medically Necessary;
- You will have to pay for Non-Covered Services;
- You may have to file claims; and
- You must make sure any necessary Precertification is done. (Please see “Health Care Management – Precertification” for more details.)

How to Find a Provider in the Network

There are three ways you can find out if a Provider or facility is in the Magellan Network. You can also find out where they are located and details about their license or training.

- See your Plan’s directory of Network Providers at www.magellanhealth.com/member, which lists the Doctors, Providers, and facilities that participate in this Plan’s Network. The Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to check the correct Network directory for the care you are seeking.

- Call Customer Service at Magellan to ask for a list of doctors and Providers that participate in this Plan's Network, based on specialty and geographic area. Again, the Networks are different depending on whether the care you are seeking is medical or behavioral health, so be sure to call the correct Customer Service for the care you are seeking.
- Check with your PCP, Specialist or other Provider.

If you need details about a Provider's license or training, or help choosing a Provider who is right for you, call the Magellan Customer Service number on the back of your Member Identification Card. TTY/TDD services also are available. A special operator will get in touch with us to help with your needs.

Precertification

All inpatient care must be precertified by calling Magellan at 1-877-705-4357. Precertification is available for the following:

- Inpatient admissions (including residential treatment);
- Behavioral Home Health Care;
- Biofeedback;
- Outpatient Electroconvulsive Therapy;
- Neuropsychological testing;
- Outpatient detoxification;
- Psychological testing;
- Partial hospitalization;
- Office-based opioid treatment; and
- Intensive outpatient care.

If you do not obtain Precertification from Magellan, the care will be subject to post-treatment review to determine whether the care is covered by the Plan, including, but not limited to, whether the care was Medically Necessary; it is possible that Magellan will determine the care was not Medically Necessary and therefore retrospectively not covered by the Plan. Call Magellan at 1-877-705-4357 to Precertify behavioral health services.

Magellan also may review whether your ongoing in-network routine outpatient treatment will be covered by the Plan. If Magellan determines that your in-network routine outpatient treatment is outside usual treatment practices for your condition (for example, ongoing high frequency of sessions, extended duration of treatment inconsistent with your diagnosis), Magellan will contact your Provider to discuss your treatment plan and other alternatives that your Provider may consider that may be more likely to be covered by the Plan. After Magellan's review, if you and your Provider decide to continue with outpatient treatment that is not Medically Necessary, the services will not be covered by the Plan.

Magellan does not practice medicine. Magellan's authority is limited only to whether benefits for your treatment or service are available under the Plan; it cannot supersede the professional judgment of your treating Provider. In all situations, your Provider must use his/her professional judgment to provide care believed to be in your best interest.

What Is Not Covered under Your Behavioral Health Benefits Program

In addition to the circumstances described in the Limitations and Exclusions section of this document, the following exclusions apply to the Behavioral Health benefits provided under the HSA Plans:

Benefits are not payable for:

- Aversion therapy.
- Treatment for caffeine-related disorders, nicotine-related disorders or fictitious disorders.*
- Charges for the following types of mental health/substance abuse treatment: transcendental meditation; rolfing; z therapy; EST; primal; bioenergetic; carbon dioxide; sedative action electrostimulation; confrontation; hyperbaric or normobaric oxygen; poetry/art; megavitamin orthomolecular therapy, guided imagery, narcotherapy with LSA, sensitivity training, education remediation, crystal healing treatment, and hemodialysis.
- Treatment of pain except treatment of pain with psychological or psychosomatic origins as determined to be a covered health service by Magellan.
- Services, treatment or supplies that are not considered a covered health service by Magellan.
- Sex therapy.
- Treatment of paraphilias, such as pedophilia.
- Stress management therapy, but active employees should refer to the description of the separate Employee Assistance Program (EAP), which is available to employees without regard to their participation in the AEP System Comprehensive Medical Plan.
- Consultations for purposes of adjudication of marital and child support custody case.

Note: If you are an Employee, you and your eligible dependents and your Household Members are eligible to use the Employee Assistance Program (EAP) offered by AEP as a stand-alone program, which is independent of the AEP System Comprehensive Medical Plan, at no cost to you or them. Magellan is the EAP vendor. The EAP offers confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners and dependent children, and your household members. EAP services can be accessed by calling Magellan at 1-877-705-4357 or online at www.magellanhealth.com/member. Please refer to the description of the “Employee Assistance Program” section that immediately follows for more details.

* Notwithstanding the exclusion of a diagnosis as set forth above, the Plan will pay for Medically Necessary stabilization of acute behavioral or emotional exacerbations related to or arising from such disorder.

*****FOR INFORMATIONAL PURPOSES ONLY (START)*****

(This section describing the Employee Assistance Program is not intended to be considered a part of the formal Summary Plan Description for the AEP System Comprehensive Medical Plan as these benefits are not provided through the AEP System Comprehensive Medical Plan.)

The Employee Assistance Program (EAP)

The Magellan EAP provides confidential, professional, short-term counseling and referral services to all AEP employees, their spouses or eligible domestic partners, and dependent children under age 26. Regardless if you are enrolled in any of AEP's medical plans or waive medical coverage, the Magellan EAP is available to you and your eligible dependents at no charge to you.

EAP services can be accessed by calling Magellan at 1-877-705-4357. The EAP is designed to address a wide range of personal problems and all counseling is confidential, except as required by law. When you contact Magellan, a Magellan representative will arrange for appropriate assistance which may involve referral to an EAP counselor, another behavioral health provider for benefit covered treatment, and/or resources in your community.

You and your eligible dependents are entitled to up to six EAP visits, per problem, per year, as clinically necessary, at no cost to you. The services must be provided by an EAP network provider. If an issue is identified that will require care beyond the scope of counseling within the EAP, a referral will be made. If your EAP counselor determines that a referral to another qualified professional is advisable, benefit coverage will depend on:

- If you are enrolled in one of AEP's medical plans;
- Whether you see in-network or out-of-network providers; and
- Where you receive care.

Though the EAP is able to provide assistance for a wide range of problems, the EAP is not able to provide services for:

- Evaluations required by a state or federal judicial officer or other governmental official or agency.
- Court mandated counseling; evaluations or recommendations to be used in child custody proceedings, child abuse proceedings, criminal proceedings, workers' compensation proceedings or any legal action.
- Evaluations for fitness for duty determination or excuses for leaves of absence or time off.
- Psychological, psychiatric, neurological, education or IQ testing.
- Remedial and social skills education services, such as evaluation or treatment of learning disabilities, learning disorders, academic skill disorders, language disorders, mental retardation, motor skill disorders, or communication disorders; behavioral training; or cognitive rehabilitation.
- Medical care, including services for a condition that requires psychiatric treatment (for example, a psychosis).
- Inpatient treatment.
- Services by providers who are not part of Magellan's EAP counselor network.
- EAP sessions that were not accessed through Magellan's toll-free telephone number or Magellan's on-line self-referral service for the particular episode of care.
- Medication, medication management. If you have a mental health or substance abuse condition for which medication is required, you must see a doctor to prescribe the medication and oversee your use of the medication.

- Examinations and diagnostic services in connection with obtaining employment or a particular employment assignment, admission to or continuing in school, securing any kind of license (including professional licenses), obtaining any kind of insurance coverage.
- Testimony in legal proceedings, creation of records for legal proceedings or other preparation for legal proceedings.
- Guidance on workplace issues when you sue, or threaten to sue, a Participating AEP System Company or other AEP affiliate.
- Acupuncture.
- Biofeedback & hypnotherapy.
- Group counseling.

Reimbursement of Claims

Magellan pays EAP counselors directly. You do not have to file EAP claims. There are no copays, coinsurance, or deductibles. You should not make any payment to a provider for EAP services. You should not make any agreement with an EAP counselor to pay the counselor for EAP sessions. However, you will be responsible to pay for services that you obtain (i) without having Magellan open an EAP case with a particular EAP counselor, or (ii) your completing an electronic referral request through Magellan's online EAP self-referral process.

Claim Determinations

If you are receiving an ongoing course of EAP counseling, Magellan will notify you in advance if it intends to terminate or reduce the number of EAP sessions that can be provided so that you will have an opportunity to appeal the decision before the termination or reduction takes effect.

Because Magellan pays all EAP counselors directly, you should not make any payment to a counselor for EAP sessions. In the event that you mistakenly pay a counselor for EAP sessions, Magellan will make a determination on your request for reimbursement within 15 days after receipt of the claim (if EAP services have not yet been received) or within 30 days after receipt of the claim (if the EAP services have already been received). Magellan will notify you of its determination telephonically, and, if you consent to written notice, in writing, within the 15-day or 30-day period, as applicable.

EAP services do not include urgent care services. Therefore, if Magellan determines that you need urgent care, Magellan will make an appropriate referral to your benefit plan and/or emergency resources in the community. Magellan does not make determinations relating to urgent care under the EAP.

Termination of EAP Participation

- Your employment with all Participating AEP System Companies terminates. Your EAP participation will end on the last day of the pay period in which your employment ends (except as provided under any applicable law).
- Death. Your eligible dependents will be covered through the end of the month following your death.
- Change in employment status that affects your eligibility to participate in the EAP. Coverage ends on the last day of the pay period in which your employment status changes.
- Retirement. Coverage continues through the end of the month in which you retire.
- Divorce. Coverage for your ex-spouse continues through the last day of the month in which the divorce is final.

- The EAP ends. Coverage for you and your eligible dependents ends on the date the EAP is terminated.

Assignment of Benefits

You may not assign, transfer, or convey any of the benefits provided by the EAP.

Confidentiality

Discussions with the EAP counselor are confidential. The EAP will not share information identifying your use of the EAP without your permission, except as required or permitted by law. You will have an opportunity to evaluate the services provided by the EAP by completing a confidential survey.

***** FOR INFORMATIONAL PURPOSES ONLY (END) *****

Limitations and Exclusions

These limitations and exclusions apply even if a qualified practitioner has performed or prescribed a Medically Necessary procedure, treatment or supply. This does not prevent your qualified practitioner from providing or performing the procedure, treatment or supply. Regardless, the procedure, treatment or supply will not be a covered expense. Additional limitations and exclusions are set forth in other sections of this SPD.

ACT OF WAR/MILITARY DUTY:
Any disease or Injury resulting from a war, declared or not, or any military duty or any release of nuclear energy. Also excluded are charges for services (directly related to military service) provided or available from the Veterans' Administration or military facilities except as required by law.
CUSTODIAL/CONVALESCENT CARE:
Services for Custodial Care.
Services for confinement for custodial or convalescent care, rest cures or long-term custodial Hospital care.
DENTAL SERVICES:
Dental care and treatment and oral surgery (by Physicians or dentists) including dental surgery; dental appliances; dental prostheses such as crowns, bridges, or dentures; implants; orthodontic care; operative restoration of teeth (fillings); dental extractions; endodontic care; apicoectomies; excision of radicular cysts or granuloma; treatment of dental caries, gingivitis, or periodontal disease by gingivectomies or other periodontal surgery. Any treatment of teeth, gums or tooth related service except otherwise specified as covered.
ELIGIBILITY:
Charges for treatment received before coverage under this option began or after coverage terminated.
EXPERIMENTAL/INVESTIGATIONAL:
Treatments, procedures, equipment, drugs, devices or supplies (hereafter called "services") which are in the applicable Claims Administrator's judgment, Experimental or Investigational for the diagnosis for which the Participant is being treated.
Services, treatment or supplies not generally accepted in medical practice for the prevention, diagnosis or treatment of an illness or injury, as determined by the applicable Claims Administrator.

GOVERNMENT AGENCY/LAWS/PLANS:
Services that can be provided through a government program for which you as a member of the community are eligible for participation, but only to the extent allowed by law. Such programs include, but are not limited to, school speech and reading programs.
Services covered under Workers' Compensation, no-fault automobile insurance and/or services covered by similar statutory programs.
Except to the extent otherwise required by law (such as the Medicare Secondary Payer rules), services paid under Medicare or which would have been paid if the Member had applied for Medicare and claimed Medicare benefits. With respect to end-stage renal disease (ESRD), Medicare shall be treated as the primary payer whether or not the Member has enrolled Medicare Part B.
Court-ordered services, or those required by court order as a condition of parole or probation (unless Medically Necessary and approved by the Plan).
MEDICATIONS:
Nonprescription drugs, medications or supplies (except insulin).
MEDICALLY NECESSARY:
Care, supplies, or equipment not Medically Necessary, as determined by the applicable Claims Administrator, for the treatment of an Injury or illness. This includes, but is not limited to, care which does not meet the Claims Administrator's medical policy, clinical coverage guidelines, or benefit policy guidelines.
Vitamins, minerals and food supplement, as well as vitamin injections not determined to be Medically Necessary in the treatment of a specific illness. Nutritional supplements; services, supplies and/or nutritional sustenance products (food) related to enteral feeding, except when determined to be Medically Necessary.
Services for Hospital confinement primarily for diagnostic studies.
Cosmetic Surgery, reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, or treatment relating to the consequences of, or as a result of, Cosmetic Surgery, except for reconstructive surgery following a mastectomy or when Medically Necessary to correct damage caused by an accident, an injury or to correct a congenital defect.
MISCELLANEOUS:
Donor Search/Compatibility Fee (except as explicitly provided under the Plan).
Hearing aids, hearing devices or examinations for prescribing or fitting them.
Services, treatment, educational testing, or training related to learning disabilities or developmental delays (such as autism or Asperger's Syndrome) and except for speech therapy for developmental delays regarding speech.
Contraceptive Drugs, except for any above stated covered contraceptive services.
In-vitro Fertilization and Artificial Insemination.
Hair transplants, hair pieces or wigs (except when necessitated by disease) wig maintenance, or prescriptions or medications related to hair growth.
Services and supplies primarily for educational, vocational or training purposes, including but not limited to structured teaching, applied behavioral analysis, or educational interventions, except as expressly provided under "Covered Services."
Christian Science Practitioner.
Treatment or services provided by a non-licensed Provider, or that do not require a license to provide; services that consist of supervision by a Provider of a non-licensed person; services performed by a relative of a Member for which, in the absence of any health benefits coverage, no charge would be made; services provided to the Member by a local, state, or federal government agency, or by a public school system or school district, except when the plan's benefits must be provided by law; services if the Member is not required to pay for them or they are provided to the Member for free.

MISCELLANEOUS (cont'd):
For any charges for performance, athletic performance or lifestyle enhancement drugs or supplies, except to the extent coverage for such drugs or supplies is specifically provided under the Plan.
Respite care.
SPECIAL CHARGES/SERVICES:
Services or supplies provided by a member of your family or household.
Charges or any portion of a charge in excess of the maximum allowable amount as determined by the Claims Administrator.
Fees or charges made by an individual, agency or facility operating beyond the scope of its license.
Services and supplies for which you have no legal obligation to pay, or for which no charge has been made or would be made if you had no health insurance coverage.
Administrative Charges - Charges for any of the following: failure to keep a scheduled visit; completion of claim forms or medical records or reports unless otherwise required by law; for Physician or Hospital's stand-by services; for holiday or overtime rates; membership, administrative, or access fees charged by Physicians or other Providers. Examples of administrative fees include, but are not limited to, fees charged for educational brochures or calling a patient to provider their test results; specific medical reports including those not directly related to the treatment of the Participant, e.g., employment or insurance physicals, and reports prepared in connection with litigation.
Separate charges by interns, residents, house Physicians or other health care professionals who are employed by the covered facility, which makes their services available.
Personal comfort items such as those that are furnished primarily for your personal comfort or convenience, including those services and supplies not directly related to medical care, such as guest's meals and accommodations, barber services, telephone charges, radio and television rentals, homemaker services, travel expenses, and take-home supplies. Nutritional supplies (such as diet foods or over-the-counter diet pills) that do not require a prescription.
SURGERY:
Reversal of vasectomy or tubal ligation.
Salabrasion, chemosurgery and other such skin abrasion procedures associated with the removal of scars, tattoos, actinic changes and/or which are performed as a treatment for acne.
THERAPIES:
Services for outpatient therapy or rehabilitation other than those specifically noted. Excluded forms of therapy include, but are not limited to: primal therapy, chelation therapy, rolfing, psychodrama, megavitamin therapy, purging, bioenergetic therapy, in-home wrap around treatment, wilderness therapy, and boot camp therapy.
VISION CARE:
Vision care services and supplies, including but not limited to eyeglasses, contact lenses, and related or routine examinations and services. Eye refractions. Analysis of vision or the testing of its acuity. Service or devices to correct vision or for advice on such service. Orthoptic training is covered. This Exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery, or for soft contact lenses due to a medical condition, i.e. diabetes.
Vision Surgeries - Related to radial keratotomy or keratomileusis or excimer laser photo refractive keratectomy; and surgery, services or supplies for the surgical correction of nearsightedness and/or astigmatism or any other correction of vision due to a refractive problem.
WEIGHT REDUCTION PROGRAMS:
Services for weight reduction programs, services and supplies. Weight loss programs, including but not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss).

Coverage Regarding Approved Clinical Trials

Notwithstanding the foregoing limitations and exclusions, the Claims Administrator will not

- Deny any Qualified Individual the right to participate in an Approved Clinical Trial provided through a Network Provider;
- Deny, limit, or impose additional conditions on the coverage of Routine Patient Costs for items and services furnished in connection with participation in the clinical trial; nor
- Discriminate against any Qualified Individual who participates in an Approved Clinical Trial.

For this purpose, the following definitions apply:

- “Routine Patient Costs” include items and services typically provided under the Plan for a Member not enrolled in a clinical trial. However, such items and services do not include (a) the investigational item, device or service itself; (b) items and services not included in the direct clinical management of the patient, but instead provided in connection with data collection and analysis; or (c) a service clearly not consistent with widely accepted and established standards of care for the particular diagnosis.
- “Qualified Individual” is a Member who is eligible, according to the trial protocol, to participate in an Approved Clinical Trial for the treatment of cancer or other life-threatening disease or condition and either:
 - The referring health care professional is a Network Provider and has concluded that the Member’s participation in the clinical trial would be appropriate; or
 - The Member provides medical and scientific information establishing that the Member’s participation in the clinical trial would be appropriate.
- “Approved Clinical Trial” is a phase I, phase II, phase III, or phase IV clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other Life-Threatening Disease or Condition and is federally funded through a variety of entities or departments of the federal government; is conducted in connection with an investigational new drug application reviewed by the federal Food and Drug Administration; or is exempt from investigational new drug application requirements.
- “Life-Threatening Disease or Condition” is a disease or condition likely to result in death unless the disease or condition is interrupted.

Filing Claims & Claims Appeals

When you use Network Providers (including participating pharmacies), your Providers may file claims for you. If you use an Out-of-Network Provider (or nonparticipating pharmacy), you are required to file a claim. You may request a form from the appropriate Claims Administrator or the AEP Benefits Center. To file a claim, you (or your Provider) must complete a claim form and attach an itemized bill, receipt or other documentation from your provider that includes the following information:

- Name of the person who received treatment;
- Type of service (such as office visit or X-ray);
- Date of service;
- Diagnosis of the condition;
- Amount charged; and
- Name of the physician or other health care provider.

If the claim is for a prescription, the bill or receipt or other documentation from the pharmacy must show the:

- Name of the person for whom it was prescribed;
- Name of the drug and NDC number;
- Quantity dispensed;
- Days' supply;
- Dispensing instructions (e.g., Dispense As Written);
- Date of purchase;
- Name of physician who wrote the prescription; and
- Amount charged.

Mail your claim form to the address shown on the applicable Claims Administrator's website or claim form and attach all receipts. **You must file all claims within one year of the date the expense is incurred, or it will not be eligible for reimbursement under the plan. No request for an adjustment of a claim can be submitted later than two years after the claim has been paid.**

You may file claims for plan benefits, and appeal adverse claim decisions, either by yourself or through an authorized representative. In order to process your claim, the Claims Administrator may need information from the Provider of the service. As a claimant, you agree to authorize your physician, hospital, or other provider to release necessary information. The Claims Administrator will consider such information confidential. However, the Plan and the Claims Administrator have the right to use this information to defend or explain a denied claim.

If your claim is denied in whole or in part, you will receive a written notice of the denial from the Claims Administrator (or, with regard to a decision in connection with an external appeal, from the independent review organization assigned to review your appeal). The notice will explain the reason for the denial and the review procedures.

An "authorized representative" means a person you authorize, in writing, to act on your behalf. The Plan will also recognize a court order giving a person authority to submit claims on your behalf. In the case of a claim involving Urgent Care, a health care professional with knowledge of your condition may act as your authorized representative.

Questions about Benefit Determinations

If you have questions or concerns about a benefit determination, you may informally contact the Member Services Department of your Claims Administrator before requesting a formal appeal. If the Member Services representative cannot resolve the issue to your satisfaction over the phone, you may submit your questions in writing. Remember, however, that if you are not satisfied with a benefit determination, you may appeal it immediately as described in the sections that follow, without first informally contacting Member Services.

The Member Services telephone number is generally shown on your Identification card. Member Services representatives are available to take your call during regular business hours, Monday through Friday.

Benefit Determinations for Anthem Medical Benefit Claims

For general medical benefits, the Medical Claims Administrator performs all internal levels of appeal.

Benefit Determinations for Magellan Behavioral Health Claims

For behavioral health benefits, the Behavioral Health Claims Administrator performs all internal levels of appeal.

Benefit Determinations for Express Scripts Prescription Drug Claims

For prescription drug benefits, the Prescription Drug Claims Administrator performs all internal levels of appeal.

Benefit Determination Process (Internal)

There are different processes and deadlines that apply depending upon whether the claim is pre-service, concurrent, post-service or for urgent care. The process for each type of claim is described in this section.

Should you be notified of an adverse benefit determination, you will be provided the following:

- Information sufficient to allow you to identify the claim involved.
- The specific reason(s) for the adverse benefit determination.
- Reference to the specific plan provisions on which the adverse benefit determination is based.
- A description of the plan's appeal procedures applicable to your claim and of your right to bring a civil action under federal law following the denial of all applicable appeals.
- A statement disclosing any internal rule, guideline, protocol, or similar criterion relied on in denying the claim (or a statement that such information will be provided free of charge upon request), if applicable.
- If the denial is based on a medical necessity, experimental treatment or similar exclusion, an explanation of the scientific or clinical judgment for the adverse benefit determination (or a statement that such explanation) will be provided free of charge upon request.

Here is how it works:

Pre-Service Claims

Pre-service claims are claims that require notification or approval prior to receiving medical care. For example, certain prescription drugs require pre-certification by the Prescription Drug Claims Administrator before they can be filled. Pre-service claims that are urgent care claims are addressed under "Urgent Care Claims."

If your pre-service claim is submitted properly with all needed information, the Claims Administrator will send you a notice of the benefits determination, whether adverse or not, no later than 15 days after it receives the claim.

If your pre-service claim is not filed in accordance with the plan's procedures, the Claims Administrator will notify you of the improper filing and how to correct it, within five days after the improper claim is received.

If an extension is necessary to process your pre-service claim, the Claims Administrator will notify you in writing within the initial 15-day response period, and may request a one-time extension of up to 15 days. If the extension is necessary because you failed to provide all needed information, the notice of extension will describe the additional information required. You will then have 45 days to provide the additional information. If all the needed information is received within 45 days, the Claims Administrator will notify you of the determination within 15 days after the information is received. If you do not provide the needed information within the 45-day period, the Claims Administrator will deny the claim.

Urgent Care Claims

Urgent care claims are claims that require notification or approval prior to receiving medical care but a delay in the care for the periods otherwise applicable to your claim:

- Could seriously jeopardize your life or health or your ability to regain maximum function; or
- In the opinion of a physician with knowledge of your medical condition, could cause severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.

If you file an urgent care claim in accordance with the plan's procedures and include all needed information, the Claims Administrator will notify you of the determination, whether adverse or not, as soon as possible, but not later than 72 hours after receipt of the urgent claim.

However, if you do not provide sufficient information to determine whether, or to what extent, benefits are payable under the plan, the Claims Administrator will notify you of the improper filing and of the specific information necessary to complete the claim and how to correct it within 24 hours of receipt of the improper claim. This notification may be oral, unless you request a written notification. You will then have 48 hours to provide the requested information. You will be notified of the determination on your claim no more than 72 hours after the earlier of:

- The Claims Administrator's receipt of the requested information; or
- The end of the 48 hours given to you to provide the requested information.

Any notification of an adverse benefit determination for an urgent care claim will include the same information previously listed under "Benefit Determination Process." Notifications regarding urgent care claim determinations may be oral, in which case written or electronic confirmation will follow within three days.

Should you receive an adverse benefit determination for an urgent care claim and the time frame to complete an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time you file your request for an internal appeal of the adverse benefit determination (see "Expedited External Reviews" section, below).

Concurrent Care Claims (Ongoing Treatment)

There are two types of concurrent care claims:

- A claim to extend coverage for a course of treatment beyond a previously approved period of time or number of treatments; or
- A determination on behalf of the plan (other than by reason of a plan amendment) to reduce or terminate coverage by the plan before the end of a previously approved period of time or number of treatments.

You must submit a request to extend an ongoing course of treatment at least 24 hours before the end of the previously approved limit. If your request for extension is timely made and involves urgent care, the Claims Administrator will notify you of the determination, whether adverse or not, within 24 hours after the claim is received. If your claim is not made at least 24 hours prior to the end of the previously approved limit, the request will be treated as an urgent care claim (not as a concurrent care claim) and decided according to the time frames described above for urgent care claims.

A request to extend coverage that does not involve urgent care will be considered a new claim and will be decided according to the post-service or pre-service time frames previously described, whichever applies.

If an ongoing course of treatment previously approved by the plan is terminated or reduced for continued coverage, the Claims Administrator will notify you sufficiently in advance to allow you to submit an appeal and receive a decision on that appeal before the termination or reduction takes effect.

Any notification of an adverse benefit determination for a concurrent care claim will include the same information mentioned previously listed under the section titled "Benefit Determination Process (Internal)."

Post-Service Claims

Post-service claims are claims for benefits that are filed after medical care has been received. If your post-service claim is denied, you will receive a written notice from the Claims Administrator not later than 30 days after it received the claim, as long as all needed information was provided with the claim. Sometimes additional time is necessary to process a claim due to circumstances beyond the control of the plan. If an extension is necessary, the Claims Administrator will notify you in writing within the 30-day period of the reasons for the extension and the date by which it expects to render a decision. The extension generally will be no longer than 15 days, unless additional information is needed.

If the extension is necessary because you failed to provide all needed information, the notice of extension will describe the additional information required. You will have 45 days to provide the additional information. If all the additional information is received within 45 days, the Claims Administrator will notify you of its claim decision within 15 days after the information is received. If you do not provide the needed information within the 45-day period, the Claims Administrator will deny the claim.

Any notification of an adverse benefit determination for a post-service claim will include the same information mentioned previously under the section titled "Benefit Determination Process (Internal)."

Claims Appeal Process (Internal Appeals)

If you disagree with an adverse benefit determination, you may contact the Claims Administrator, in writing, to formally request an appeal. Except for concurrent claims (see “Concurrent Care Claims” section, above), you have 180 days from receipt of the notice of denial to file an appeal. Except for appeals involving urgent care (see “Urgent Care Appeals” section), all appeals must be in writing. You may submit written comments, documents, records and other information in support of your appeal. The review on appeal will take into account any information you submit, even if not submitted or considered as part of the initial determination. Upon request and free of charge, you will also be provided reasonable access to and copies of all documents, records, and information relevant to your claim.

If the appeal relates to a claim for payment, your request for appeal must include the following:

- The provider’s name.
- The date of the medical service.
- The patient’s name and identification number as shown on the medical plan ID card.
- The reason you believe the claim should be paid.
- Any documentation or other written information to support your request for claim payment.

If you are appealing an adverse benefit determination on an urgent care claim, please refer to the section “Urgent Care Appeals,” below, and call the Member Services number on your medical plan Identification card immediately. All other appeals will be processed as described below:

Generally, you are required to complete all appeal processes of the Plan before being able to obtain External Review or bring an action in litigation. However, if the Claims Administrator, or the Plan or its designee, does not strictly adhere to all claim determination and appeal requirements under applicable federal law, you are considered to have exhausted the Plan’s appeal requirements (“Deemed Exhaustion”) and may proceed with External Review or may pursue any available remedies under ERISA.

First-Level Appeals

The Claims Administrator for your medical plan is responsible for reviewing first-level appeals. The review of the first-level appeal will afford no deference to the initial benefit determination. Someone other than an individual involved in the initial benefit determination or a subordinate of such individual will be appointed to decide the first-level appeal.

First-Level Appeal Addresses:

For Medical Claims

Anthem Blue Cross and Blue Shield, ATTN: Appeals, P.O. Box 105568, Atlanta, Georgia 30348

For Behavioral Health Claims

Magellan Healthcare, Inc., Appeals Department; P.O. Box 2128; Maryland Heights, MO 63043
(Fax number 888-656-3820)

For Prescription Drug Claims

Express Scripts; P.O. Box 66587; St. Louis, MO 63166-6587
1-800-946-3979

You must include your Member Identification Number when submitting an appeal.

The Claims Administrator will provide you written or electronic notification of the determination, as follows:

- For first-level appeals of pre-service claims, not later than 30 days after receipt of your request for a first-level appeal.
- For first-level appeals of post-service claims, not later than 60 days after receipt of your request for a first level appeal.

If you receive an adverse benefit determination on your first appeal, the notification from the Claims Administrator will include:

- Information sufficient to allow you to identify the claim involved.
- The specific reasons for the adverse benefit determination.
- Reference to the specific plan provisions on which the determination is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to or copies of all documents, records, or other information relevant to the claim.
- A description of the second-level appeal procedures offered by the plan.
- A statement of your right to bring civil action under federal law following a denial of your second-level appeal.
- A statement disclosing any internal rule, guideline, protocol, or similar criterion relied on in making the adverse benefit determination (or a statement that such information will be provided free of charge upon request), if applicable.
- If the denial on appeal is based on a medical necessity, experimental treatment or similar exclusion, an explanation of the scientific or clinical judgment for the adverse benefit determination (or a statement that such explanation) will be provided free of charge upon request, if applicable.

Voluntary Second-Level Appeals

If you are not satisfied with the determination on your first-level appeal, you can submit a second-level appeal to the Claims Administrator. The filing of a second-level appeal is voluntary and you are not required to undertake it before pursuing legal action. If you choose not to file for voluntary second-level appeal, the Plan will not assert that you have failed to exhaust your administrative remedies because of that choice.

All second-level appeals should be submitted in writing to the appropriate party within 60 days after you receive the notice of determination on your first-level appeal. Your second-level appeal would be mailed to the Claims Administrator at the same address listed under “First-Level Appeals.”

Like first-level appeals, the review of a second-level appeal will afford no deference to prior determinations and will be conducted by someone other than individuals involved in the prior determinations or subordinates of such individuals.

If the Claims Administrator considers, generates or relies upon any new or additional evidence as it reviews your second-level appeal, it will provide you with a copy or description of that evidence free of charge and offer you a reasonable opportunity to respond before the Claims Administrator makes its determination. In addition, if the Claims Administrator develops a new or additional rationale for an adverse benefit determination in connection with your second-level appeal, it will advise you of that rationale free of charge and offer you a reasonable opportunity to respond before the Claims Administrator makes its determination.

The Claims Administrator will provide you written or electronic notification of the determination, as follows:

- For appeals of pre-service claims, not later than 30 days after receipt of your request for a second-level appeal.
- For appeals of post-service claims, not later than 60 days after receipt of your request for a second-level appeal.

Denial notifications of second-level appeals will include the applicable information previously described for adverse benefit determinations on first-level appeals.

Urgent Care Appeals

An appeal involves urgent care if a delay could significantly increase the risk to your health or impairs your ability to regain maximum function or, in the opinion of a physician with knowledge of your condition, could cause severe pain.

If your appeal involves urgent care, the appeal does not need to be submitted in writing. You or your physician should call the Claims Administrator for urgent care appeals at the toll-free telephone number on your medical plan ID card as soon as possible.

The Claims Administrator will notify you of the determination on your appeal as soon as possible, but not later than 72 hours after receipt of the appeal. The notification may be written or electronic and will include the information previously described for other adverse benefit determinations on appeal.

In situations where the time frame for completion of an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time as you file your request for an internal appeal of the adverse benefit determination. See section entitled “Expedited External Reviews” below, for additional information.

External Reviews

If you file a voluntary appeal for external review, any applicable statute of limitations will be suspended while the appeal is pending. The filing of a request for external review will have no effect on your rights to any other benefits under the Plan. However, the appeal for external review is voluntary and you are not required to undertake it before pursuing legal action.

If you choose not to file for voluntary external review, the Plan will not assert that you have failed to exhaust your administrative remedies because of that choice.

Standard External Reviews

See also the “Expedited External Reviews” section if you receive an adverse benefit determination to your urgent care appeal and you want to request an expedited external review.

Generally, the external review process under this Plan gives you the opportunity to receive review of an adverse benefit determination upon your first-level appeal conducted pursuant to applicable law. Your request will be eligible for external review if the following are satisfied:

- The adverse determination on first-level appeal involved medical judgment (such as those based on medical necessity, appropriateness, health care setting, or level of care; or a determination that a treatment is experimental or investigational; among others); or

- The appeal relates to a rescission, defined as a cancellation or discontinuance of coverage which has retroactive effect.

An adverse benefit determination based upon your eligibility to participate in the plan is not eligible for external review.

If upon your first-level appeal, the coverage denial is upheld and it is determined that you are eligible for external review, you will be informed in writing of the steps necessary to request an external review.

Upon an external review, an independent review organization refers the case for review by a neutral, independent clinical reviewer with appropriate expertise in the area in question. The decision of the independent external expert reviewer is binding on you, the Claims Administrator and the Plan unless otherwise allowed by law.

Your written request for an external review must be made within four months after receiving an adverse benefit determination on your first-level appeal.

Preliminary Review

Within 5 business days following the date of receipt of the request, the Claims Administrator must provide a preliminary review determining: you were covered under the Plan at the time the service was requested or provided, the determination does not relate to eligibility, you have exhausted the mandatory internal appeals process (unless Deemed Exhaustion applies – generally upon the failure of the Claims Administrator to make its determination on your claim or your appeal within the required timeframes), and you have provided all paperwork necessary to complete the external review.

Within one business day after completion of the preliminary review, the Claims Administrator must issue to you a notification in writing. If the request is complete but not eligible for external review, such notification will include the reasons for its ineligibility and contact information for the Employee Benefits Security Administration (toll-free number 1-866-444-EBSA (3272)). If the request is not complete, such notification will describe the information or materials needed to make the request complete and the Claims Administrator must allow you to perfect the request for external review within the four month period after receiving an adverse benefit determination on your first-level appeal or within the 48 hour period following the receipt of the notification, whichever is later.

Referral to External Independent Review Organization (IRO)

The Claims Administrator will assign an IRO accredited as required under federal law, to conduct the external review. The assigned IRO will timely notify you in writing of the request's eligibility and acceptance for external review, and will provide an opportunity for you to submit in writing within 10 business days following the date of receipt, additional information that the IRO must consider when conducting the external review.

Within one (1) business day after making the decision, the IRO must notify you, the Claims Administrator and the Plan.

The IRO will review all of the information and documents timely received. In reaching a decision, the assigned IRO will review the claim and not be bound by any decisions or conclusions reached during the Plan's internal claims and appeals process. In addition to the documents and information provided, the assigned IRO, to the extent the information or documents are available and the IRO considers them appropriate, will consider the following in reaching a decision:

- Your medical records;
- The attending health care professional's recommendation;
- Reports from appropriate health care professionals and other documents submitted by the Plan or issuer, you, or your treating provider;
- The terms of your Plan to ensure that the IRO's decision is not contrary to the terms of the Plan, unless the terms are inconsistent with applicable law;
- Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the Federal government, national or professional medical societies, boards, and associations;
- Any applicable clinical review criteria developed and used by the Claims Administrator, unless the criteria are inconsistent with the terms of the Plan or with applicable law; and
- The opinion of the IRO's clinical reviewer or reviewers after considering the information described in this notice to the extent the information or documents are available and the clinical reviewer or reviewers consider appropriate.

The assigned IRO must provide written notice of the final external review decision within 45 days after the IRO receives the request for the external review. The IRO must deliver the notice of final external review decision to you, the Claims Administrator and the Plan.

After a final external review decision, the IRO must maintain records of all claims and notices associated with the external review process for six years. An IRO must make such records available for examination by the claimant, Plan, or governmental oversight agency upon request, except where such disclosure would violate applicable privacy laws.

Upon receipt of a notice of a final external review decision reversing an adverse benefit determination or final internal adverse benefit determination, the Plan immediately must provide coverage or payment (including immediately authorizing or immediately paying benefits) for the claim.

Expedited External Reviews

If you receive an adverse benefit determination to your urgent care appeal, you may request an expedited external review. In situations where the time frame for completion of an internal review would seriously jeopardize your life or health or your ability to regain maximum function, you could have the right to immediately request an expedited external review, prior to exhausting the internal process, provided you file your request for an expedited external review at the same time as you file your request for an internal appeal of the adverse benefit determination.

you may also request an expedited external review if you receive a first-level appeal adverse benefit determination that concerns an admission, availability of care, continued stay, or health care for which emergency services were received but discharge from a facility has not occurred.

Upon receipt of the expedited external review request, the Claims Administrator will immediately conduct a preliminary review and provide written notification in the same manner as described under "Standard External Reviews." The approved expedited review request will be reviewed by an independent organization. The independent organization will not be bound by any decisions or conclusions during the internal claim and appeals process. You will be provided notice of the independent organization's final determination as expeditiously as needed, but in no event more than 72 hours after the independent organization receives the expedited external review request. If the notice of the final determination is not in writing, the independent organization must provide written confirmation within 48 hours after the date of providing that notice.

Coordination of Benefits (COB)

This Coordination of Benefits (COB) provision applies when you have health care coverage under more than one Plan.

Please note that several terms specific to this provision are listed below. Some of these terms have different meanings in other parts of the SPD, e.g., Plan. For this provision only, "Plan" will have the meanings as specified below. In the rest of the SPD, Plan has the meaning listed in the "Definitions" section.

The order of benefit determination rules determine the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits according to its terms regardless of the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense.

The Allowable expense under COB is generally the higher of the Primary and Secondary Plans' allowable amounts. A Network Provider can bill you for any remaining Coinsurance and Deductible under the higher of the Plans' allowable amounts. This higher allowable amount may be more than the Plan's Maximum Allowable Amount.

COB Definitions

Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.

1. Plan includes: Group and non-group insurance contracts and subscriber contracts; Health Maintenance Organization (HMO) contracts; uninsured arrangements of group or group-type coverage; coverage under group or non-group closed panel plans; group-type contracts; medical care components of long term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts (whether "fault" or "no fault"); other governmental benefits, except for Medicaid or a government plan that, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan.
2. Plan does not include: Accident only coverage; specified disease or specified accident coverage; limited health benefit coverage; benefits for non-medical components of long term care policies; Hospital indemnity coverage benefits or other fixed indemnity coverage; school accident-type coverages covering grammar, high school, and college students for accidents only, including athletic injuries, either on a twenty-four (24) hour or "to and from school" basis; and Medicare supplement policies.

Each contract for coverage under items 1. or 2. above is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

This Plan means the part of the contract providing health care benefits that the COB provision applies to and which may be reduced because of the benefits of other plans. Any other part of the contract providing health care benefits is separate from this Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

The order of benefit determination rules determine whether this Plan is a Primary Plan or Secondary Plan when you have health care coverage under more than one Plan.

When this Plan is primary, it determines payment for its benefits first before those of any other Plan without considering any other Plan's benefits. When this Plan is secondary, it determines its benefits after those of another Plan and may reduce the benefits it pays so that all Plan benefits do not exceed 100% of the total Allowable expense.

Allowable expense is a health care expense, including Deductibles and Coinsurance that is covered at least in part by any Plan covering you. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable expense and a benefit paid. An expense that is not covered by any Plan covering you is not an Allowable expense. In addition, any expense that a Provider by law or in accordance with a contractual agreement is prohibited from charging you is not an Allowable expense; however, if a Provider has a contractual agreement with both the Primary and Secondary Plans, then the higher of the contracted fees is the Allowable expense, and the Provider may charge up to the higher contracted fee.

The following are non-Allowable expenses:

1. The difference between the cost of a semi-private Hospital room and a private Hospital room is not an Allowable expense, unless one of the Plans provides coverage for private Hospital room expenses.
2. If you are covered by 2 or more Plans that calculate their benefit payments on the basis of usual and customary fees or relative value schedule reimbursement method or other similar reimbursement methods, any amount in excess of the highest reimbursement amount for a specific benefit is not an Allowable expense.
3. If you are covered by 2 or more Plans that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an Allowable expense.
4. If you are covered by one Plan that calculates its benefits or services on the basis of usual and customary fees or relative value schedule reimbursement method or other similar reimbursement method and another Plan that provides its benefits or services on the basis of negotiated fees, the Primary Plan's payment arrangement will be the Allowable expense for all Plans. However, if the Provider has contracted with the Secondary Plan to provide the benefit or service for a specific negotiated fee or payment amount that is different than the Primary Plan's payment arrangement and if the Provider's contract permits, the negotiated fee or payment will be the Allowable expense used by the Secondary Plan to determine its benefits.
5. The amount that is subject to the Primary high-Deductible health plan's Deductible, if the applicable Claims Administrator has been advised by you that all Plans covering you are high-Deductible health plans and you intend to contribute to a health savings account established in accordance with Section 223 of the Internal Revenue Code of 1986.

Closed panel plan is a Plan that provides health care benefits primarily in the form of services through a panel of Providers that contract with or are employed by the Plan, and that excludes coverage for services provided by other Providers, except in cases of emergency or referral by a panel member.

Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

Order of Benefit Determination Rules

When you are covered by two or more Plans, the rules for determining the order of benefit payments are:

The Primary Plan pays or provides its benefits according to its terms of coverage and without regard to the benefits under any other Plan.

1. Except as provided in Paragraph 2. below, a Plan that does not contain a Coordination of Benefits provision that is consistent with this COB provision is always primary unless the provisions of both Plans state that the complying Plan is primary.
2. Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage will be excess to any other parts of the Plan provided by the contract holder. Examples of these types of situations are major medical coverages that are placed over base plan Hospital and surgical benefits, and insurance type coverages that are written in connection with a Closed panel plan to provide Out-of-Network benefits.

A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

Each Plan determines its order of benefits using the first of the following rules that apply:

Rule 1 - Non-Dependent or Dependent. The Plan that covers you other than as a Dependent, for example as an Employee, Member, policyholder, subscriber or retiree is the Primary Plan, and the Plan that covers you as a Dependent is the Secondary Plan. However, if you are a Medicare beneficiary and, as a result of Federal law, Medicare is secondary to the Plan covering you as a Dependent and primary to the Plan covering you as other than a Dependent (e.g., a retired employee), then the order of benefits between the two Plans is reversed so that the Plan covering you as an Employee, Member, policyholder, subscriber or retiree is the Secondary Plan and the other Plan covering you as a Dependent is the Primary Plan.

Rule 2 - Dependent Child Covered Under More Than One Plan. Unless there is a court decree stating otherwise, when a Dependent child is covered by more than one Plan the order of benefits is determined as follows:

1. For a Dependent child whose parents are married or are living together, whether or not they have ever been married:
 - The Plan of the parent whose birthday falls earlier in the calendar year is the Primary Plan; or
 - If both parents have the same birthday, the Plan that has covered the parent the longest is the Primary Plan.

2. For a Dependent child whose parents are divorced or separated or not living together, whether or not they have ever been married:
 - If a court decree states that one of the parents is responsible for the Dependent child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to plan years commencing after the Plan is given notice of the court decree;
 - If a court decree states that both parents are responsible for the Dependent child's health care expenses or health care coverage, the provisions of 1. above will determine the order of benefits;
 - If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the Dependent child, the provisions of 1. above will determine the order of benefits; or
 - If there is no court decree assigning responsibility for the Dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
 - The Plan covering the custodial parent;
 - The Plan covering the Spouse of the custodial parent;
 - The Plan covering the non-custodial parent; and then
 - The Plan covering the Spouse of the non-custodial parent.
3. For a Dependent child covered under more than one Plan of individuals who are not the parents of the child, the provisions of item 1. above will determine the order of benefits as if those individuals were the parents of the child.

Rule 3 - Active Employee or Retired or Laid-off Employee. The Plan that covers you as an active Employee, that is, an Employee who is neither laid off nor retired, is the Primary Plan. The Plan also covering you as a retired or laid-off Employee is the Secondary Plan. The same would hold true if you are a Dependent of an active Employee and you are a Dependent of a retired or laid-off Employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if “Rule 1 - Non-Dependent or Dependent” can determine the order of benefits.

Rule 4 - COBRA. If you are covered under COBRA or under a right of continuation provided by other Federal law and are covered under another Plan, the Plan covering you as an Employee, Member, subscriber or retiree or covering you as a Dependent of an Employee, Member, subscriber or retiree is the Primary Plan and the COBRA or other Federal continuation coverage is the Secondary Plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if “Rule 1 - Non-Dependent or Dependent” can determine the order of benefits. This rule does not apply when the person is covered either: (a) as a non- Dependent under both Plans (i.e. the person is covered under a right of continuation as a qualified beneficiary who, on the day before a qualifying event, was covered under the group health plan as an Employee or as a retired Employee and is covered under his or her own Plan as an Employee, Member, subscriber or retiree); or (b) as a Dependent under both plans (i.e. the person is covered under a right of continuation as a qualified beneficiary who, on the day before a qualifying event, was covered under the group health plan as a Dependent of an Employee, Member or subscriber or retired Employee and is covered under the other plan as a Dependent of an Employee, Member, subscriber or retiree).

Rule 5 - Longer or Shorter Length of Coverage. The Plan that covered you longer is the Primary Plan and the Plan that covered you the shorter period of time is the Secondary Plan.

Rule 6 - If the preceding rules do not determine the order of benefits, the Allowable expenses will be shared equally between the Plans meeting the definition of Plan. In addition, this Plan will not pay more than it would have paid had it been the Primary Plan.

Effect on the Benefits of this Plan

When a Member is covered under two or more Plans which together pay more than the Allowable expense, the Plan will pay this Plan's benefits according to the Order of Benefit Determination Rules. This Plan's benefit payments will not be affected when it is primary. However, when this Plan is secondary under the Order of Benefit Determination Rules, we start with this Plan's Allowable expense, deduct the Primary Plan's payment and then deduct any Deductibles or Coinsurance.

If you are enrolled in two or more Closed panel plans and if, for any reason, including the provision of service by a non-panel Provider, benefits are not payable by one Closed panel plan, COB will not apply between that Plan and other Closed panel plans.

Right to Receive and Release Needed Information

Certain facts about health care coverage and services are needed to apply these COB rules and to determine benefits payable under this Plan and other Plans. The applicable Claims Administrator may get the facts it needs from, or give them to other organizations or persons for the purpose of applying these rules and determining benefits payable under this Plan and other Plans covering the person claiming benefits. The applicable Claims Administrator need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Plan must give the applicable Claims Administrator any facts the Claims Administrator needs to apply those rules and determine benefits payable.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under this Plan. If it does, this Plan may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under this Plan. This Plan will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by this Plan is more than should have paid under this COB provision, the Plan may recover the excess from one or more of the persons:

1. The Plan has paid or for whom the Plan have paid; or
2. Any other person or organization that may be responsible for the benefits or services provided for the Member.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

When a Covered Person Qualifies for Medicare

When you are eligible for the Medicare program and Medicare is allowed by Federal law to be the primary payer, the benefits described in this SPD will be reduced by the amount of benefits allowed under Medicare for the same Covered Services. This reduction will be made whether or not you actually receive the benefits from Medicare. For the purposes of the calculation of benefits, if the Member has not enrolled in Medicare Part B, the Plan will calculate benefits as if they had enrolled.

- **If You Are Under Age 65 With End Stage Renal Disease (ESRD)**
If you are under age 65 and eligible for Medicare only because of ESRD (permanent kidney failure), this Plan will be primary and Medicare will be secondary. This includes the Medicare “three month waiting period” and the additional 30 months after the Medicare effective date. After 33 months, this Plan will be secondary and Medicare will be primary.
- **If You Are Under Age 65 With Other Disability**
If you are under age 65 and eligible for Medicare only because of a disability other than ESRD, this Plan will be primary and Medicare will be secondary. This is the case only if you are the actively employed Subscriber or the enrolled Spouse or child of the actively employed Subscriber.
- **If You Are Age 65 or Older**
If you are age 65 or older and eligible for Medicare only because of age, this Plan will be primary and Medicare will be secondary. This can be the case only if you are an actively employed Subscriber or the enrolled Spouse of the actively employed Subscriber.

Determining the Allowable Expense When this Plan Is Secondary to Medicare

If this Plan is secondary to Medicare, the Medicare approved amount is the Allowable Expense, as long as the Provider accepts Medicare. If the Provider does not accept Medicare, the Medicare limiting charge (the most a Provider can charge you if they don't accept Medicare) will be the Allowable Expense. Medicare payments, combined with Plan Benefits, will not exceed 100% of the total Allowable Expense.

If you are eligible for, but not enrolled in, Medicare, and this Plan is secondary to Medicare, Benefits payable under this Plan will be reduced by the amount that would have been paid if you had been enrolled in Medicare.

Subrogation and Reimbursement

These provisions apply when the Plan pays benefits as a result of injuries or illnesses you sustained and you have a right to a Recovery or have received a Recovery from any source.

Recovery

A “Recovery” includes, but is not limited to, monies received from any person or party, any person’s or party’s liability insurance, uninsured/underinsured motorist proceeds, Workers’ Compensation insurance or fund, “no-fault” insurance and/or automobile medical payments coverage, whether by lawsuit, settlement or otherwise. Regardless of how you or your representative or any agreements characterize the money you receive as a Recovery, it shall be subject to these provisions.

Subrogation

The Plan has the right to recover payments it makes on your behalf from any party responsible for compensating you for your illnesses or injuries. The following apply:

- The Plan has first priority from any Recovery for the full amount of benefits it has paid regardless of whether you are fully compensated, and regardless of whether the payments you receive make you whole for your losses, illnesses and/or injuries.
- You and your legal representative must do whatever is necessary to enable the Plan to exercise the Plan's rights and do nothing to prejudice those rights.
- In the event that you or your legal representative fails to do whatever is necessary to enable the Plan to exercise its subrogation rights, the Plan shall be entitled to deduct the amount the Plan paid from any future benefits under the Plan.
- The Plan has the right to take whatever legal action it sees fit against any person, party or entity to recover the benefits paid under the Plan.
- To the extent that the total assets from which a Recovery is available are insufficient to satisfy in full the Plan's subrogation claim and any claim held by you, the Plan's subrogation claim shall be first satisfied before any part of a Recovery is applied to your claim, your attorney fees, other expenses or costs.
- The Plan is not responsible for any attorney fees, attorney liens, other expenses or costs you incur without the Plan's prior written consent. The "common fund" doctrine does not apply to any funds recovered by any attorney you hire regardless of whether funds recovered are used to repay benefits paid by the Plan.

Reimbursement

If you obtain a Recovery and the Plan has not been repaid for the benefits the Plan paid on your behalf, the Plan shall have a right to be repaid from the Recovery in the amount of the benefits paid on your behalf and the following provisions will apply:

- You must reimburse the Plan from any Recovery to the extent of benefits the Plan paid on your behalf regardless of whether the payments you receive make you whole for your losses, illnesses and/or injuries.
- Notwithstanding any allocation or designation of your Recovery (e.g., pain and suffering) made in a settlement agreement or court order, the Plan shall have a right of full recovery, in first priority, against any Recovery. Further, the Plan's rights will not be reduced due to your negligence.
- You and your legal representative must hold in trust for the Plan the proceeds of the gross Recovery (*i.e.*, the total amount of your Recovery before attorney fees, other expenses or costs) to be paid to the Plan immediately upon your receipt of the Recovery. You must reimburse the Plan, in first priority and without any set-off or reduction for attorney fees, other expenses or costs. The "common fund" doctrine does not apply to any funds recovered by any attorney you hire regardless of whether funds recovered are used to repay benefits paid by the Plan.
- If you fail to repay the Plan, the Plan shall be entitled to deduct any of the unsatisfied portion of the amount of benefits the Plan has paid or the amount of your Recovery, whichever is less, from any future benefit under the Plan if:
 1. The amount the Plan paid on your behalf is not repaid or otherwise recovered by the Plan; or
 2. You fail to cooperate.
- In the event that you fail to disclose the amount of your settlement to the Plan, the Plan shall be entitled to deduct the amount of the Plan's lien from any future benefit under the Plan.

- The Plan shall also be entitled to recover any of the unsatisfied portions of the amount the Plan has paid or the amount of your Recovery, whichever is less, directly from the Providers to whom the Plan has made payments on your behalf. In such a circumstance, it may then be your obligation to pay the Provider the full billed amount, and the Plan will not have any obligation to pay the Provider or reimburse you.
- The Plan is entitled to reimbursement from any Recovery, in first priority, even if the Recovery does not fully satisfy the judgment, settlement or underlying claim for damages or fully compensate you or make you whole.

Your Duties

- You must notify the applicable Claims Administrator promptly of how, when and where an accident or incident resulting in personal Injury or illness to you occurred and all information regarding the parties involved.
- You must cooperate with the Plan in the investigation, settlement and protection of the Plan's rights. In the event that you or your legal representative fails to do whatever is necessary to enable the Plan to exercise its subrogation or reimbursement rights, the Plan shall be entitled to deduct the amount the Plan paid from any future benefits under the Plan.
- You must not do anything to prejudice the Plan's rights.
- You must send the Plan copies of all police reports, notices or other papers received in connection with the accident or incident resulting in personal Injury or illness to you.
- You must promptly notify the applicable Claims Administrator if you retain an attorney or if a lawsuit is filed on your behalf.

The Plan Sponsor has sole discretion to interpret the terms of the Subrogation and Reimbursement provision of this Plan in its entirety and reserves the right to make changes as it deems necessary.

If the covered person is a minor, any amount recovered by the minor, the minor's trustee, guardian, parent, or other representative, shall be subject to this provision. Likewise, if the covered person's relatives, heirs, and/or assignees make any Recovery because of injuries sustained by the covered person, that Recovery shall be subject to this provision.

The Plan shall be secondary in coverage to any medical payments provision, no-fault automobile insurance policy or personal Injury protection policy regardless of any election made by you to the contrary. The Plan shall also be secondary to any excess insurance policy, including, but not limited to, school and/or athletic policies.

The Plan is entitled to recover its attorney's fees and costs incurred in enforcing this provision.

General Information

Workers' Compensation

The benefits under the Plan are not designed to duplicate any benefit for which Members are eligible under the Workers' Compensation Law. All sums paid or payable by Workers' Compensation for services provided to a Member shall be reimbursed by, or on behalf of, the Member to the Plan to the extent the Plan has made or makes payment for such services. It is understood that coverage hereunder is not in lieu of, and shall not affect, any requirements for coverage under Workers' Compensation or equivalent Employer liability or indemnification law.

Other Government Programs

Except insofar as applicable law would require the Plan to be the primary payer, the benefits under the Plan shall not duplicate any benefits to which Members are entitled, or for which they are eligible under any other governmental program. To the extent the Plan has duplicated such benefits, all sums payable under such programs for services to Members shall be paid by or on behalf of the Member to the Plan.

Right of Recovery

Whenever payment has been made in error, the Plan will have the right to recover such payment from you or, if applicable, the Provider. The Plan reserves the right to deduct or offset any amounts paid in error from any pending or future claim.

Modifications or Changes in Coverage

The Plan Sponsor may change the benefits described in this SPD and the Member will be informed of such changes as required by law. This SPD shall be subject to amendment, modification, and termination in accordance with any of its provisions by the Employer without the consent or concurrence of any Member.

Fraud

Fraudulent statements on Plan enrollment forms or on electronic submissions will invalidate any payment or claims for services and be grounds for voiding the Member's coverage, in addition to any other consequences that may be applicable by law or the Employer's policies.

Unauthorized Use of Identification Card

If you permit your Identification Card to be used by someone else or if you use the card before coverage is in effect or after coverage has ended, you will be liable for payment of any expenses incurred resulting from the unauthorized use. Fraudulent misuse could also result in termination of the coverage. Fraudulent statements in connection with enrollment and/or claims for services or payment may invalidate any payment or claims for services and be grounds for voiding the Member's coverage. This includes fraudulent acts to obtain medical services and/or Prescription Drugs.

Assignment

You authorize each Claims Administrator, on behalf of the Plan, to make payments directly to Providers for Covered Services. Each Claims Administrator also reserves the right to make payments directly to you. Payments may also be made to, and notice regarding the receipt and/or adjudication of claims, an alternate recipient, or that person's custodial parent or designated representative. Any payments made by a Claims Administrator will discharge the Plan's obligation to pay for Covered Services. You cannot assign your right to receive payment to anyone else, except as required by a "Qualified Medical Child Support Order" as defined by ERISA or any applicable federal law.

The coverage and any benefits under the Plan are not assignable by any Member without the written consent of the Plan, except as provided above.

Acts Beyond Reasonable Control (Force Majeure)

Should the performance of any act required by this coverage be prevented or delayed by reason of any act of God, strike, lock-out, labor troubles, restrictive government laws or regulations, or any other cause beyond a party's control, the time for the performance of the act will be extended for a period equivalent to the period of delay, and non-performance of the act during the period of delay will be excused. In such an event, however, all parties shall use reasonable efforts to perform their respective obligations.

Conformity with Law

Any provision of the Plan which is in conflict with the applicable Federal laws and regulations is hereby amended to conform with the minimum requirements of such laws.

Clerical Error

Clerical error, whether of a Claims Administrator or the Employer, in keeping any record pertaining to this coverage will not invalidate coverage otherwise validly in force or maintain or otherwise continue benefits otherwise validly terminated or otherwise not in force.

Policies and Procedures

Each Claims Administrator, on behalf of the Employer, may adopt reasonable policies, procedures, rules and interpretations to promote the orderly and efficient administration of the Plan with which a Member shall comply.

Waiver

No agent or other person, except an authorized officer of the Employer, has authority to waive any conditions or restrictions of the Plan, to extend the time for making a payment to the Plan, or to bind the Plan by making any promise or representation or by giving or receiving any information.

Reservation of Discretionary Authority

Each Claims Administrator shall have all the powers necessary or appropriate to enable it to carry out its duties in connection with the operation of the Plan and interpretation of the SPD. This includes, without limitation, the power to act within its scope of benefits to determine all questions arising under the Plan, to resolve Member appeals and to make, establish and amend the rules, regulations and procedures with regard to the interpretation of the SPD of the Plan. A specific limitation or exclusion will override more general benefit language. Anthem has complete discretion to interpret the Medical Benefits portions of this SPD, Express Scripts has complete discretion to interpret the Prescription Drug Benefits portions of this SPD, and Magellan Behavioral Health has complete discretion to interpret the Behavioral Health Benefits portions of this SPD. Each Claims Administrator's determination shall be final and conclusive and may include, without limitation, determination of whether the services, treatment, or supplies are Medically Necessary, Experimental/Investigative, whether surgery is cosmetic, and whether charges are consistent with the Plan's Maximum Allowed Amount. A Member may utilize all applicable appeals procedures.

When Coverage Ends

Under most circumstances, your AEP coverage ends on the last day of the month in which:

- You stop paying required contributions;
- You terminate employment (if you are covered as an Employee);
- You are no longer eligible;
- This Plan ends
- You die, or
- You enroll in a Medicare Part D prescription drug benefit other than AEP's and you were not automatically enrolled due to the federal low income subsidy.

Coverage for your dependents ends on the last day of the month in which your coverage ends, or in which they are no longer eligible.

Should you or any covered family Members be receiving covered care in the Hospital at the time your coverage terminates for reasons other than the termination of this Plan, or failure to pay the required contributions, benefits for Hospital Inpatient care will be provided until the date you are discharged from the Hospital.

Continuing Coverage as an AEP Retiree

If you are age 55 or older with at least 10 years of service when your employment with AEP ends, you alternatively may be able to continue coverage for yourself as an AEP "retiree" and for your eligible dependents. Please refer to the "Eligibility" section for more information.

Continuing Coverage as a Surviving Dependent

If you are covered as a dependent spouse or child of an Employee or Retiree at the time of the Employee's or Retiree's death, your coverage may be continued as a "Surviving Dependent. Please refer to the "Eligibility" section for more information about the availability and additional circumstances that may cause that coverage to terminate.

Continuing Medical Coverage through COBRA

Under the Consolidated Omnibus Budget Reconciliation Act, a federal law known as "COBRA," employers with 20 or more employees that sponsor group health plans generally are required to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This section is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of COBRA in connection with your medical plan benefits maintained by the Participating AEP System Companies (generally referred to in these sections as the "Company"). You and your spouse should take the time to read this notice carefully.

When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Qualified Beneficiaries

Status as a qualified COBRA beneficiary gives an individual special rights under COBRA. Persons covered by the Plan will be considered COBRA qualified beneficiaries only if they fit into one of the following categories:

- Retiree;
- Employee or former employee;
- Spouse or former spouse of the retiree, employee or former employee; or
- Dependent child(ren) of the retiree, employee or former employee.

Therefore, you, your spouse and dependent children who are covered by the Plan at the time of the “qualifying event” generally will be considered “qualified COBRA beneficiaries” with respect to the Plan. Any child born or placed for adoption during the COBRA continuation period will also be treated as a qualified beneficiary if you have dependent coverage under the Plan at the time. Please remember that to enroll a newborn infant or a child placed with you for adoption (or even any other child or other dependents acquired through marriage) in the Plan, you must follow the enrollment procedures that are described in the Plan. A child is considered “placed for adoption” when the adoptive parent assumes and retains the legally enforceable obligation for the partial or total support of the child. This obligation generally arises when the proper court or proper agency issues an order to that effect.

Although COBRA laws do not establish health benefit continuation rights for other categories of eligible dependent (such as domestic partners while they remain eligible or lose coverage under circumstances that are similar to the COBRA qualifying events described below), AEP offers COBRA-like coverage to them under the medical plan.

COBRA Qualifying Events

Employee. You have a right to choose this continuation coverage if you lose your coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part), or if you are a retiree, because of a filing under Title 11 of the Federal Bankruptcy Code with respect to your employer (with regard to this qualifying event, the loss of coverage may include the substantial elimination of your coverage within one year before or after the filing).

Spouse or Domestic Partner. Your spouse or domestic partner, if covered by the Plan, has the right to choose continuation coverage for him or herself if he or she lost coverage under that plan for ANY of the following six (6) reasons:

- Your death;
- A surviving spouse’s remarriage within 36 months of your death;
- The termination of your employment (for reasons other than gross misconduct) or reduction in your hours;
- Your divorce, legal separation or termination of domestic partnership;
- You become eligible for benefits under Medicare Part A, Part B, or both; or
- A filing under Title 11 of the Federal Bankruptcy Code with respect to the employer. With regard to this qualifying event, the loss of coverage may include the substantial elimination of coverage within one year before or after the filing.

Dependent Child. Your dependent child, if covered by the Plan, has the right to continuation coverage under the Plan if coverage is lost for any of the following six (6) reasons:

- Your death;

- The termination of your employment (for reasons other than gross misconduct) or reduction in your hours;
- Your divorce, legal separation or termination of domestic partnership;
- You become eligible for benefits under Medicare Part A, Part B, or both;
- Your dependent ceases to be a “dependent child” under the Plan; or
- A filing under Title 11 of the Federal Bankruptcy Code with respect to the employer. With regard to this qualifying event, the loss of coverage may include the substantial elimination of coverage within one year before or after the filing.

For qualifying event purposes, coverage will be considered lost if a person ceases to be covered under the same terms and conditions as in effect immediately before the applicable qualifying event. Any increase in the premium or contribution that you must pay (or that your spouse/domestic partner or dependent child must pay) for coverage under a plan that results from the occurrence of a qualifying event is considered a loss of coverage. The loss of coverage need not occur immediately after the qualifying event, so long as the event occurs before the end of the maximum coverage period (discussed under the heading “Duration of Continuation Coverage”).

The taking of leave under the Family and Medical Leave Act (FMLA) is not considered a qualifying event under COBRA. A qualifying event may occur under COBRA, however, on the last day of your FMLA leave.

Obligation to Notify the Company of Certain Qualifying Events

Under COBRA, you or your family member has the responsibility to inform the Company of a divorce, legal separation, termination of domestic partnership or of a child losing dependent status under the Plan. This notice must be provided to the AEP Benefits Center within 60 days of the qualifying event. If the AEP Benefits Center is not provided such notice within that time, there will be no continuation coverage available with respect to that qualifying event.

You or your covered family member also has the responsibility to inform the Company of a Social Security determination that you or your covered family member was disabled either at the time of your termination or reduction in hours, or within 60 days thereafter. This notice must be provided to the AEP Benefits Center in writing during the initial 18 months of continuation coverage and within 60 days of the Social Security determination. If the AEP Benefits Center is not provided such notice within that time, the 11-month extension of the maximum continuation coverage period will not be available.

Also, if a child is born to you or placed for adoption with you during the period that you have elected continuation coverage, that child may also be added to your coverage assuming that you timely notify the AEP Benefits Center of the addition of the child and timely pay any additional premium that becomes payable as a result of the addition. Please refer to the section entitled “Dependent Eligibility” to determine how and when you may add a child to your coverage.

The Company has the responsibility to notify the Plan of your death, termination of employment or reduction in hours, or if you become eligible for Medicare. Therefore, you should immediately notify the AEP Benefits Center if you or another covered individual becomes eligible for Medicare.

The Company also relies on you to notify the Plan of the death of a covered individual or if a covered individual becomes eligible for Medicare. Therefore, please immediately notify the AEP Benefits Center if any of these persons dies or becomes eligible for Medicare and of the death of a covered individual.

Notice of Election

When the AEP Benefits Center is notified that one of the applicable qualifying events has occurred, the AEP Benefits Center will in turn notify the qualified beneficiary of the right to choose continuation coverage. This COBRA Notification letter will be mailed to you and/or the other qualified beneficiaries at the last known address; therefore, it is imperative that you and your dependents keep the AEP Benefits Center informed of any address change.

Under COBRA, you and each qualified beneficiary have 60 days from the latter of the date you would lose coverage because of one of the qualifying events previously described, or the date you are notified of your rights to continue coverage, to inform the Company that you want continuation coverage. As mentioned above, to inform the Company of your decision, please contact AEP Benefits Center toll-free at 1-888-237-2363. If you do not choose continuation coverage with respect to the Plan, your coverage under the Plan will end.

If you choose continuation of coverage under the Plan, the Company is required to give you coverage which is identical to the coverage provided under the Plan to similarly situated employees or family members; as such coverage may change from time to time. You and each of your other qualified beneficiaries are eligible to continue only those Plan coverages that were in effect immediately before the qualifying event. No evidence of insurability is required for election of COBRA continuation coverage. Of course, you must pay the required contributions for the continuation coverage in a timely manner. (See the section on “Conditions on Continuation Coverage.”)

Duration of Continuation of Coverage

COBRA requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months, unless the Social Security Administration determines that you or a member of your family were disabled at the time of the termination or reduction of hours (or within 60 days thereafter), and you inform the AEP Benefits Center in writing within 60 days of that determination and before the end of the 18-month period, in which case your coverage and the coverage of your family members may be extended to as many as 29 months. You may be requested to provide additional documentation in order to qualify for this 11-month extension.

If, during the initial 18 months of continuation coverage, another qualifying event takes place that also entitles you to coverage, coverage may be extended a maximum of 18 additional months. In no case may the total amount of continued coverage be more than 36 months. If a second event occurs, it is the COBRA beneficiary's obligation to notify the AEP Benefits Center of the second qualifying event within 60 days of that event and within the original 18-month period.

There is a special rule that applies if you become eligible for Medicare within the 18 months prior to termination of employment or reduction in hours. Under that circumstance, although your spouse and/or dependent children effectively lose coverage because of your termination of employment or reduction in hours, they will be entitled to maintain continuation coverage for a period that does not expire before 36 months have passed since you became entitled to Medicare.

If you are a retiree or a spouse or dependent child of a retiree, special rules apply to determine your maximum period of COBRA continuation coverage.

COBRA generally requires that a plan offer conversion health plan coverage to a qualified beneficiary who uses continuation coverage for the maximum coverage period, but only if conversion coverage is otherwise generally available under the Plan. Because the Plan offers no such conversion coverage, none will be made available following the expiration of continuation coverage for any qualified beneficiary.

COBRA also provides that continuation coverage may be cut short for ANY of the following reasons:

- The Company no longer provides group health coverage to any of its employees;
- The premium for continuation coverage is not paid in a timely fashion;
- You, your spouse/domestic partner or dependent will lose COBRA continuation coverage upon becoming covered under another group health plan that does not include a preexisting conditions clause that applies (note that the Health Insurance Portability and Accountability Act of 1996 limits the circumstances in which plans can apply preexisting conditions clauses);
- You, your spouse/domestic partner or dependent will lose COBRA continuation coverage upon becoming entitled to benefits under Medicare (Part A, Part B or both); or
- For cause, such as fraudulent claim submission, on the same basis that coverage could terminate for other similarly situated participants in the Plan.

Therefore, you must immediately notify the AEP Benefits Center if you, your spouse/domestic partner or any of your covered dependents become eligible for benefits under Medicare.

Furthermore, if continuation coverage is extended beyond 18 months because of disability, continuation coverage will be cut short after the latter of the expiration of the initial 18-month continuation period or the date that the qualifying beneficiary is determined to be no longer disabled. You are required to notify the AEP Benefits Center within 60 days of the date of any final determination by the Social Security Administration that the qualified beneficiary is no longer disabled. If you fail to timely notify the AEP Benefits Center, the Plan reserves the right to recover from you its costs associated with recovering the excess benefits provided to you.

Conditions on Continuation of Coverage

You do not have to show that you are insurable to choose continuation coverage. However, under COBRA, you will have to timely pay all of the premiums for your continuation coverage as outlined under the law. The contribution for your continuation coverage generally is equal to no more than the full cost of the coverage plus a 2% charge to cover the cost of plan administration. If you or your dependents are entitled to up to 29 months of continuation coverage due to disability, the premium increases to as much as 150% of the full cost beginning with the 19th month of continuation coverage. The AEP Benefits Center can provide you with current cost information.

You must pay for the coverage in monthly installments. Your first payment must be in full and received no later than 45 days after the date you elect continuation coverage. For payment after that first payment, you will have a grace period of at least 30 days to pay the premiums. As a general matter, coverage will be suspended for a period that premiums have not been paid. However, coverage will be reinstated upon the receipt of timely payment (taking into account the grace period for that payment) for a one time exception under the AEP plan.

Other Coverage Options Besides COBRA Continuation Coverage

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a Spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Group's health Plan and your COBRA continuation coverage rights should be addressed to the Employer. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Continuation of Coverage During Military Leave (USERRA)

Under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), the Member may have a right to continuation of benefits subject to the conditions described below.

Under USERRA, if the Employee (or his or her Dependents) is covered under this Plan, and if the Employee becomes absent from employment by reason of military leave, the Employee (or his or her Dependents) may have the right to elect to continue health coverage under the Plan. In order to be eligible for coverage during the period that the Employee is gone on military leave, the Employee must give reasonable notice to the Employer of his or her military leave and the Employee will be entitled to COBRA-like rights with respect to his or her group health benefits in that the Employee and his or her Dependents can elect to continue coverage under the plan for a period of 24 months from the date the military leave commences or, if sooner, the period ending on the day after the deadline for the Employee to apply for or return to work with the Employer. During military leave the Employee is required to pay the Employer for the entire cost of such coverage, including any elected Dependents' coverage. However, if the Employee's absence is less than 31 days, the Employer must continue to pay its portion of the contributions and the Employee is only required to pay his or her share of the contributions without the COBRA-type 2% administrative surcharge.

Also, when the Employee returns to work, if the Employee meets the requirements specified below, USERRA states that the Employer must waive any exclusions and waiting periods, even if the Employee did not elect COBRA continuation. These requirements are (i) the Employee gave reasonable notice to his or her Employer of military leave, (ii) the military leave cannot exceed a prescribed period (which is generally five (5) years, except in unusual or extraordinary circumstances) and the Employee must have received no less than an honorable discharge (or, in the case of an officer, not been sentenced to a correctional institution), and (iii) the Employee must apply for reemployment or return to work in a timely manner upon expiration of the military leave (ranging from a single day up to 90 days, depending upon the period that he or she was gone). The Employee may also have to provide documentation to the Employer upon reemployment that would confirm eligibility. This protection applies to the Employee upon reemployment, as well as to any Dependent who has become covered under the Plan by reason of the Employee's reinstatement of coverage.

For More Information

This notice does not fully describe the continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under this Plan is available from the AEP Benefits Center.

If you have any questions concerning the information in this notice or your rights to coverage, you should contact the AEP Benefits Center.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S Department of Labor's Employee Benefits Security Administration (EBSA) in your area, or visit the EBSA website at www.dol.gov/ebsa.

Life Events and Your Coverage

In general, once you enroll in medical benefits, you cannot make changes to your elections until the next Annual Enrollment period. However, certain events in your life — such as a marriage, divorce or birth of a child may warrant mid-year changes that are due to and consistent with the event.

Remember — if you do not make your change within 31 days of the event (or as otherwise specified below in certain circumstances), you may not change your elections until the next Annual Enrollment period.

You Begin Working at AEP

As a new employee of a Participating AEP System Company, you must indicate your medical plan election within 31 days of your hire date. If you do not enroll within 31 days, you will be defaulted into the Basic HSA Plan option covering yourself only. Unless you experience a qualifying change in family or employment status, you will not be able to make changes to your benefit elections until the next Annual Enrollment period.

Coverage begins on your first day of work whether you elect coverage or are defaulted into coverage.

You Get Married

Your marriage is considered a qualifying change in family status which allows you to adjust your participation in the medical plan. You must contact the AEP Benefits Center in order to make benefit changes when you marry. All changes must be made within 31 days of the date of your marriage. A copy of the certified marriage certificate will be requested by the AEP Benefits Center in order to enroll your new spouse. A marriage event does NOT allow you to change your medical plan option.

Coverage is effective on the date of your marriage if you enroll yourself, your eligible spouse and/or your eligible dependents within 31 days of the date of your marriage.

Your Marriage Ends

It's important to keep the AEP Benefits Center informed of loss of dependent eligibility due to the end of your marriage. The AEP Benefits Center can help you make appropriate benefits changes.

If you have spouse or family medical coverage, coverage for your former spouse (and any stepchildren) ends on the last day of the month in which your marriage ends.

- You are required to notify the AEP Benefits Center to remove any ineligible dependents from your medical plan.
- Your former spouse and any stepchildren may continue the group coverage for 36 months through COBRA.
- If you have eligible children, you may wish to retain Participant + Child(ren) medical coverage even if you do not have custody of your child(ren). If you drop dependent coverage, you may not resume coverage for these dependents until the next Annual Enrollment period.
- If you were covered under your spouse's medical care plan, you have 31 days from the date your marriage ends to apply for AEP medical coverage in your own name.

An event ending your marriage does NOT allow you to change your medical plan option.

Your Domestic Partnership Ends

You must notify the AEP Benefits Center of the loss of dependent eligibility due to termination of a domestic partnership. The AEP Benefits Center can help you make changes to your medical coverage. You will need to supply a "Declaration of Termination of Domestic Partnership" form to the AEP Benefits Center in order to change your medical coverage.

- If you have domestic partner or family medical coverage, coverage for your former domestic partner (and any children of your domestic partner) ends on the last day of the month of the end of your partnership.
- You are required to notify the AEP Benefits Center to remove the names of former dependents from your medical coverage.
- Your former domestic partner (and any children of your domestic partner) may continue the group coverage for up to 36 months, based on the manner the Company is currently offering COBRA continuation coverage.
- If you were covered under your domestic partner's medical coverage, you have 31 days from the date of the end of the partnership to apply for AEP medical coverage.

The termination of your domestic partnership does NOT allow you to change your medical plan option.

You Are Unable to Work Due to an Illness or Injury

If you are unable to work due to illness or injury while covered under the AEP Comprehensive Medical Plan, your coverage and obligation to make contributions continue while you are receiving sick pay and for as long thereafter as you are receiving benefits under AEP's Long-Term Disability (LTD) plan.

You Die

In the event you die, your survivors must contact the AEP Benefits Center to make decisions about whether to continue coverage for themselves if they were enrolled in medical coverage at the time of your death.

Eligible surviving dependents may be eligible to continue medical plan coverage if all required contributions are paid up to date. Please refer to the “Eligibility” section for additional information about who is eligible to be covered as a surviving dependent and for how long.

If a surviving dependent enrolls in the AEP Comprehensive Medical Plan but later disenrolls from the plan, he or she may not elect to re-enroll later.

Your survivors will need to submit a copy of your Death Certificate to the AEP Benefits Center prior to enrollment in coverage.

Your survivors must enroll within 31 days of your death, or such longer period as may be required by COBRA.

Your death does NOT allow your surviving dependents to change the medical plan option in which they were enrolled, except surviving spouse who is over age 65 may elect among the plan options then available.

A Covered Family Member Dies

The death of a family member who is eligible for AEP benefits is considered a qualifying change in family status which allows you to adjust your participation in medical plan. Remember that any changes must be made within 31 days of the death.

Review your medical coverage, and contact the AEP Benefits Center to adjust your coverage level, as appropriate, for the surviving family members. The death of a covered dependent does NOT allow you to change your medical plan option.

Your Child Loses Dependent Status

Your child loses eligibility to be covered as your dependent at the end of the month in which he or she turns age 26.

If your child is disabled when coverage would otherwise end, you may be able to keep him or her covered under your plan. Consult the AEP Benefits Center or the Medical Claims Administrator for requirements to continue coverage during the child's disability.

Medical coverage ends for your dependent on the last day of the month in which he or she no longer meets any other requirement to be considered an eligible dependent. The child may continue coverage through COBRA.

Birth/Adoption/Placement for Adoption/Legal Guardianship of a Child

Your newborn child will be eligible for coverage on the date of birth. If a child is placed with you for adoption, he or she will be eligible for coverage on the date of the placement for adoption as long as the child satisfies the eligibility requirements of this plan.

To enroll a newborn or other dependent child in medical coverage, you must notify the AEP Benefits Center within 90 days of the birth, adoption, or the date the child was legally placed in your care in anticipation of adoption. You must provide the dependent's Social Security number or tax-identification number for non-USA citizens, within six months of adding a dependent. The AEP Benefits Center will request a copy of the birth certificate, adoption decree or guardianship papers to validate their eligibility.

Change in Your Spouse's/Domestic Partner's Employment

If your spouse's/domestic partner's coverage is affected by a change in his or her employment or benefits eligibility with his or her current employer, you may be eligible to begin, change, or discontinue coverage under the AEP medical plan to the extent that would be consistent with the events affecting your spouse/domestic partner. You may not change your medical plan option if you are already enrolled in the AEP Medical Plan.

You must contact the AEP Benefits Center within 31 days of your spouse's/domestic partner's loss/gain of coverage.

You Begin a Family Medical Leave of Absence (FMLA)

If you are on an approved Family Medical Leave of Absence (FMLA), your benefits may be affected. You may be on a paid or unpaid leave of absence under FMLA.

Under a paid FMLA absence, your medical coverage continues as normal and your medical plan contributions continue to be taken from your first and second paychecks of the month.

If your FMLA is unpaid, you have the following options:

- Revoke coverages during the leave. In order to take advantage of this option, then within 31 days after your leave begins, you must notify the AEP Benefits Center of the specific coverages that you want to discontinue during the period of your unpaid FMLA leave. You will be entitled to reinstate the discontinued coverages upon your return to work following your leave.
- Continue your Coverages by Making Payments. Unless you notify the AEP Benefits Center otherwise, it will be assumed that this is the option that you select. Under this option, you would pay for your coverage by the first of each month during the leave. When the leave ends, your salary reduction election that had been in effect at the beginning of your leave will be given effect for the duration of the calendar year unless you would make an election change upon returning from the leave, as permitted under the terms of our plan (e.g., for changes in status). If you would stop making contributions for your coverage during the leave, AEP will continue your coverage, and AEP will recoup your missed payments upon your return.

COBRA eligibility does not begin until your FMLA leave ends.

You Begin an Unpaid Leave of Absence (non-FMLA)

In certain situations, you may need to take more time off from work than your available vacation time allows. In such cases, you may be eligible for an unpaid leave of absence.

- Your medical contributions from your paycheck stop when your unpaid leave begins.
- Coverage ends at the end of the month in which your unpaid Leave of Absence begins. You will be offered the option to continue medical coverage through COBRA.

You Begin a Paid Military Leave of Absence

Serving on active duty in the Armed Forces of our country can have an effect on your AEP benefits. Generally, all benefit coverage levels may continue for up to 24 months at the level in effect immediately before your paid military leave begins. You have the option to maintain some or all of your benefits during your paid military leave.

If you elect to continue your medical coverage, your contribution continues at the active employee rate for as long as you receive pay differential, up to 24 months and your contributions will be withheld from your paycheck. If you don't have enough net pay to take all of your deductions, you will be billed on a monthly basis. If you elect to discontinue medical coverage during your paid military leave of absence, your coverage will end at the end of the month in which your paid military leave began.

If you go onto an unpaid Military Leave of Absence, see above "Continuation of Coverage During Military Leave (USERRA)," and "You Begin an Unpaid Leave of Absence (non- FMLA)" for information regarding your medical coverage.

You Terminate Employment before Qualifying for AEP Retiree Benefits

If your employment with a Participating Company terminates for any reason prior to both reaching age 55 and at least 10 years of service, your medical coverage ends on the last day of the month in which your employment ends. You and your dependents may be eligible to continue medical coverage through COBRA. Under COBRA you pay the full cost of that coverage, plus an administrative charge.

You Terminate Employment after Becoming Retiree Benefits Eligible

If you are age 55 or older with at least 10 years of service when your employment with a Participating AEP System Company ends, you may be considered an AEP "retiree."

See section titled "Enrolling for Coverage."

If you elect retiree medical coverage, contributions will either be deducted from your monthly pension check (if applicable) or you will be billed monthly for your contributions.

You Are Rehired at AEP

As a rehired employee of a Participating AEP System Company, you must indicate your medical plan election within 31 days of your rehire date. If you do not enroll or waive within 31 days, you may be enrolled in the default coverage then applicable (see “Enrolling for Coverage” section). Unless you experience a qualifying change in status, you will not be able to make changes to your benefit elections until the next Annual Enrollment period.

You and your eligible dependents are covered from your first day of work, if you enroll within 31 days of your rehire date.

You Return from an Unpaid Leave of Absence

After returning from an approved leave of absence, you may resume participation in benefits that you may have stopped during your leave or benefits that you may have elected under COBRA.

You may continue, add, or discontinue medical coverage for yourself and your eligible dependents, within 31 days of your return from leave. If you resume participation in the medical plan when you return from your unpaid leave, your contributions will begin coming out of your paycheck again.

You Return after Retirement

If you return to work with a Participating AEP System Company after retirement and are only returning for a temporary length of time (less than 1 year), you may be eligible to be considered a “rehired retiree” or you can also return to work for AEP as a regular full-time or part-time employee. If you return as a “rehired retiree,” you retain your retiree medical coverage at the applicable retiree contribution rate when you return to work and your contributions will be deducted from your paycheck.

Coverage or Employer Contributions Lost Under Another Medical Plan

A Special Enrollment Period is available to you (if you are an eligible Employee or Retiree) and your eligible Dependents who:

- Lost eligibility under a prior medical plan for reasons other than non-payment of premium or due to fraud or intentional misrepresentation of a material fact;
- Exhausted COBRA benefits or stopped receiving group contributions toward the cost of the prior medical plan; or
- Lost Employer contributions towards the cost of the other coverage.

Notice of a requested change must be made to the AEP Benefits Center within 31 days of the event (or within 90 days of a birth or adoption). You also may be required to provide proof of the qualifying status change(s).

Medicaid or CHIP Coverage (Loss of Eligibility or Qualify for Premium Assistance)

You may request enrollment in the AEP Comprehensive Medical Plan mid-year if you notify the AEP Benefits Center within 60 days after you or your dependent either (1) loses eligibility for Medicaid or coverage through the Children's Health Insurance Program ("CHIP") that is administered by your state, or (2) becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

Newly Eligible Because of Change In AEP Employment Status

If your AEP employment status would change from one not eligible to participate (such as if you had been classified as a contractor, temporary employee, or leased employee) to one that is, you may be able to enroll the medical plan within 31 days of the change in employment status. Notice of a requested change must be made to the AEP Benefits Center within 31 days of the change in your status.

Definitions

Accidental Injury

Bodily Injury sustained by a Member as the result of an unforeseen event and which is the direct cause (independent of disease, bodily infirmity or any other cause) for care which the Member receives. Such care must occur while this Plan is in force. It does not include injuries for which benefits are provided under any Workers' Compensation, Employer's liability or similar law.

Ambulance Services

A state-licensed emergency vehicle which carries injured or sick persons to a Hospital. Services which offer non-emergency, convalescent or invalid care do not meet this definition.

Authorized Service(s)

A Covered Service rendered by any Provider other than a Network Provider, which has been authorized in advance (except for Emergency Care which may be authorized after the service is rendered) by the Claims Administrator to be paid at the Network level. The Member **may** be responsible for the difference between the Out-of-Network Provider's charge and the Maximum Allowable Amount, in addition to any applicable Network Coinsurance or Deductible. For more information, see the "Claims Payment" section.

Behavioral Health Care

Includes services for Mental Health and Substance Abuse. Mental Health and Substance Abuse is a condition that is listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental health or substance abuse condition.

Benefit Period

One year, January 1 – December 31 (also called year or the calendar year). It does not begin before a Member's coverage becomes effective. It does not continue after a Member's coverage ends.

Blue Distinction Bariatric Surgery Providers

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Bariatric Surgery Provider: A Provider who has achieved designation as a Blue Distinction Center+ or Blue Distinction Center for Bariatric Surgery Procedures.

PAR Bariatric Surgery Provider: Hospitals participating in the Medical Claims Administrator's networks; also known as "Network" or "PAR" (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Bariatric Surgery Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Bariatric Surgery services; also known as "Out-of-Network" or "non-PAR."

Blue Distinction Cardiac Providers

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Cardiac Provider: A Provider who has achieved designation as a Blue Distinction+ or Blue Distinction Center for Cardiac Procedures

PAR Cardiac Provider: Hospitals participating in the Medical Claims Administrator's networks; also known as "Network" or "PAR" (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Cardiac Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Cardiac services; also known as "Out-of-Network" or "non-PAR."

Blue Distinction Orthopedic Surgery Providers

Blue Distinction (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Orthopedic Provider: A Provider who has achieved designation as a Blue Distinction+ or Blue Distinction Center for Knee/Hip Replacement or Spine Surgery.

PAR Orthopedic Provider: Hospitals participating in the Medical Claims Administrator's networks; also known as "Network" or "PAR" (are NOT designated as either Blue Distinction+ or Blue Distinction).

Non-PAR Orthopedic Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide orthopedic services; also known as "Out-of-Network" or "non-PAR."

Centers of Excellence (COE) Network

A network of health care facilities selected for specific services based on criteria such as experience, outcomes, efficiency, and effectiveness. For example, an organ transplant managed care program wherein Members access select types of benefits through a specific network of medical centers.

A network of health care professionals contracted with the Medical Claims Administrator or one or more of its affiliates, to provide transplant or other designated specialty services.

Claims Administrator

The company the Plan Sponsor chose to administer benefits with respect to a designated portion of its Comprehensive Medical Plan. Community Insurance Company was chosen to administer the Medical benefits portion of the Plan. Express Scripts Inc. was chosen to administer the Prescription Drug benefits portion of the Plan. Magellan Behavioral Health Services was chosen to administer the Behavioral Health benefits portion of the Plan. Each Claims Administrator provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Coinsurance

If a Member's coverage payable by the Plan is limited to a certain percentage, for example 85%, then the remaining 15% for which the Member is responsible is the Coinsurance amount. The Coinsurance may be capped by the Out-of-Pocket Maximum.

Combined Limit

The maximum total of Network and Out-of-Network benefits available for designated health services in the "Schedule of Benefits" section.

Complications of Pregnancy

Complications of Pregnancy result from conditions requiring Hospital confinement when the pregnancy is not terminated. The diagnoses of the complications are distinct from pregnancy but adversely affected or caused by pregnancy.

Such conditions include acute nephritis, nephrosis, and cardiac decompensation, missed or threatened abortion, preeclampsia, intrauterine fetal growth retardation and similar medical and surgical conditions of comparable severity. An ectopic pregnancy which is terminated is also considered a Complication of Pregnancy.

Complications of Pregnancy shall not include false labor, caesarean section, occasional spotting, and Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum and similar conditions associated with the management of a difficult pregnancy which are not diagnosed distinctly as Complications of Pregnancy.

Congenital Anomaly

A condition or conditions that are present at birth regardless of causation. Such conditions may be hereditary or due to some influence during gestation.

Coordination of Benefits

A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment. It avoids claims payment delays by establishing an order in which plans pay their claims and providing an authority for the orderly transfer of information needed to pay claims promptly. It may avoid duplication of benefits by permitting a reduction of the benefits of a plan when, by the rules established by this provision, it does not have to pay its benefits first.

Cosmetic Surgery

Any non-Medically Necessary surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, physical appearance or disfigurement caused by an accident, birth defect, or correct or naturally improve a physiological function. Cosmetic Surgery includes but is not limited to: rhinoplasty, lipectomy, surgery for sagging or extra skin, any augmentation or reduction procedures (e.g., mammoplasty, liposuction, keloids, rhinoplasty and associated surgery) or treatment relating to the consequences or as a result of Cosmetic Surgery.

Covered Dependent

Any Dependent in a Subscriber's family who meets all the requirements of the "Eligibility" section of this SPD, has enrolled in the Plan, and whose coverage under the Plan has not ended.

Covered Services

Medically Necessary health care services and supplies that are: (a) defined as Covered Services in the Member's Plan, (b) not excluded under such Plan, (c) not Experimental/Investigative and (d) provided in accordance with such Plan.

Covered Transplant Procedure

Any Medically Necessary human organ and stem cell/bone marrow transplants and transfusions as determined by the Medical Claims Administrator including necessary acquisition procedures, collection and storage, and including Medically Necessary preparatory myeloablative therapy.

Custodial Care

Any type of care, including room and board, that (a) does not require the skills of professional or technical personnel; (b) is not furnished by or under the supervision of such personnel or does not otherwise meet the requirements of post-Hospital Skilled Nursing Facility care; (c) is a level such that the Member has reached the maximum level of physical or mental function and is not likely to make further significant improvement. Custodial Care includes, but is not limited to, any type of care the primary purpose of which is to attend to the Member's activities of daily living which do not entail or require the continuing attention of trained medical or paramedical personnel. Examples of Custodial Care include, but are not limited to, assistance in walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, changes of dressings of non-infected, post-operative or chronic conditions, preparation of special diets, supervision of medication that can be self-administered by the Member, general maintenance care of colostomy or ileostomy, routine services to maintain other services which, in the sole determination of the Plan, can be safely and adequately self-administered or performed by the average non-medical person without the direct supervision of trained medical and paramedical personnel, regardless of who actually provides the service, residential care and adult day care, protective and supportive care including educational services, rest care and convalescent care.

Deductible

The portion of a bill representing Covered Services that must be paid before the medical expenses will be subjected to the Coinsurance provisions. It usually is applied on a calendar year basis.

Dependent

The Spouse (same or opposite sex) and same sex Domestic Partner and all children until attaining age limit, each to the extent stated in the "Eligibility" section. Children include natural children, legally adopted children, foster children and stepchildren. Also included are your children (or children of your Spouse (same or opposite sex) and eligible same sex Domestic Partner) and children for whom you have legal responsibility resulting from a qualified medical child support order.

Mentally, intellectually or physically disabled children remain covered no matter what age to the extent stated in the "Eligibility" section.

Detoxification

The process whereby an alcohol or drug intoxicated or alcohol or drug dependent person is assisted, in a facility licensed by the appropriate regulatory authority, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or drug, alcohol or drug dependent factors or alcohol in combination with drugs as determined by a licensed Physician, while keeping the physiological risk to the patient to a minimum.

Developmental Delay

The statistical variation, as defined by standardized, validated developmental screening tests, such as the Denver Developmental Screening Test, in reaching age appropriate verbal/growth/motor skill developmental milestones when there is no apparent medical or psychological problem. It alone does not constitute an illness or an Injury.

Domestic Partner

Your same sex Domestic Partner who meets all the requirements stated in the “Eligibility” section. Domestic Partner eligibility ends on the date a Domestic Partner no longer meets all the requirements stated in the “Eligibility” section.

Durable Medical Equipment

Equipment which is (a) made to withstand prolonged use; (b) made for and mainly used in the treatment of a disease of Injury; (c) suited for use while not confined as an Inpatient at a Hospital; (d) not normally of use to persons who do not have a disease or Injury; (e) not for exercise or training.

Elective Surgical Procedure

A surgical procedure that is not considered to be an emergency, and may be delayed by the Member to a later point in time.

Emergency Medical Condition

(“Emergency services,” “emergency care,” or “Medical Emergency”) Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following conditions:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Employee

A person who is classified by the Employer as its employee and is eligible for Plan coverage under the employment regulations of the Employer. The Employee is also called the Subscriber.

Employer

An Employer who has allowed its Employees to participate in the Plan by acting as the Plan Sponsor or adopting the Plan as a participating Employer by being classified on the records of the Plan Sponsor as a Participating AEP System Company.

Experimental/Investigative

Any Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply used in or directly related to the diagnosis, evaluation, or treatment of a disease, Injury, illness, or other health condition which the applicable Claims Administrator determines to be unproven.

The Claims Administrator will deem any Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply to be Experimental/Investigative if the Claims Administrator, determines that one or more of the following criteria apply when the service is rendered with respect to the use for which benefits are sought. The Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply:

- Cannot be legally marketed in the United States without the final approval of the Food and Drug Administration (FDA), or other licensing or regulatory agency, and such final approval has not been granted;
- Has been determined by the FDA to be contraindicated for the specific use; or
- Is subject to review and approval of an Institutional Review Board (IRB) or other body serving a similar function; or
- Is provided pursuant to informed consent documents that describe the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply as Experimental/Investigative, or otherwise indicate that the safety, toxicity, or efficacy of the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is under evaluation.

Any service not deemed Experimental/Investigative based on the criteria above may still be deemed Experimental/Investigative by the Claims Administrator. In determining whether a service is Experimental/Investigative, the Claims Administrator will consider the information described below and assess whether:

- The scientific evidence is conclusory concerning the effect of the service on health outcomes;
- The evidence demonstrates the service improves net health outcomes of the total population for whom the service might be proposed by producing beneficial effects that outweigh any harmful effects;
- The evidence demonstrates the service has been shown to be as beneficial for the total population for whom the service might be proposed as any established alternatives; and
- The evidence demonstrates the service has been shown to improve the net health outcomes of the total population for whom the service might be proposed under the usual conditions of medical practice outside clinical investigatory settings.

The information considered or evaluated by the Claims Administrator to determine whether a Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental/Investigative under the above criteria may include one or more items from the following list which is not all inclusive:

- Published authoritative, peer-reviewed medical or scientific literature, or the absence thereof; or
- Evaluations of national medical associations, consensus panels, and other technology evaluation bodies; or
- Documents issued by and/or filed with the FDA or other Federal, state or local agency with the authority to approve, regulate, or investigate the use of the Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Documents of an IRB or other similar body performing substantially the same function; or

- Consent document(s) and/or the written protocol(s) used by the treating Physicians, other medical professionals, or facilities or by other treating Physicians, other medical professionals or facilities studying substantially the same Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply; or
- Medical records; or
- The opinions of consulting Providers and other experts in the field.

The Claims Administrator has the sole authority and discretion to identify and weigh all information and determine all questions within the scope of its Plan benefit determinations pertaining to whether a Drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply is Experimental/Investigative.

Freestanding Ambulatory Facility

A facility, with a staff of Physicians, at which surgical procedures are performed on an outpatient basis (no patients stay overnight). The facility offers continuous service by both Physicians and registered nurses (R.N.s). It must be licensed and accredited by the appropriate agency. A Physician's office does not qualify as a Freestanding Ambulatory Facility.

Group Health Plan or Plan

An employee welfare benefit plan (as defined in Section 3(1) of ERISA), established by an employer. References in this SPD to the Plan may be construed as reference to the American Electric Power System Comprehensive Medical Plan unless the contexts suggests otherwise.

Home Health Care

Care, by a licensed program or Provider, for the treatment of a patient in the patient's home, consisting of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the patient's attending Physician.

Home Health Care Agency

A Provider who renders care through a program for the treatment of a patient in the patient's home, consisting of required intermittent skilled care, which may include observation, evaluation, teaching and nursing services consistent with the diagnosis, established and approved in writing by the patient's attending Physician. It must be licensed and accredited by the appropriate agency.

Hospice

A Provider which provides care for terminally ill patients and their families, either directly or on a consulting basis with the patient's Physician. It must be licensed and accredited by the appropriate agency.

Hospice Care Program

A coordinated, interdisciplinary program designed to meet the special physical, psychological, spiritual and social needs of the terminally ill Member and his or her covered family members, by providing palliative and supportive medical, nursing and other services through at-home or Inpatient care. The Hospice must be licensed and accredited by the appropriate agency and must be funded as a Hospice as defined by those laws. It must provide a program of treatment for at least two unrelated individuals who have been medically diagnosed as having no reasonable prospect of cure for their illnesses.

Hospital

An institution licensed and accredited by the appropriate agency, which is primarily engaged in providing diagnostic and therapeutic facilities on an Inpatient basis for the surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of a staff of Physicians duly licensed to practice medicine, and which continuously provides 24-hour-a-day nursing services by registered graduate nurses physically present and on duty. "Hospital" does not mean other than incidentally:

- An extended care facility; nursing home; place for rest; facility for care of the aged;
- A custodial or domiciliary institution which has as its primary purpose the furnishing of food, shelter, training or non-medical personal services; or
- An institution for exceptional or disabled children.

Identification Card or ID Card

The latest card given to you showing your identification and group numbers, the type of coverage you have and the date coverage became effective.

Ineligible Charges

Charges for health care services that are not Covered Services because the services are not Medically Necessary or Precertification was not obtained. Such charges are not eligible for payment.

Ineligible Provider

A Provider which does not meet the minimum requirements to become a contracted Provider with the Claims Administrator. Services rendered to a Member by such a Provider are not eligible for payment.

Infertile or Infertility

The condition of a presumably healthy Member who is unable to conceive or produce conception after a period of one year of frequent, unprotected heterosexual vaginal intercourse. This does not include conditions for men when the cause is a vasectomy or orchiectomy or for women when the cause is tubal ligation or hysterectomy.

Injury

Bodily harm from a non-occupational accident.

Inpatient

A Member who is treated as a registered bed patient in a Hospital and for whom a room and board charge is made.

Intensive Care Unit

A special unit of a Hospital that: (1) treats patients with serious illnesses or Injuries; (2) can provide special life-saving methods and equipment; (3) admits patients without regard to prognosis; and (4) provides constant observation of patients by a specially trained nursing staff.

Late Enrollees

Late Enrollees mean Employees or Dependents who request enrollment in a health benefit plan after the initial open enrollment period. An individual will not be considered a Late Enrollee if: (a) the person enrolls during his/her initial enrollment period under the Plan; (b) the person enrolls during a special enrollment period; or (c) a court orders pursuant to a qualified medical child support order that coverage be provided for a minor Covered Dependent under a Member's Plan, but only as long as the Member requests enrollment for such Dependent within thirty-one (31) days after the court order is so issued.

Maternity Care

Obstetrical care received both before and after the delivery of a child or children. It also includes care for miscarriage or abortion. It includes regular nursery care for a newborn infant as long as the mother's Hospital stay is a covered benefit and the newborn infant is an eligible Member under the Plan.

Maximum Allowed Amount

The maximum amount that the Plan will allow for Covered Services you receive.

For example, the Claims Administrator may determine that a claim was submitted inconsistent with procedure coding rules and/or reimbursement policies. For example, your Provider may have submitted the claim using several procedure codes when there is a single procedure code that includes all of the procedures that were performed. When this occurs, the Maximum Allowed Amount will be based on the single procedure code rather than a separate Maximum Allowed Amount for each billed code. Likewise, when multiple procedures are performed on the same day by the same Provider, the Plan may reduce the Maximum Allowed Amounts for those secondary and subsequent procedures because reimbursement at 100% of the Maximum Allowed Amount for those procedures would represent duplicative payment for components of the primary procedure that may be considered incidental or inclusive.

The Maximum Allowed Amount may vary depending upon whether the Provider is a Network Provider or an Out-of-Network Provider. For Covered Services performed by a Network Provider, the Maximum Allowed Amount is the rate the Provider has agreed with the Claims Administrator to accept as reimbursement for the Covered Services. Because Network Providers have agreed to accept the Maximum Allowed Amount as payment in full for those Covered Services, they should not send you a bill or collect for amounts above the Maximum Allowed Amount. However, you may receive a bill or be asked to pay all or a portion of the Maximum Allowed Amount to the extent you have not met your Deductible or have Coinsurance.

For Covered Services you receive from an Out-of-Network Provider, the Maximum Allowed Amount for this Plan will be one of the following as determined by the applicable Claims Administrator:

- An amount based on the Claims Administrator's Out-of-Network Provider fee schedule/rate, which the Claims Administrator has established at its' discretion, and which the Claims Administrator reserves the right to modify from time to time, after considering one or more of the following: reimbursement amounts accepted by like/similar Providers contracted with the Claims Administrator, reimbursement amounts paid by the Centers for Medicare and Medicaid Services for the same services or supplies, and other industry cost, reimbursement and utilization data; or
- An amount based on reimbursement or cost information from the Centers for Medicare and Medicaid Services ("CMS"). When basing the Maximum Allowed Amount upon the level or method of reimbursement used by CMS, the Claims Administrator will update such information, which is unadjusted for geographic locality, no less than annually; or
- An amount based on information provided by a third party vendor, which may reflect one or more of the following factors: (1) the complexity or severity of treatment; (2) level of skill and experience required for the treatment; or (3) comparable Providers' fees and costs to deliver care; or
- An amount negotiated by the Claims Administrator or a third party vendor which has been agreed to by the Provider. This may include rates for services coordinated through case management; or
- An amount based on or derived from the total charges billed by the Out-of-Network Provider.

Unlike Network Providers, Out-of-Network Providers may send you a bill and collect for the amount of the Provider's charge that exceeds the Plan's Maximum Allowed Amount. You are responsible for paying the difference between the Maximum Allowed Amount and the amount the Provider charges.

Medical Facility

A facility, including but not limited to, a Hospital, Freestanding Ambulatory Facility, Chemical Dependency Treatment Facility, Skilled Nursing Facility, Home Health Care Agency or mental health facility, as defined in this SPD. The facility must be licensed, accredited, registered or approved by the Joint Commission on Accreditation of Hospitals or meet specific requirements established by the applicable Claims Administrator.

Medical Necessity or Medically Necessary

An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or Injury and that is determined by the applicable Claims Administrator to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the Member's condition, illness, disease or Injury;
- Obtained from a Provider;
- Provided in accordance with applicable medical and/or professional standards;
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes;
- The most appropriate supply, setting or level of service that can safely be provided to the Member and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained in a less comprehensive setting);

- Cost-effective compared to alternative interventions, including no intervention. Cost effective does not always mean lowest cost. It does mean that as to the diagnosis or treatment of the Member's illness, Injury or disease, the service is: (1) not more costly than an alternative service or sequence of services that is medically appropriate, or (2) the service is performed in the least costly setting that is medically appropriate;
- Not Experimental/Investigative;
- Not primarily for the convenience of the Member, the Member's family or the Provider; or,
- Not otherwise subject to an exclusion under this SPD.

The fact that a Provider may prescribe, order, recommend, or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies Medically Necessary or a Covered Service and **does not** guarantee payment.

Member

Individuals, including the Subscriber and his/her Dependents, who have satisfied the Plan eligibility requirements of the Employer, applied for coverage, and been enrolled for Plan benefits.

Network Provider

A Physician, health professional, Hospital, Pharmacy, or other individual, organization and/or facility that has entered into a contract, either directly or indirectly, with the applicable Claims Administrator to provide Covered Services to Members through negotiated reimbursement arrangements.

Non-Covered Services

Services that are not benefits specifically provided under the Plan, are excluded by the Plan, are provided by an Ineligible Provider, or are otherwise not eligible to be Covered Services, whether or not they are Medically Necessary.

Out-of-Network Provider

A Provider, including but not limited to, a Hospital, Freestanding Ambulatory Facility (Surgical Center), Physician, Skilled Nursing Facility, Hospice, Home Health Care Agency, other medical practitioner or Provider of medical services or supplies, that does not have an agreement or contract with the applicable Claims Administrator to provide services to its Members at the time services are rendered.

Benefit payments and other provisions of this Plan are limited when a Member uses the services of Out-of-Network Providers.

Out-of-Pocket Maximum

The maximum amount of a Member's Coinsurance payments during a given calendar year. When the Out-of-Pocket Maximum is reached, the level of benefits is increased to 100% of the Maximum Allowed Amount for Covered Services.

Physical Therapy

The care of disease or Injury by such methods as massage, hydrotherapy, heat, or similar care.

Physician

Any licensed Doctor of Medicine (M.D.) legally entitled to practice medicine and perform surgery, any licensed Doctor of Osteopathy (D.O.) legally licensed to perform the duties of a D.O., any licensed Doctor of Podiatric Medicine (D.P.M.) legally entitled to practice podiatry, and any licensed Doctor of Dental Surgery (D.D.S.) legally entitled to perform oral surgery; Optometrists and Clinical Psychologists (PhD) are also Providers when acting within the scope of their licenses, and when rendering services covered under this Plan.

Plan

The arrangement chosen by the Plan Sponsor to fund and provide for delivery of the Employer's health benefits.

Plan Administrator

The person or entity named by the Plan Sponsor to manage the Plan and answer questions about Plan details. **The Plan Administrator is not a Claims Administrator.**

Plan Sponsor

The legal entity that has adopted the Plan and has authority regarding its operation, amendment and termination. **The Plan Sponsor is not a Claims Administrator.**

Precertification

The process applied to certain drugs and/or therapeutic categories to define and/or limit the conditions under which these drugs will be covered. The drugs and criteria for coverage are defined by the Pharmacy and Therapeutics Committee.

Primary Care Physician

A Provider who specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Provider as allowed by the Plan. A PCP supervises, coordinates and provides initial care and basic medical services to a Member and is responsible for ongoing patient care.

Provider

A duly licensed person or facility that provides services within the scope of an applicable license and is a person or facility that the Plan approves. Providers that deliver Covered Services are described throughout this SPD. If you have a question if a Provider is covered, please call the number on the back of your Identification Card.

QMCSO, or MCSO – Qualified Medical Child Support Order or Medical Child Support Order

A QMCSO creates or recognizes the right of a child who is recognized under the order as having a right to be enrolled under the health benefit plan to receive benefits for which the Employee is entitled under the plan; and includes the name and last known address of the Employee and each such child, a reasonable description of the type of coverage to be provided by the plan, the period for which coverage must be provided and each plan to which the order applies.

An MCSO is any court judgment, decree or order (including a court's approval of a domestic relations settlement agreement) that:

- Provides for child support payment related to health benefits with respect to the child of a group health plan Member or requires health benefit coverage of such child in such plan, and is ordered under state domestic relations law; or
- Enforces a state law relating to medical child support payment with respect to a group health plan.

Retail Health Clinic

A facility that provides limited basic medical care services to Members on a “walk-in” basis. These clinics normally operate in major pharmacies or retail stores. Medical services are typically provided by Physicians Assistants and Nurse Practitioners. Services are limited to routine care and treatment of common illnesses for adults and children.

Semiprivate Room

A Hospital room which contains two or more beds.

Skilled Convalescent Care

Care required, while recovering from an illness or Injury, which is received in a Skilled Nursing Facility. This care requires a level of care or services less than that in a Hospital, but more than could be given at the patient's home or in a nursing home not certified as a Skilled Nursing Facility.

Skilled Nursing Facility

An institution operated alone or with a Hospital which gives care after a Member leaves the Hospital for a condition requiring more care than can be rendered at home. It must be licensed by the appropriate agency and accredited by the Joint Commission on Accreditation of Health Care Organizations or the Bureau of Hospitals of the American Osteopathic Association, or otherwise determined by the Claims Administrator to meet the reasonable standards applied by any of the aforesaid authorities.

SPD

This SPD in conjunction with any amendment constitutes the entire Plan. If there is any conflict between either this SPD and any amendment, the amendment shall control.

Specialist (Specialty Care Physician\Provider or SCP)

A Specialist is a doctor who focuses on a specific area of medicine or group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-Physician Specialist is a Provider who has added training in a specific area of health care.

Spouse

For the purpose of this Plan, a Spouse is defined as shown in the “Eligibility” section of this SPD.

Therapeutic Equivalent

Therapeutic/Clinically Equivalent drugs are drugs that can be expected to produce similar therapeutic outcomes for a disease or condition.

Transplant Providers

Network Transplant Provider: A Provider that has been designated as a “Center of Excellence” for Transplants by the Medical Claims Administrator and/or a Provider selected to participate as a Network Transplant Provider by the Blue Cross and Blue Shield Association. Such Provider has entered into a transplant Provider agreement to render Covered Transplant Procedures and certain administrative functions to you for the transplant network. A Provider may be a Network Transplant Provider with respect to:

- Certain Covered Transplant Procedures; or
- All Covered Transplant Procedures.

Out-of-Network Transplant Provider: Any Provider that has NOT been designated as a “Center of Excellence” for Transplants by the Medical Claims Administrator nor has not been selected to participate as a Network Transplant Provider by the Blue Cross and Blue Shield Association.

Blue Distinction Center (BDC) Facility: Blue Distinction facilities have met or exceeded national quality standards for care delivery (quality only).

Blue Distinction Center+ (BDC+) Facility: Blue Distinction+ facilities have met or exceeded national quality standards for care delivery AND have demonstrated that they operate more efficiently (quality and cost).

Designated Transplant Provider: A Provider who has achieved designation as a Blue Distinction Center+ or Blue Distinction Center for Transplant Procedures.

PAR Transplant Provider: Hospitals participating in the Medical Claims Administrator’s networks; also known as “Network” or “PAR” (are NOT designated as either Blue Distinction Center+ or Blue Distinction Center).

Non-PAR Transplant Provider: Any Provider that does not hold a contractual agreement with Blue Cross Blue Shield Plans to provide Transplant services; also known as “Out-of-Network” or “non-PAR.”

Urgent Care

Services received for a sudden, serious, or unexpected illness, Injury or condition. Urgent Care is not considered an emergency. Care is needed right away to relieve pain, find out what is wrong, or treat a health problem that is not life-threatening.

Utilization Review

A function performed by a Claims Administrator or by an organization or entity selected by a Claims Administrator to review and approve whether the services provided are Medically Necessary, including but not limited to, whether acute hospitalization, length of stay, Outpatient care or diagnostic services are appropriate.

You and Your

Refer to the Subscriber, Member and each Covered Dependent.

Health Benefits Coverage Under Federal Law

Choice of Primary Care Physician

The Plan generally allows you to select your own Primary Care Physician (PCP).

Access to Obstetrical and Gynecological (ObGyn) Care

You do not need Prior Authorization from the Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the Medical Claims Administrator's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining Precertification for certain services or following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the telephone number on the back of your Identification Card or refer to the Medical Claims Administrator's website, www.anthem.com.

Statement of Rights Under the Newborns' and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending Provider (e.g., your Physician, nurse midwife, or Physician assistant), after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a Provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, to use certain Providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain Precertification. For information on Precertification, contact your Plan Administrator.

Also, under Federal law, plans may not set the level of benefits or Out-of-Pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

Statement of Rights Under the Women's Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending Physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same Deductibles and Coinsurance applicable to other medical and surgical benefits provided under this Plan. See the "Schedule of Benefits" section.

If you would like more information on WHCRA benefits, call your Plan Administrator.

Coverage for a Child Due to a Qualified Medical Support Order ("QMCSO")

If you or your Spouse are required, due to a QMCSO, to provide coverage for your child(ren), you may ask your Employer or Plan Administrator to provide you, without charge, a written statement outlining the procedures for getting coverage for such child(ren).

Special Enrollment Notice

If you are declining enrollment for yourself or your Dependents (including your Spouse) because of other health benefit coverage, you may in the future be able to enroll yourself or your Dependents in this Plan, if you or your Dependents lose eligibility for that other coverage (or if the Employer stops contributing towards you or your Dependents' other coverage). However, you must request enrollment within 31 days after you or your Dependents' other coverage ends (or after the Employer stops contributing toward the other coverage).

In addition, if you have a new Dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your Dependents. However, you must request enrollment within 31 days after the marriage (or within 90 days after a birth, adoption, or placement for adoption).

Eligible Employees and Dependents may also enroll under two additional circumstances:

- the Employee's or Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- the Employee or Dependent becomes eligible for a subsidy (state premium assistance program).

The Employee or Dependent must request Special Enrollment within 60 days of the loss of Medicaid/CHIP or of the eligibility determination.

To request special enrollment or obtain more information, call the AEP Benefits Center.

Health Insurance Portability and Accountability Act ("HIPAA")

Title II of the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations in 45 CFR Parts 160 through 164 contain provisions governing the use and disclosure of Protected Health Information ("PHI") by group health plans, and provide privacy rights to participants in those plans. An explanation of those rights as they pertain to your health benefits will be provided by the insurer or claims administrator, according to its policies described for each coverage option. A separate "Notice of Privacy Practices" contains additional information about how your individually identifiable health information is protected and whom you should contact with questions or concerns, and is incorporated into this SPD by reference.

PHI is information created or received by HIPAA Plans that relates to an individual's physical or mental health or condition (including genetic information as provided under the Genetic Information Nondiscrimination Act), the provision of health care to an individual, or payment for the provision of health care to an individual. The information typically identifies the individual, the diagnosis, and the treatment or supplies used in the course of treatment. It includes information held or transmitted in any form or media, whether electronic, paper, or oral.

To the extent it receives PHI, the Plan Administrator will comply with all privacy requirements defined in the HIPAA Privacy Policy and will use or disclose PHI only if the use or disclosure is permitted or required by HIPAA regulations and any other applicable federal, state, or local law. If a Plan participant wants to exercise any of his or her rights concerning PHI, he or she should contact the specific Insurer or claims administrator involved with the PHI in question. The Insurer or claims administrator will advise the Plan participant of the procedures to be followed.

The Plan will require any agents, including subcontractors, to whom it provides PHI to agree to the same restrictions and conditions that apply to the Company with respect to such information. The Company or Plan Sponsor will report to the Plan any use or disclosure of PHI it knows is other than as permitted by the Plan and HIPAA regulations.

In accordance with the Health Breach Notification Rule (16 CFR Part 18), the Plan agrees to notify both participants and the Federal Trade Commission of the use or disclosure of any PHI or electronic PHI provided for Plan administration purposes that is inconsistent with the uses or disclosures provided for, or that represents a PHI Security Incident, of which the Plan Sponsor becomes aware.

Plan Administration

Note: This section is not a part of your SPD. No Claims Administrator is responsible for any statements contained herein that are not set forth in the earlier sections of this SPD.

- **Plan Name:** American Electric Power System Comprehensive Medical Plan
- **Type of Plan:** The Plan is an Employee welfare benefit plan providing group medical benefits.
- **Type of Administration:** The HSA Plan options (including the associated medical, behavioral health and prescription drug benefits) are self-insured by AEP through contributions made solely by the Company and plan participants. Benefits are paid either directly by the Company or through trusts administered by the Company.

- **Trustee:** AEP maintains trusts that hold funds contributed by the employers and participants to the Plan. The Trustee of each of those trusts is The Bank of New York Mellon, whose principal place of business is One Mellon Center, Pittsburgh, PA 15258.
- **Plan Sponsor and Administrator:** The plan is sponsored and administered by American Electric Power Service Corporation (AEP). AEP's address is:

American Electric Power Service Corporation (AEP)
1 Riverside Plaza
Columbus, OH 43215
(614) 716-1000

The Plan Administrator has the authority to control, administer and manage the operation of the plan. The rights to carry out responsibilities and use maximum discretionary authority permitted by law are assigned to the Plan Administrator and the Claims Administrators identified in this Summary Plan Description (or including any additional or replacement claims administrators as may be identified from time to time). These rights and responsibilities include the following:

- Interpret, construe and administer the plan,
- Make determinations regarding plan participation, enrollment and eligibility for benefits,
- Evaluate and determine the validity of benefit claims, and
- Resolve any and all claims and disputes regarding the rights and entitlements of individuals to participate in the plan and to receive benefits and payments pursuant to the plan.

The decisions of these parties are final and binding.

- **Plan Numbers:** Documents and reports for some plans identified by the United States Department of Labor using two numbers: the Company's Employer Identification Number (EIN) and the Plan Number. The EIN for AEP is 13-4922641. The three-digit Plan Identification Number is 501.
- **Plan Year:** January 1 through December 31.
- **Agent for Service of Legal Process:** Legal process may be served on the Plan Administrator at the address listed above.

Your Legal Rights

Participants in the AEP Comprehensive Medical Plan are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plans and Benefits

- Examine, without charge, at the plan administrator's office and other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 series), and updated Summary Plan Description. The Plan Administrator may charge a reasonable fee for the copies.

- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent actions by plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan.

The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce your rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the plan administrator. If you have a claim for benefits which is ignored or denied, in whole or in part, you may file suit in a Federal or state court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued may be ordered to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with your questions

If you have any questions about your plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest Office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Transfer of Benefits

Your medical plan benefits belong to you and, in certain cases, to members of your family. Your medical benefits may not be sold, assigned, transferred, pledged, or garnished. In addition, a Qualified Medical Child Support Order (QMCSO) may require you to provide coverage for a dependent under your medical plan.

In the event that you or your beneficiary is unable to attend your legal financial affairs, benefits may be paid to a guardian, relative or other third party appointed on your behalf. If benefits are paid to a third party in good faith, benefits will not be paid again.

Plan Amendment and Termination

The Company reserves the right to change or end the AEP Comprehensive Medical Plan, in whole or in part, at any time and for any reason, which could result in modification or termination of medical benefits to employees, former employees, retirees or other participants.

AEP's decision to amend, replace or terminate the medical plan may be due to changes in federal law or state laws governing welfare benefits, the requirements of the Internal Revenue Service, ERISA or any other reason. If the Company does make a change or decides to end the plan, it may decide to set up a different plan providing similar or identical benefits. The Company has the right to change the amount of participant contributions to the medical plan.

If the AEP Comprehensive Medical Plan is terminated, you will not receive any further benefits under the plan other than payment for losses or expenses incurred before the plan was terminated.



Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_28 Provide detailed descriptions of all early retirement plans or other staff reduction programs Kentucky Power has offered or intends to offer its employees during the test period. Include all cost-benefit analyses associated with these programs.

RESPONSE

The Company has no plans and has not offered early retirement plans or other staff reduction programs during the test period.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_29 Provide a complete description of Kentucky Power's other post-employment benefit package(s) provided to its employees.

RESPONSE

Please refer to KPCO_R_KPSC_1_29_Attachment1 for the requested information.

Witness: Andrew R. Carlin



RETIRING FROM AEP

A GUIDE TO YOUR BENEFITS

Retirees age 55 or older with 10 or more years of credited service



WELCOME TO RETIREMENT



CONGRATULATIONS!

Your hard-earned retirement is here. Retirement can be one of the most fulfilling and rewarding chapters of your life — especially if you're prepared for it.

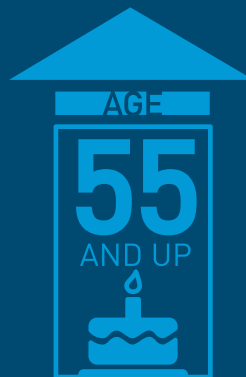
As you leave AEP, you'll have many important decisions to make about your health and retirement benefits. This guide will help you prepare for retirement and learn about your AEP retiree benefits.

Contact the AEP Benefits Center to discuss your benefit options with an AEP Retiree Counselor by calling 1-888-237-2363, Monday-Friday, 9 a.m. – 6 p.m. ET.

IS THIS THE RIGHT GUIDE FOR YOU?



This benefits guide contains the right information for your situation if you are BOTH of the following:



AND



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IMPORTANT



This guide covers the benefits of retirees who are age 55 or older and who have ten or more years of credited service with AEP as of their last day of employment.

If you are under age 55 with ten years of credited service as of your last day of employment, please refer to the guide "Leaving AEP: A Guide for Ending Employment."

If you were a part-time employee, please note that the following plans or programs referenced in this guide are not applicable: life insurance, dependent life insurance, accidental death & dismemberment (AD&D) insurance, the long-term disability (LTD) plan, personal days off, educational assistance, adoption assistance, the educational awards program, and SIRVA Mortgage Services.

This guide is not intended to be a plan document, Summary Plan Description, or required notice with respect to any of the plans mentioned. AEP reserves the right to modify, amend, suspend, or terminate the plans at any time. Refer to the applicable plan document if you have any questions about a specific plan or benefit.

Use the following checklists to help you stay organized and take the necessary steps before/after you retire from AEP.

THINKING ABOUT RETIREMENT

DISCUSS YOUR RETIREMENT DATE WITH YOUR MANAGER

- Discuss your retirement plans with your manager, including your last day and any vacation or personal days off you intend to take before the end of your employment.
- Your manager must submit your termination transaction in the AEP system. It's important that the date that you and your manager discuss together is the date that your manager enters into the system.

CONTACT THE AEP BENEFITS CENTER

The best time to contact the AEP Benefits center is 60 to 90 days before your anticipated retirement date. Discuss your plans for retiring and benefit options with an AEP Retiree Counselor by calling 1-888-237-2363 Monday-Friday, 9 a.m. – 6 p.m. ET.

CONFIRM YOUR PERSONAL CONTACT INFORMATION

Verify your address, email, and phone numbers before and after your employment with AEP ends. While you are still employed with AEP, check HR Now and ensure all of your information is up-to-date as this is the contact information that AEP will use for emails, phone calls, or information mailed to you before your last day of employment. After your last day with AEP, you should make any updates to your personal information at aepbenefits.com or by calling the AEP Benefits Center.

CONSIDER AYCO FINANCIAL COUNSELING

Ayco provides confidential financial counseling and retirement planning to AEP employees at no cost. You can contact an Ayco financial coach at 1-866-217-8693 Monday-Thursday, 9 a.m.-8 p.m. ET, and Friday, 9 a.m.-5 p.m. ET. You can also visit the digital platform to learn more at ayco.com/login/aep.



SOFIA

Chat with SofiaSM, your online personal benefits assistant. She's available 24 hours a day to answer many of your benefits questions, whether you are using the mobile app or the website. Access Sofia by logging on to aepbenefits.com. Sophia's picture is always in the bottom right corner of the page. Just click on her picture to start a chat with her.

HEALTH & WELFARE BENEFITS

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DETERMINE YOUR OPTIONS

Discuss your medical, dental, vision, and life insurance plan options and associated costs with an AEP Retiree Counselor. Your active employee coverage ends on the last day of the month in which you end your employment with AEP. Your coverage as an AEP retiree begins the following day, assuming you meet all eligibility requirements.

You can use the Retiree Cost Modeler to estimate your retiree contribution rates based on projected retirement dates. Login at aepbenefits.com and the modeler is available on the home page.

ENROLL IN MEDICARE PART B (IF APPLICABLE)

If you or your spouse are eligible for Medicare at the time of your termination date whether due to age or disability, you MUST contact Medicare to enroll into Medicare Parts A & B. If you don't do this prior to your retirement effective date, your medical coverage through AEP will be impacted and potentially terminated. You should contact Medicare at least 60 days before your last day of employment to ensure timely enrollment in Part B.

CONSIDER YOUR HEALTH SAVINGS ACCOUNT (HSA)

If you contributed to an HSA or received employer-deposited HSA funds, contact HealthEquity to discuss your options. Refer to the "Health Savings Account" section for additional information.

CONTINUE VOLUNTARY COVERAGE

If you were enrolled as an active employee in any voluntary benefits such as life insurance, long-term care, legal plan, auto/home insurance, or pet insurance, decide if you want to continue coverage (see pages 24-26).

AEP RETIREMENT PLAN (PENSION)

ESTIMATE YOUR PENSION BENEFIT

Consider your pension payment options and estimate your pension amount at any time using different retirement dates and assumptions. Visit aepbenefits.com. After logging in, click on the AEP Pension Plan link, then select "Plans", then "Retirement Plan (Pension)." From there, you can find the "Estimate your pension" link on the right side of the page under "Take Action."

RETIREMENT STEPS CHECKLIST

REQUEST YOUR DISTRIBUTION PACKAGE

Once you've decided on your retirement date and if applicable, your pension benefit commencement date, you must request a distribution package. This information will include all of your options under the AEP Retirement Plan based on your last day on the AEP payroll (whether you actually work that day or use vacation) and commencement date that you specify. You can request a distribution kit by following the same instructions you used to request an estimate, except you will select "Request a distribution package." You should receive your package via U.S. Mail in about seven to ten business days.

COMPLETE AND RETURN YOUR RETIREMENT PLAN FORMS

Once you select the option that best fits your financial needs, review the instructions about which forms you must complete and what documentation you must submit with your completed paperwork. You may also choose to defer your pension benefit to some later date (but not beyond age 72). If you wish to defer your benefits until a later date, no action is necessary. Once you are ready to begin your benefit, follow the steps to request a distribution package at least 60 days before you'd like to start receiving your benefit.

UPDATE/REVIEW YOUR PENSION BENEFICIARY INFORMATION (IF APPLICABLE)

If you are electing to defer your AEP Retirement Plan (Pension) benefit, it's important that you have a beneficiary on file. You can review your pension beneficiary information by going to aepbenefits.com and selecting the "AEP Pension Plan" link. Then select "Plans" and "AEP Retirement (Pension)." Select the "Beneficiaries" tab and review or update as needed. Please note that if you are legally married, you must obtain spousal consent in order to name a beneficiary other than your spouse.

AEP RETIREMENT SAVINGS 401(k) PLAN

LEARN ABOUT YOUR OPTIONS

Visit aep401k.com or call Empower at 1-877-237-4015 to learn about your options for your 401(k) plan account, including distributions, rollovers to IRAs, or repayment of any outstanding loans. Depending on your account balance, you may also choose to leave your retirement savings plan account in place until a later date (though you must begin taking required minimum distributions beginning at age 72).

UPDATE/REVIEW YOUR 401(k) BENEFICIARY

Contact Empower Retirement at 1-877-237-4015 or visit aep401k.com.

OTHER THINGS TO CONSIDER

AEP WILL INFORM YOU ABOUT APPLICABLE VACATION PAYOUTS

You will not be paid out for any unused personal days. See the "Unused Time Off" section on page 26 for additional information.

FINALIZE ACCOUNTS AND RETURN COMPANY PROPERTY

Be prepared to make arrangements to pay off any applicable pay advances, settle any expense accounts, and return company property.

EXECUTIVE BENEFIT PLAN PARTICIPANTS

If you participate in any executive benefit plans, please direct your questions as follows:

- Supplemental Retirement Savings Plan and Incentive Compensation Deferral Plan – visit aep401k.com or call 1-877-237-4015.
- Long-term Incentive Plan(s) – visit netbenefits.fidelity.com or call 1-800-544-9354.
- Supplemental Excess Retirement Plan (SERP) – contact the AEP Benefits Center at 1-888-237-2363 or visit aepbenefits.com. After logging in, click on the AEP Pension Plan link and then select "Plans" and then "SERP Non-Qual Pension." From there you can find the "Estimate your pension" link on the right side of the page under "Take Action."

You can speak with an AEP Retiree Counselor by phone Monday through Friday from 9 a.m to 6 p.m. ET. AEP Retiree Counselors can help walk you through the retirement process, answer many of your questions about retirement benefits, and help you with site navigation, support, and password resets.



AEP RETIREMENT PLAN (PENSION)

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The following summarizes the AEP Retirement Plan (Pension) benefits available to all AEP vested employees. For plan-specific details such as formulas or early retirement factors, please refer to the AEP Retirement Plan (Pension) Summary Plan Description.

WHO IS ELIGIBLE?

If you are a member of the AEP Retirement Plan (Pension) with three or more years of credited vesting service, you are vested in your pension benefit.

AEP RETIREMENT PLAN (PENSION) GRANDFATHERED PARTICIPANTS

If you were continuously employed with an AEP company since January 1, 2001, and you were either a participant in the AEP Retirement Plan (Pension) or in the waiting period, you are eligible for grandfathering provisions.

DISABLED AEP RETIREMENT PLAN (PENSION) PARTICIPANTS

If you became disabled while an active employee with an AEP company, you received annual interest credits and company credits through August 31, 2013. After September 1, 2013, disabled pension plan participants no longer received company credits under the plan; however, they continued to receive interest credits.

If you choose to begin your pension benefit payment or receive retiree coverage under any of the AEP Health & Welfare plans, you terminate your right to receive any additional payments under the AEP Long-Term Disability (LTD) Plan.

CENTRAL AND SOUTHWEST CORPORATION CASH BALANCE RETIREMENT PLAN PARTICIPANTS

The Central and Southwest Corporation Cash Balance Retirement Plan (CSW Pension) was incorporated into the American Electric Power System Retirement Plan effective December 31, 2008, when the CSW Pension Plan was merged into the AEP Retirement Plan (Pension). This summary will refer to the CSW Pension Plan as if it continued to be a separate plan.

The CSW Pension Plan generally provides the same cash balance benefit formula that is provided under the AEP Retirement Plan, but it also includes special provisions for calculating the benefits payable to employees who have been continuously employed with the Company since July 1, 1997, either because they were then at least age 50 with at least 10 years of service (a Grandfathered CSW Plan Participant) or not (Protected Prior CSW Pension Plan Participants). Please refer to the CSW Pension Plan - Summary Plan Description for Active Employees for additional details.

RETIREMENT PLAN BENEFITS

WHEN WILL MY PENSION PAYMENTS BEGIN?

The earliest your pension benefits can begin is the first of the month following the date you end employment. No benefits can be paid out prior to that date, regardless of when your paperwork is received and deemed in good order.

Your first payment will begin as soon as possible, based on the commencement date reflected in your paperwork, after all paperwork and all required documentation has been received.

If you choose a monthly annuity, you will receive subsequent payments on the first of the month. Annuity checks will be dated the first of the month. Direct deposits will be effective the first of the month.



WATCH YOUR MAILBOX FOR YOUR PENSION PLAN DISTRIBUTION PACKAGE



If you are vested in the AEP Pension Plan and you have not already requested a distribution package, you will receive one automatically **45 days** after your last day of employment. Your distribution package will include your pension calculation and the paperwork you'll need to make a pension benefit payment election. If you would like to defer payment until a later date, you can disregard the distribution package and request one at a later date when you are ready to commence your benefit.

AEP RETIREMENT SAVINGS 401(k) PLAN

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Your 401(k) plan can be a valuable part of your retirement portfolio. Be sure to review your options below to ensure you get the most out of the assets you've worked so hard to build.

401(k) PLAN ACCOUNT BALANCE OPTIONS

Your options will depend on your account balance, as outlined below. **NOTE: After your employment ends, there is a 30-day hold period before you can take a distribution.**

IF YOUR ACCOUNT BALANCE IS \$1,000 OR LESS

Your money may not remain in the 401(k) plan. You may:

- **Directly roll over your money to an individual retirement account (IRA) or another qualified plan to preserve its tax-deferred status.** You must initiate a rollover within 90 days following the end of the month in which your employment ended by visiting aep401k.com or by calling 1-877-237-4015.
- **"Cash out" your account by taking no action within 90 days.** If you do not initiate a direct rollover within 90 days, approximately four months after your employment ends, you will receive a check for the amount of your account balance minus 20% mandatory federal income tax withheld. You may also be subject to a 10% early withdrawal penalty if you're under age 59½. The check will be mailed to your address on record. By January 31 of the year following your distribution, you will receive a Form 1099-R stating the total distribution amount and its taxable and nontaxable portions. You must report the distribution on your income tax return.

IF YOUR ACCOUNT BALANCE IS BETWEEN \$1,000 AND \$5,000

Your money may not remain in the 401(k) plan. You may:

- Directly roll over your money to an IRA or another qualified plan to preserve its tax-deferred status. You must elect rollovers within 90 days following the end of the month in which your employment ended by visiting aep401k.com or calling 1-877-237-4015.
- Allow your money to be automatically rolled into an IRA by taking no action within 90 days. If you do not elect a direct rollover within 90 days, your total account balance will be automatically rolled over to an IRA with the IRA provider selected by AEP. You will receive additional information if this process applies to your account.
- Apply for a distribution in the form of a lump-sum or partial payment (federal income tax will apply, and you may also be subject to a 10% early withdrawal penalty if you're under age 59½*). Visit aep401k.com or call 1-877-237-4015 to do so.

IF YOUR ACCOUNT BALANCE IS MORE THAN \$5,000

You may:

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- Directly roll over your money to an IRA or another qualified plan to preserve its tax-deferred status. To do so, visit aep401k.com or call 1-877-237-4015.
- Leave your money in the 401(k) plan (note that you may no longer contribute to your account). If you choose to defer payment of your account balance, you can do so until April 1 of the year following the year in which you turn age 72, at which time required minimum distributions (RMDs) must begin as mandated by the IRS.
- Apply for a distribution in the form of a lump-sum or partial payment (federal income tax will apply, and you may also be subject to a 10% early withdrawal penalty if you're under age 59½*). Visit aep401k.com or call 1-877-237-4015 to do so.

* The 10% early withdrawal penalty does not apply to payments made after you separate from service, if you will be at least age 55 in the year of your separation of employment.

IMPORTANT TAX INFORMATION



You may wish to consult with a tax or financial advisor before deciding how to handle your account balance in the 401(k) plan since your actions can have significant financial implications. Read the retirement savings plan's "Special Tax Notice with Roth Addendum" for detailed information about the tax rules associated with qualified plan distributions.

A NOTE ABOUT ROTH 401(k) BALANCES

All Roth 401(k) account balances will be considered separately when determining if that portion of your account meets the \$1,000 or the \$5,000 distribution threshold. This means that the Roth 401(k) portion of your balance may be subject to either the mandatory cash-out or the automatic rollover distribution rules while the non-Roth 401(k) portion of your account may not, or vice versa.



AEP STOCK DISTRIBUTIONS

You may elect to have your applicable 401(k) plan balance in the AEP Stock Fund paid to you in-kind. To request an in-kind distribution of AEP stock, call 1-877-237-4015. If you request to roll over your distribution, you must provide the name of the institution, your account number, and Depository Trust Company (DTC) number for the receiving financial institution at the time of your distribution request. The DTC is the clearinghouse for electronic security transfers.

There are special rules regarding payments from the 401(k) plan that include AEP stock that may affect your taxes and rollover decisions. Read the section of the "Special Tax Notice with Roth Addendum" about employer stock referenced on the previous page for a more detailed explanation of these rules and how they can affect your distribution choices.

OUTSTANDING 401(k) PLAN LOANS

If you have an outstanding loan, read this section carefully.

How to pay off your loan balance(s):

1. Recalculate your loan to a monthly payment

You can continue to make your scheduled payments via electronic deduction from your bank account, or you may send paper checks. Call 1-877-237-4015 and talk to an Empower representative to review your options.

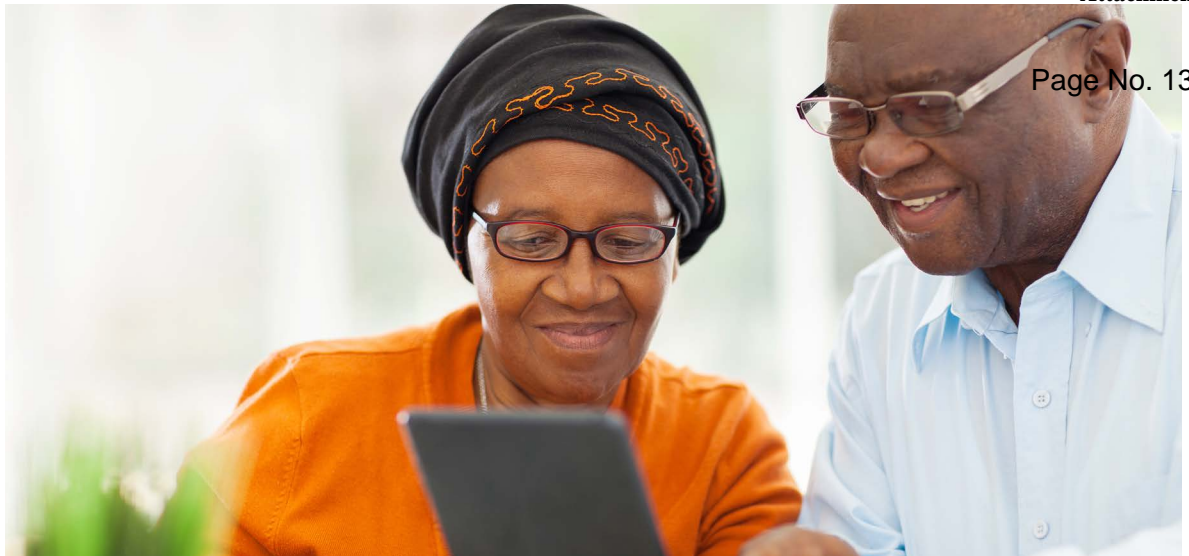
2. You may pay off your loan(s) in full

To obtain your loan payoff amount(s), visit aep401k.com or call 1-877-237-4015.

If you choose to pay off your outstanding loan balance(s):

- > Your payment must be made with a cashier's check, certified check, or money order — personal checks will not be accepted. Please make the check payable to "Trustee of the AEP System Retirement Savings Plan."
- > Place the words "FBO" [insert your name and Social Security number] on the "Memo" line of the check. "FBO" means "for benefit of."
- > Mail your payment to:

Empower Retirement
PO Box 419784
Kansas City, MO 64141-6784



RETIREMENT PLAN BENEFITS



IMPORTANT CONSIDERATIONS ABOUT YOUR OUTSTANDING LOAN BALANCE(S)

- Full payment must be received before you request a distribution from your account. If you do not pay off your loan before you request a distribution, your loan will be considered in default, and you will owe federal income tax on the outstanding balance along with a 10% early withdrawal penalty if you are under age 59½.*
- Once you request a lump-sum distribution from your 401(k) plan account, you no longer qualify for loan repayment. Your outstanding loan balance(s) will be offset against your account balance prior to the lump-sum distribution.
- If you choose to defer payment of your 401(k) plan account balance and do not sign up for electronic deduction from your bank account for your loan payments, your loan will be considered due in 90 days. Likewise, if you choose to defer payment of your retirement savings account balance and do not submit payment(s), your loan will be considered due in 90 days.
- If you do not make any loan payments after your employment ends, you will receive default notices for your outstanding loan balance(s) until you bring the loan(s) payments current or an actual loan default occurs.

* The 10% early withdrawal penalty does not apply to payments made after you separate from service if you will be at least age 55 in the year of your separation of employment.

CONTACT EMPOWER RETIREMENT

To contact an Empower Retirement representative, call 1-877-237-4015 between 8 a.m. and 9 p.m. ET Monday through Friday and Saturdays between 9 a.m. and 5:30 p.m. ET. The TDD number for participants with a hearing impairment is 1-800-345-1833.

RETIREE BENEFITS CONTINUATION

AEP offers retiree Health and Welfare benefits, including medical, dental, vision, and life insurance, to eligible individuals. See below for specific eligibility requirements.

WHO IS ELIGIBLE?

RETIRING UNDER AGE 65

RETIRING AGE 65 OR OLDER

Medical coverage

You are eligible for retiree medical benefits if you are at least age 55 and have at least ten years of service as of your termination date AND were hired or rehired prior to January 1, 2014. (Note there are some exceptions for rehired retirees who previously met the retiree medical eligibility requirements).

Your election as an active employee will automatically carryover, covering the same eligible dependents. If you don't want AEP retiree medical coverage at retirement, you **MUST** take action to opt out.

You may not change your medical plan due to retirement, but you may add or drop dependents from your coverage within 31 days of your retirement date. You may also drop medical coverage at retirement and pick up at a later date during annual enrollment or within 31 days of a qualifying event.

If you are enrolled in an AEP medical plan as an active employee, you will be defaulted into the Aetna Medicare Standard Plan, covering the same eligible dependents, unless you select a different plan or opt out. If you don't want AEP retiree medical coverage at retirement, you **MUST** take action to opt out.

Enrollment in any AEP retiree medical plan for participants age 65 or older requires enrollment in Medicare Parts A and B and no participation in any other Medicare supplement plan outside of AEP. This includes any over age 65 covered spouses and/or dependents as well.

Dental & Vision coverage

You are eligible for retiree dental and vision benefits if you are at least age 55 and have at least ten years of service as of your termination date.

Your elections for dental and vision coverage will automatically carry over into retirement, covering the same eligible dependents. If you do not wish to continue retiree dental or vision, you **MUST** take action to opt out.

If you were not enrolled in dental coverage as an active employee, you must elect it within 31 days of the date your employment ends, or you will lose your eligibility permanently, and you will not be able to re-enroll at a later date.

Life insurance

You are eligible for retiree life insurance if you are at least age 55 and have at least ten years of service as of your termination date AND were hired or rehired prior to January 1, 2011.

As an eligible retiree, you will receive a flat \$30,000 in life insurance, at no cost to you. Active employee coverage ends on the last day of the month in which your employment with AEP ends; however, if you die within 31 days of your last day of work, the plan will provide the full death benefit you would have received under the terms of the policy.

NOTE: Grandfathering provisions may apply to those who were at least age 50 with at least ten years of service as of December 31, 2000.



Visit aepbenefits.com for more information on specific plan coverage for your under-age-65 spouse.

RETIREE MEDICAL COVERAGE

Unless you are in a grandfathered group, your contributions for retiree medical coverage are based on your age and years of service at retirement as follows:

Age + years of service	Contribution percentage of total cost*
65-69	46%
70-74	42%
75-79	36%
80-84	32%
85-89	26%
90-94	22%
95+	20%

AEP calculates your "points" by adding your age and years of service as of your employment termination date. There is no rounding or credit for partial age or years of service.

* The contribution percentage reflected, applies to the full cost of coverage, up to the employer cap amount. Any amount above the employer cap is in addition to the contribution percentage.

Note: The contribution percentage rates apply to the retiree only coverage tier. If you cover any dependent(s), the actual percentage will be slightly higher.

You can estimate your specific costs at retirement in several ways:

- Login at aepbenefits.com and select the **Retiree Cost Modeler** from the **Home** page. The tool will provide rates based on the retirement date you provide using your specific age and years of service as of the termination date you provide. Please note that rates are subject to change annually.
- Speak to an AEP Retiree Counselor.

HEALTH INSURANCE MARKETPLACE COVERAGE

There may be other coverage options for you and your family. Now that the key parts of the health care law have taken effect, you can buy coverage through the health insurance marketplace. In the marketplace, you could be eligible for a tax credit that lowers your monthly premiums right away, and you can see what your premium, deductible, and out-of-pocket costs will be before you decide to enroll. To find out more, visit healthcare.gov.

MEDICARE

You or any of your Medicare eligible dependents (whether due to age or disability) must enroll in Medicare Parts A and B upon your retirement. If you or your dependents fail to enroll in Medicare Parts A and B, you will not be eligible to receive retiree medical and prescription drug coverage through AEP, and your coverage will be terminated.

YOU MUST TAKE ACTION

Important: You must elect Medicare Part B. Visit [medicare.gov](https://www.medicare.gov) for further information about Medicare B, to get enrollment instructions, and find your nearest Medicare office.

If you or your covered dependents currently have Medicare Part A, your retirement from AEP is considered a qualifying event that allows you or your Medicare-eligible dependents to enroll in Medicare Part B coverage without incurring a late enrollment penalty. Please contact Medicare within 30-60 days of your retirement date at [Medicare.gov](https://www.medicare.gov) or by calling them at 1-800-MEDICARE to enroll in Medicare Part B or you could incur penalties or be denied enrollment into the AEP Medicare Advantage plans or receive reduced coverage. Contact the AEP Benefits Center to provide them with your and/or your dependent(s) Medicare Beneficiary Identifier. This information is required to process your enrollment into the AEP retiree medical plans.



CANCERBRIDGE – PERSONALIZED CANCER GUIDANCE



As a retiree, you will continue to have access to CancerBridge, an information-based cancer navigation service that provides you with personalized access to cancer experts who can answer your questions about cancer and cancer treatments.

UNDER AGE 65

The paragraphs below detail the benefits provisions that apply to AEP employees who retire before reaching age 65.

HOW DO I ELECT COVERAGE?

If you were enrolled in AEP medical coverage as an active employee, you will be auto-enrolled in the same coverage upon your retirement, covering the same eligible dependents. To review or change your retiree medical enrollment, contact an AEP Retiree Counselor after your employment termination date, or login to aepbenefits.com. Please note that although you can add and/or remove dependents as part of your retirement elections, **you can't change medical plans**. You can only change medical plans during annual enrollment each year. If you don't want AEP retiree medical coverage you **MUST** take action to opt out.

WHAT IF I DON'T ELECT COVERAGE?

If you choose to opt out of retiree medical coverage when you retire, your coverage, and any of your covered dependents' coverage will end at the end of the month in which your employment with AEP ends. You will have the opportunity to enroll in AEP retiree medical coverage during annual enrollment each year as well as within 31 days of a qualifying life event. Your spouse and/or dependent children cannot be enrolled in an AEP medical plan if you are not also enrolled.

WHEN DOES MY COVERAGE SWITCH?

Active employee coverage ends on the last day of the month in which your employment with AEP ends. The plan pays for eligible medical and prescription claims incurred through that date as long as those claims are filed within one year from the date of service. Your coverage as an AEP retiree begins the first of the month following your employment end date.

If you were not enrolled in benefits as an active employee, you may elect AEP retiree medical coverage at retirement.

NEW ID CARDS

You will receive a new Anthem medical plan ID card a few weeks after your enrollment in an AEP retiree medical plan. This will serve as your medical and prescription drug ID card.

TIP



If you are under age 65 and your spouse is age 65 or older, and you are covering your spouse under an AEP medical plan, your spouse must elect Medicare Parts A and B, and Medicare will be the primary payer of your spouse's claims. Please see the section titled "Medicare" on page 30 for additional details.


AGE 65 OR OVER

The paragraphs below detail the benefits provisions that apply to AEP employees who retire after reaching age 65.

HOW DO I ELECT COVERAGE?

If you are age 65 or older when you retire and enrolled in an AEP medical plan, you will default into the Aetna Group Medicare Standard Plan option covering the same eligible dependents that you did as an active employee. This election will remain in effect unless you elect the Aetna Group Medicare Select Plan option during enrollment or choose to waive medical coverage. Please note that automatic enrollment into the Aetna Medicare Standard Plan assumes that you and your spouse, if age 65 or older, have enrolled into Medicare Part B as of the first of the month following your last day of employment and you have not elected any other Medicare supplement plan.

TAKE ACTION



You must contact the AEP Benefits Center to provide your Medicare Beneficiary Identifier (MBI) and that of your applicable age-65-or-older spouse. This information is required for your enrollment into the age-65-or-older Medicare Advantage plans through AEP or your enrollment may be delayed or denied, which may cause an interruption in coverage and possible termination of your AEP coverage.

Also, you MUST be enrolled in Medicare Parts A and B to be enrolled in the AEP Medicare Advantage plans. Without enrollment into Medicare Parts A and B, AEP will not be able to enroll you into the age-65-or-older Medicare Advantage plans through AEP. This would also be true for your age-65-or-older spouse, if applicable.

TIP



If you are age 65 or older, but your eligible dependent is under age 65, you both will be covered by an age-65-or-older medical option; however, your under-age-65 dependent will have different benefits than you.

WHAT IF I DON'T ELECT COVERAGE?

If you choose to opt out of retiree medical coverage when you retire, your coverage, and any of your covered dependents' coverage, will end at the end of the month in which your employment with AEP ends. You will have the opportunity to enroll in AEP retiree medical coverage during annual enrollment each year as well as within 31 days of a qualifying life event. Your spouse and/or dependent children cannot be enrolled in an AEP medical plan if you are not also enrolled.



WHAT ABOUT PRESCRIPTION DRUG COVERAGE?

If you are an AEP retiree age 65 or older covered by an AEP medical plan—or if you are an AEP retiree age 65 or older with a spouse age 65 or older and you are both covered by an AEP medical plan—your prescription drug coverage will change to a group-based, company-sponsored Medicare Part D plan administered by Express Scripts Medicare. AEP will enroll you in this coverage if you elect one of the AEP age-65-or-older medical plan options. You cannot have AEP prescription drug coverage without being enrolled in an AEP medical plan.

If you enroll in a Medicare Part D plan on your own outside of AEP, you will lose your AEP-provided medical and prescription coverage.

WHEN DOES MY COVERAGE SWITCH?

Active employee coverage ends on the last day of the month when your employment with AEP ends. The plan pays for eligible medical and prescription claims incurred through that date, as long as those claims are filed within one year from the date of service. Your coverage as an AEP retiree begins the first of the month following your employment end date.

Upon retirement, since you are age 65 or older, you must provide all of the required information outlined in this guide, including your Medicare Beneficiary Identifier.

If you were not enrolled in benefits as an active employee, you may elect AEP retiree medical coverage at retirement.

TIP



Please note that when you transition from an AEP active medical plan through Anthem to an AEP medical plan for participants age 65 and over, your year-to-date accumulated deductibles and out-of-pocket maximum amounts do NOT transfer to the medical plans under Aetna due to rules governed by Medicare. This includes any covered dependents, regardless of age.

MEMBER ID CARDS

You and any covered dependents will receive new medical plan ID cards from Aetna a few weeks after your enrollment into the retiree medical plan. This card will serve as your medical plan card ONLY. You and any covered dependents will also receive a prescription drug ID card from Express Scripts. You will have TWO separate cards - one for medical and one for prescription drugs.

DENTAL COVERAGE

HOW DO I ELECT COVERAGE?

If you were enrolled in AEP dental coverage as an active employee, you will be automatically enrolled into the same coverage upon your retirement, covering the same eligible dependents.

If you were not enrolled in dental coverage as an active employee, you have a one-time opportunity to elect retiree dental coverage. If you do elect retiree dental coverage and later cancel it, you will not be able to elect it again in the future.

WHAT IF I DON'T ELECT COVERAGE?

If you do not elect retiree dental coverage at retirement or choose to opt out of dental coverage at that time, you will not be eligible to elect retiree dental coverage at a later date.*

* **Note:** If you were retirement-eligible at the time that AEP sold an operation on or after November 12, 2015, and you went to work for the buyer of that operation as a part of the sale transaction, and if you waived AEP retiree dental coverage at that time, you may still elect AEP retiree dental coverage, if then available, one time after that sale — either during a future Annual Enrollment or within 31 days of a qualified change in family status. However, if you later waive continuation of that elected AEP retiree dental coverage, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

WHEN DOES MY COVERAGE SWITCH?

Active employee coverage ends on the last day of the month in which your employment with AEP ends. The plan pays for eligible dental expenses incurred through that date, as long as those claims are filed within one year from the date of service. Your dental coverage as an AEP retiree begins the first of the month following your employment end date.

MEMBER ID CARDS

The same group number and member ID you had as an active employee will continue to apply to you and any of your covered dependents after you retire. You will not receive a new dental ID card.

VISION COVERAGE

HOW DO I ELECT COVERAGE?

If you were enrolled in AEP vision coverage as an active employee, you will be automatically enrolled into the same coverage upon your retirement covering the same eligible dependents. To review or change your vision election, contact an AEP Retiree Counselor after your employment termination date or login to aepbenefits.com.

WHAT IF I DON'T ELECT COVERAGE?

If you choose to opt out of retiree vision coverage when you retire, your coverage, and any of your covered dependents' coverage, will end at the end of the month in which your employment with AEP ends. You will have the opportunity to enroll in AEP retiree vision coverage during annual enrollment each year as well as within 31 days of a qualifying life event. Your spouse and dependent children cannot be enrolled in an AEP vision plan if you are not also enrolled.

WHEN DOES MY COVERAGE SWITCH?

Active employee coverage ends on the last day of the month in which your employment with AEP ends. The plan pays for eligible vision claims incurred through that date, as long as the claims are filed within one year from the date of service. Your vision coverage as an AEP retiree begins the first of the month following your employment end date. Please note that there are several plan design differences between the active employee vision plan and the vision plan for retirees. Go to aepbenefits.com for specific retiree vision plan details.

MEMBER ID CARDS

The same group number and member ID you had as an active employee will continue to apply to you and any of your covered dependents after you retire. You will not receive a new vision ID card.

CONTINUATION OF COVERAGE UNDER COBRA



The AEP Benefits Center is required by law to notify you of your rights and coverage under COBRA. You will receive information and may continue your medical, dental, and vision coverage under COBRA after your employment ends. AEP Retiree Counselors will discuss this and other coverage options with you.

PAYING FOR COVERAGE



- If you elect payment of your AEP System Retirement Plan (Pension) benefit as a monthly annuity, your retiree Health and Welfare benefit premiums will be deducted from your monthly pension benefit check, if possible. However, for the first two to three months after you terminate, you will receive invoices until your monthly annuity has been set up.
- If you elect a lump-sum payment or choose to defer your AEP System Retirement Plan (Pension) benefit, you will receive a monthly invoice for your retiree Health and Welfare benefit premiums.
- Be sure to review your first monthly invoice and your pension annuity check (if applicable) for your retiree deductions. If there is a discrepancy, contact the AEP Benefits Center as soon as possible.
- Failure to remit premium payments in a timely manner will result in loss of coverage. You may not have an opportunity to re-enroll in that coverage or if you do, the coverage may not be effective until the following plan year.

HEALTH SAVINGS ACCOUNT (HSA)

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The HSA is non-forfeitable and portable, meaning you take it with you when you leave AEP; however, your pre-tax contributions to the HSA stop after the pay period in which your employment with AEP ends.

You may continue to make after-tax deposits to your HSA up to the applicable limit, provided you remain eligible (for example, you are enrolled in and covered exclusively by a qualifying high-deductible health plan). You may:

- Keep your HSA open with HealthEquity and continue to withdraw funds as you see fit, including payment for current and future eligible expenses as defined by the IRS. Please note that monthly administrative fees may apply.
- Close your HSA and receive any remaining funds, which may be subject to tax penalties and an account closure fee.
- Transfer your HSA balance to a new administrator with no tax implications.

FLEXIBLE SPENDING ACCOUNTS (FSA)

AEP offers tax-advantaged spending accounts to help pay for out-of-pocket medical, dental, vision, and dependent care expenses. The paragraphs below detail these plans.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

Coverage ends on the last day of the month in which your employment with AEP ends. You may claim expenses incurred prior to your coverage end date up to the full annual election amount.

If you have an HCFSA debit card, it will be deactivated on your last day of employment. You may request reimbursement for eligible claim expenses incurred prior to your coverage end date up to the full annual election amount by completing a claim form and supplying documentation of the eligible expense. Any HCFSA balance for which claims have not been received by March 31 of next year may be forfeited.

Continuation of HCFSA participation under COBRA

You can continue to participate in the HCFSA through COBRA for the remainder of the calendar year in which your employment ends if you have not been reimbursed more than you have contributed up to your last day of employment. If you have contributions left in your account, COBRA allows you to continue contributions on an after-tax basis until the end of the current plan year. If you elect COBRA, you will be able to submit claims incurred after your coverage end date through the end of the current plan year.

Continuation of HCFSA participation under COBRA (continued)

You will receive a notification letter and election form that explain your rights and the options available to you. You may submit claims incurred during the remainder of the plan year by completing an online claim or requesting a paper claim form and submitting the proper documentation for the eligible expense. The debit card option is not available through COBRA continuation.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Coverage ends on the last day of the month in which your employment with AEP ended. You cannot contribute to the spending account after the pay period in which you ended your employment; however, you may continue to file claims for reimbursement of eligible expenses incurred during the remainder of the plan year up to the total of the balance in the account. Any balance for which claims have not been received by the vendor by March 31 of the following year will be forfeited.

RETIREE REIMBURSEMENT ACCOUNT (RRA)

If you were enrolled in the Anthem HRA Plan as an active employee immediately prior to retiring, and you were age 65 or older when you retired from AEP, you may be eligible for an RRA.

If you have unused Health Reimbursement Account (HRA) dollars 90 days after your Anthem HRA Plan coverage ends, any funds remaining in your HRA will be automatically converted to an RRA administered by Aetna. You will receive a welcome letter from Aetna with more details. You can also refer to your Summary Plan Description available on aepbenefits.com or by calling the AEP Benefits Center at 1-888-237-2363.



LIFE INSURANCE

Active employee coverage ends on the last day of the month in which your employment with AEP ends; however, if you die within 31 days of ending your employment, the plan will provide a death benefit in the amount of the insurance you would have been eligible to convert under the terms of the policy.

You are eligible for retiree life insurance if you are at least age 55 and have at least ten years of service as of your termination date **AND** were hired or rehired prior to January 1, 2011. If you meet this criteria, you will automatically receive retiree life insurance coverage in the amount of \$30,000, at no cost to you. You may continue any additional life insurance coverage that you had as an active employee over the company-provided retiree life insurance amount directly through the insurance carrier through portability and conversion offerings. If you do not meet the retiree life insurance eligibility criteria as described in this paragraph you will only have the option of portability/conversion directly through the life insurance carrier. There will be no company-provided offering available to you.

When you end employment, you may be eligible to continue your group term life and accidental death & dismemberment (AD&D) insurance under the portability provision (port) or to convert your group term life to an individual life insurance policy. You may also be eligible to port your dependents' life insurance in effect on your portability date. You did not have to be actively at work on the last day of employment with AEP to be eligible for portability. Portability allows you to continue coverage by paying the applicable premiums directly to the insurance company.



The life insurance provider's portability rates are not the same as the rates active employees pay for coverage that is available under the AEP Life and Accidental Insurance Plan. In general, portability rates are higher than the AEP life insurance plan rates.

You may also be eligible to convert your life insurance coverage. Under the conversion option, you can purchase any individual life policy then customarily issued by Minnesota Life for purposes of conversion up to the amount of the life coverage lost under the AEP group plan. Rates are significantly higher than group rates. Premiums are paid directly to the insurance carrier.

DEPENDENT LIFE INSURANCE

Coverage ends on the last day of the month in which your AEP employment ends. If you are eligible and elect to port your life insurance coverage, you may also elect to port any covered spouse's or covered dependent child(ren)'s insurance that are in effect on your portability date.

If you port some or all of your life insurance coverage (minimum portable amount is \$10,000):

- You may port your spouse's dependent (spousal) life insurance and AD&D insurance coverage up to the amount that he or she had in effect on your portability date, not to exceed \$500,000.
- You may port \$10,000 of dependent (child) life insurance coverage.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Coverage ends on the last day of the month in which your employment with AEP ends. You may port basic, supplemental, and dependent AD&D insurance coverage if you or your covered dependent(s) are eligible for and elect to port your life insurance.

SUPPLEMENTAL COVERAGES

LONG-TERM DISABILITY (LTD) PLAN

Coverage ends when your employment with AEP ends.

GROUP LEGAL PLAN

Coverage ends on the last day of the month in which your employment ends; however, if you take action within 30 days from the date your employment ends, you may choose to port and continue the Group Legal Plan for 12 months. You will receive a bill for 12 months of service which you must pay up front. This is a one-time option and cannot be renewed. For more information, contact MetLife at [MetLife.com/mybenefits](https://www.MetLife.com/mybenefits) or 1-800-438-6388.

AUTO & HOME GROUP INSURANCE

You may continue participating in auto and home insurance on a direct-bill basis; however, you may lose the AEP group discount. For more information, contact MetLife at [MetLife.com/mybenefits](https://www.MetLife.com/mybenefits) or 1-800-438-6388 within 30 days of your employment ending.

PET INSURANCE

You may continue participating in veterinary pet insurance, but on a direct-bill basis. For more information, contact MetLife at [MetLife.com/mybenefits](https://www.MetLife.com/mybenefits) or 1-800-438-6388 within 30 days of ending employment.



UNUSED TIME OFF

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Unused current year's vacation, including any vacation days carried over from the previous year, will be paid in your final paycheck via direct deposit or mailed to your mailing address on file if you did not elect direct deposit.

If you elected to purchase vacation through the Vacation Purchase Program and you do not use all of your purchased vacation by the time your employment ends, you will receive a refund for the amount deducted from your pay for vacation that you purchased but did not take.

If you purchase and take vacation, then terminate employment without fully paying for the vacation, the amount owed to the company will be deducted from your final pay, except as prohibited by state law.

PRO RATA VACATION PAYOUT (FOR EMPLOYEES HIRED PRIOR TO JANUARY 1, 2000)

Employees hired prior to January 1, 2000 are eligible for a pro-rata vacation payout at retirement or death. This compensates for vacation-eligible service accumulated prior to the conversion of AEP's vacation plan from an accrual-based plan to an annual service-based allowance. If eligible, you will receive one-twelfth of your annual vacation allowance, calculated using your accrued eligible service as of December 31, 2000, for each month in which you worked at least eight hours including the month of retirement if your last day worked is on or after the 15th of the month. This payout is in addition to payout of the current year's unused vacation allowance.

Employees represented by a bargaining unit will receive a pro-rata vacation payout in accordance with the provisions of the collective bargaining agreement.



The pro rata payout is not available to employees who are not retirement-eligible when their employment with AEP ends (with exception of the death of the employee). Additionally, pro rata payout is not available for employees who leave the company and are rehired after January 1, 2000, even if their original hire date is prior to January 1, 2000.

PERSONAL DAYS OFF

You will not be paid for any applicable personal days off that you did not use before ending employment.

WORK/LIFE PROGRAMS

EDUCATIONAL ASSISTANCE

If you received educational assistance in the 12 months immediately preceding your last date of employment, you must repay that amount.

ADOPTION ASSISTANCE

You will qualify for reimbursement as outlined within the plan if the adoption decree date is on or before your last day of employment with AEP. This is a taxable benefit.

SERVICE AWARDS

You are not eligible to receive a service award once your employment ends.

WELLNESS PLAN INCENTIVE

An employee or employee's spouse or domestic partner who meets one or more wellness plan incentive requirements and voluntarily terminates for any reason other than retirement, is not eligible to receive any incentive payout.

An employee or employee's spouse or domestic partner who meets one or more wellness plan incentive requirements and whose employment is either involuntarily severed or due to retirement is eligible to receive an incentive payout for any rewards completed prior to the end of the month in which their employment terminates.

Payouts for a wellness plan year are generally made during the month of March of the following year. Any eligible incentive payments will be paid as additional earnings. Refer to the **Direct Deposit** section on page 29 regarding how to expect to receive the earnings after you leave AEP.

AEP EDUCATIONAL AWARD PROGRAM

Your dependents who currently receive AEP Educational Award scholarship grant will remain eligible after your employment ends as long as they continue to meet program guidelines.

AYCO FINANCIAL COUNSELING

Ayco financial counseling and retirement planning is available to AEP employees through the end of the month in which their employment ends.

SIRVA MORTGAGE SERVICES

After your retirement, you can no longer request financing through SIRVA Mortgage Lending Services; however, your retirement does not affect any existing SIRVA mortgages you got prior to your retirement.

FINAL PAYMENTS AND MISCELLANEOUS

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EXPENSE ACCOUNTS

You should request reimbursement for eligible expense account items prior to your last day of employment.

COMPANY EQUIPMENT

Prior to or on your last day of employment, you should work with your manager/department contact to return items such as your company ID, any access badges, secure access IDs (for remote computer access, including any secure IDs to outside vendors or customers), and any corporate credit cards that are in your possession. You should also return company equipment, including cell phone, laptop/laptop printer/corresponding manuals, tools, etc., to your department.

FINAL PAYCHECK, INSURANCE CONTRIBUTIONS AND TIME REPORTING

Your final pay, which will include earnings through the date you end employment and any applicable vacation payout, will be direct-deposited in your banking account(s) or mailed to your mailing address on file with AEP if you did not elect direct deposit.

If you received a pay advance in April 2001 when the company transitioned from a semi-monthly to a biweekly pay cycle, the advanced amount will be deducted from your final pay.

Any remaining insurance deductions will be taken from the final paycheck when sufficient funds exist. If sufficient funds do not exist in your final pay, you will receive a bill for all applicable remaining insurance deductions.



WRAPPING UP

DIRECT DEPOSIT

If you receive your pay via direct deposit, your final pay, and any future payments, will be direct deposited in the same manner as when you were an active employee. Paper direct deposit pay statements will also be sent to your mailing address on file when any payments are made to you after your termination date. If you need to update your direct deposit account information, please send an email to PRPAY@AEP.COM.

Please ensure that any updates to your address, after you leave AEP, are provided to the AEP Benefits Center as soon as possible.

INCENTIVE COMPENSATION PROGRAM (ICP)

Please refer to the most recent Incentive Plan Summary for the applicable ICP program year to determine if you are eligible for an award after your employment ends with AEP. You can find the summary document on AEP Now in the A-Z Index under Human Resources/Your money/Incentive Pay Plans. If you have questions after reviewing the document, please contact your local HR Business Partner.

CHARITABLE CONTRIBUTIONS

Charitable contributions will be deducted from your final paycheck unless it is the third paycheck of the month or there are insufficient funds in your final paycheck to cover them.

PARKING FEES

Any deductions or refunds for parking fees will be reflected in your final pay.


COURT ORDERS, GARNISHMENTS AND/OR IRS WITHHOLDING

Payroll will notify the applicable court of your separation from the company in accordance with the applicable court order — usually within ten days of your leaving.

W-2 TAX FORM

Payroll will issue your Form(s) W-2 for wages earned while on the AEP payroll. The Form(s) will be sent to your mailing address on file with AEP prior to January 31 of the following year. After you leave AEP, please notify the AEP Benefits Center of any changes to your mailing address. You should also provide a daytime phone number in case we need to contact you.

VISIT THE AEP RETIREE WEBSITE



Stay informed with AEP's retiree website at AEPRetirees.com. You'll find articles on a variety of topics such as the energy industry, retiree benefits, human interest stories on fellow retirees, obituary listings, historical photographs, important announcements, and much more.

SOCIAL SECURITY

You can obtain information about Social Security benefits by calling 1-800-772-1213, going to your local office of the Social Security Administration, or visiting ssa.gov.

MEDICARE

Most Americans age 65 or older are eligible for Medicare, the health program currently offered by the US government. Visit medicare.gov for more information.

If you remain eligible for AEP medical benefits, you will receive a notice advising you of the need to select a new medical plan for age-65-or-older participants about two months prior to your Medicare eligibility. You will receive more information before you turn age 65.

Once you're eligible for Medicare, you must enroll in Medicare Part A and Medicare Part B. **If you do not enroll in both Parts A and B, you will not be eligible to receive retiree medical and prescription drug coverage through AEP and your coverage will be terminated.** Therefore, it is important that you and any Medicare-eligible dependents enroll in Medicare Part B as soon as you are eligible. If you become eligible for Medicare prior to turning age 65, please contact the AEP Benefits Center as soon as possible at 1-888-237-2363.

PERSONAL CONTACT INFORMATION CHANGES

If any of your personal contact information changes after you leave AEP, contact the AEP Benefits Center at 1-888-237-2363. You may also log in to aepbenefits.com, click Change My Benefits to the right under Quick Links, and select Update Personal Information under the Life Events drop down menu. Keeping your personal information updated will ensure that AEP can continue to send you information about any benefits that you remain eligible for as an AEP retiree.

PROVIDER CONTACTS

Please contact the individual provider listed here to learn more about a specific benefit plan.

Benefit	Provider	Phone number	Website
AEP Retiree Counselors (<i>General benefit inquiries</i>)	AEP Benefits Center	1-888-237-2363, option 1 or 2	aepbenefits.com
AEP Retirement Savings 401(k) Plan	Empower Retirement	1-877-237-4015	AEP401k.com
AEP Stock	AEP Investor Relations	1-800-237-2667	AEP.com
AEP Retirement Plan (Pension)	AEP Benefits Center, Pension Support	1-888-237-2363, option 1 or 2	aepbenefits.com
Personalized Cancer Guidance	CancerBridge	1-855-366-7700	mycancerbridge.com
Dental Plan	Aetna	1-800-243-1809	aetna.com
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)	HealthEquity	1-866-346-5800	healthequity.com/aep
Group Legal Plan			
Auto & Home Group Insurance	MetLife	1-800-438-6388	metlife.com/mybenefits
Pet Insurance			
Life Insurance	Minnesota Life	1-877-491-5268	lifebenefits.com
Medical (<i>participants 65 or older</i>)	Aetna	1-855-527-2452	aetna.com
Medical and Behavioral Health (<i>participants under 65</i>)	Anthem	1-877-585-9572	anthem.com
Mortgage Program	SIRVA	1-866-802-0721	aep.sirvahomebenefits.com
Prescription Drug Plan	Express Scripts Medicare	1-800-841-3045 1-877-703-7344	express-scripts.com
Vision Plan	EyeMed	1-866-723-0513	eyemed.com
Financial Counseling and Retirement Planning	Ayco	1-866-217-8693	ayco.com/login/aep



Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_30 Provide a complete description of the financial reporting and ratemaking treatment of Kentucky Power's pension costs.

RESPONSE

American Electric Power Co. (AEP) maintains a qualified, defined benefit pension plan (Qualified Plan), which covers substantially all nonunion and certain union employees, and an unfunded, nonqualified supplemental plan (Nonqualified Plan) to provide benefits in excess of amounts permitted under the provisions of the tax law for participants in the Qualified Plan (collectively the Pension Plans). AEP engaged Willis Towers Watson US LLC (Willis Towers Watson) to value the AEP's Pension Plans as of January 1, 2023. A separate actuarial report is prepared for the Qualified Plan and Nonqualified Plan.

The primary purpose of the actuarial valuation is to determine the Net Periodic Benefit Cost/ (Income) and Projected Benefit Obligation, in accordance with FASB Accounting Standards Codification Topic 715 for the fiscal year beginning January 1, 2023. AEP's actuary, Willis Towers Watson, provides allocations of actuarial data individually for each of AEP's subsidiary companies, including Kentucky Power, based on the subsidiary company's specific employee demographics.

Please refer to KPCO_R_KPSC_1_30_Attachment1 for the 2023 actuarial valuation report for the Qualified Plan.

Please refer to KPCO_R_KPSC_1_30_Attachment2 for the 2023 actuarial valuation report for the Nonqualified Plan.

KPCO_R_KPSC_1_30_Attachment1 and KPCO_R_KPSC_1_30_Attachment2 were utilized in the Company's Pension operating expense adjustment included in Section V, Exhibit 2 W21 of Kentucky Power's application.

Witness: Heather M. Whitney

American Electric Power System Retirement Plan

Actuarial Valuation Report Benefit Cost for Fiscal Year Beginning January 1, 2023 under U.S. GAAP

June 2023

wtwco.com

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Purposes of valuation

American Electric Power Co. (the Company or AEP) engaged Willis Towers Watson US LLC (WTW) to value the Company's pension plan.

As requested by the Company, this report documents the results of an actuarial valuation of the American Electric Power System Retirement Plan (the Plan) as of January 1, 2023.

The primary purpose of this valuation is to determine the Net Periodic Benefit Cost/(Income) (Benefit Cost), in accordance with FASB Accounting Standards Codification Topic 715 (ASC 715) for the fiscal year ending December 31, 2023. It is anticipated that a separate report will be prepared for year-end financial reporting purposes.

Limitations

This valuation has been conducted for the purposes described above and may not be suitable for any other purpose. In particular, please note the following:

1. The expected contributions to the qualified pension plan(s) were set at \$0 for the 2023 plan year.
Note that any significant change in the amounts contributed or expected to be contributed in 2023 from what is disclosed at December 31, 2022 may require disclosure in the interim financial statements, but should not affect the expected return on assets absent a remeasurement for another purpose.
2. There may be certain events that have occurred since the valuation date that are not reflected in the current valuation. See Subsequent Events in the Basis for Valuation section below for more information.
3. This report is not intended to constitute a certification of the Adjusted Funding Target Attainment Percentage (AFTAP) under IRC §436 for any plan year.
4. This report does not determine funding requirements under IRC §430.
5. This report does not provide information for plan accounting and financial reporting under ASC 960.
6. This report does not present liabilities on a plan termination basis, for which a separate extensive analysis would be required. No funded status measure included in this report is intended to assess, and none may be appropriate for assessing, the sufficiency of plan assets to cover the estimated cost of settling benefit obligations, as all such measures differ in some way from plan termination obligations. In addition, funded status measures shown in this report do not reflect the current costs of settling obligations by offering immediate lump sum payments to participants and/or purchasing annuity contracts for the remaining participants (e.g., insurer profit, insurer pricing of contingent benefits and/or provision for anti-selection in the choice of a lump sum vs. an annuity).

2

7. The comparisons of plan obligations as determined for accounting and financial reporting purposes to plan assets presented in this report cannot be relied upon to determine the need for nor the amount of required future plan contributions. Nevertheless, such comparisons may be useful to assess the need for future contributions because they reflect current interest rates at the measurement date in determining benefit obligations. However, asset gains and losses, demographic experience different from assumed, changes in interest rates, future benefit accruals, if any, and other factors will all affect the need for and amount of future contributions. In addition, if a plan is not required by law to be funded, benefit payments may also be paid directly by the plan sponsor as they come due.

Section 1 : Summary of key results

1.1 Benefit cost, plan assets & obligations

All monetary amounts shown in U.S. Dollars

Fiscal Year Beginning		01/01/2023	01/01/2022
Benefit Cost/ (Income)	Net periodic benefit cost/(income)	(30,221,312)	75,113,076
	Benefit cost/(income) due to special events	0	0
	Total benefit cost/(income)	(30,221,312)	75,113,076
Measurement Date		01/01/2023	01/01/2022
Plan Assets	Fair value of plan assets (FVA)	4,111,914,971	5,401,961,722
	Market related value of plan assets (MRVA)	4,736,504,042	4,977,686,361
	Actual return on fair value of plan assets during prior year	(17.20%)	5.17%
Benefit Obligations	Accumulated Benefit Obligation (ABO)	(3,849,688,060)	(4,839,445,317)
	Projected Benefit Obligation (PBO)	(4,044,752,781)	(5,129,684,050)
Funded Ratios	Fair value of plan assets to ABO	106.8%	111.6%
	Fair value of plan assets to PBO	101.7%	105.3%
Accumulated Other Comprehensive (Income)/Loss (Pre-tax)	Net prior service cost/(credit)	0	0
	Net loss/(gain)	956,817,385	826,814,979
	Total accumulated other comprehensive (income)/loss (pre-tax)	956,817,385	826,814,979
Assumptions	Discount rate	5.50%	2.90%
	Expected long-term rate of return on plan assets	7.50%	5.25%
	Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
	Cash balance interest crediting rate	4.25%	4.00%
Participant Data	Census date	01/01/2023	01/01/2022

1.2 Comments on results

The actuarial gains/(losses) due to demographic experience, including any assumption changes, and investment return different from assumed during the prior year were \$958,136,679 and \$(1,148,869,868) respectively.

Change in net periodic cost and funded position

The net periodic cost declined from \$75,113,076 in fiscal 2022 to \$(30,221,312) in fiscal 2023 and the funded position declined from \$272,277,672 to \$67,162,190.

All monetary amounts shown in U.S. Dollars

	Net Periodic Benefit Cost	Funded Status
Prior year	75.1	272.3
Change due to:		
• Expected based on prior valuation and contributions during prior year	(10.5)	4.7
• Noninvestment experience different than assumed	9.3	(72.1)
• Investment experience greater or less than assumed	24.9	(1,144.4)
• Assumption changes	(27.1)	1,006.7
• Change in expected return on asset assumption	(101.9)	0
• Plan amendments	0	0
• Settlements, curtailments, certain termination benefits	0	0
• Acquisitions	0	0
• Method changes	0	0
• Changes in estimation techniques	0	0
Current year	(30.2)	67.2

Significant reasons for these changes include the following:

- The actual return on the fair value of plan assets since the prior measurement date was less than the expected return on plan assets, which increased the pension cost and caused the funded position to deteriorate.
- The discount rate increased 260 basis points compared to the prior year which reduced the pension cost and improved the funded position.
- The expected long-term rate of return on plan assets increased from 5.25% to 7.50%, which decreased the pension cost.
- The cash balance interest crediting rate increased from 4.00% to 4.25% which increased the pension cost and caused the funded position to deteriorate.

- The lump sum conversion rate increased from 2.51% to 4.48%, which increased the pension cost and caused the funded position to deteriorate.
- The mortality used to convert 417(e) based forms of payment was updated, which decreased the pension cost and improved the funded position.
- Demographic experience was less favorable than expected, which increased the pension cost and caused the funded position to deteriorate.

1.3 Basis for valuation

Appendix A summarizes the assumptions, methods and models used in the valuation. Appendix B summarizes our understanding of the principal provisions of the plan being valued. Both of these appendices include a summary of any changes since the prior valuation. Unless otherwise described below under Subsequent Events, assumptions were selected based on information known as of the measurement date.

Subsequent events

None.

Additional information

None.

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Actuarial certification

This valuation has been conducted in accordance with generally accepted actuarial principles and practices. However, please note the information described below regarding this valuation.

Reliances

In preparing the results presented in this report, we have relied on information regarding plan provisions, participants, assets, and sponsor accounting policies and methods provided by the Company and other persons or organizations designated by the Company. See the Sources of Data and Other Information section of Appendix A for further details.

We have relied on all the data and information provided as complete and accurate. We have reviewed this information for overall reasonableness and consistency, but have neither audited nor independently verified this information. Based on discussions with and concurrence by the plan sponsor, assumptions or estimates may have been made if data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

The results presented in this report are directly dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data, assets, plan provisions or other information provided to us may have produced results that are not suitable for the purposes of this report and such inaccuracies, as corrected by the Company, may produce materially different results that could require that a revised report be issued.

Measurement of benefit obligations, plan assets and balance sheet adjustments

Census date/measurement date

The measurement date is January 1, 2023. The benefit obligations were measured as of January 1, 2023 and are based on participant data as of the census date, January 1, 2023.

Plan assets and balance sheet adjustments

Information about the fair value of plan assets and the general ledger account balances for the benefit plan cost at December 31, 2022, which reflect the expected funded status of the plan was reviewed for reasonableness and consistency, but no audit was performed.

Accumulated other comprehensive (income)/loss amounts shown in the report are shown prior to adjustment for tax effects. Any tax effects in AOCI should be determined by the Company in consultation with its tax advisors and independent accountants.

Assumptions and methods under U.S. GAAP

As required by U.S. GAAP, the actuarial assumptions and methods employed in the development of the benefit cost and other financial reporting have been selected by the Company. WTW has evaluated the assumptions used and believes that they do not significantly conflict with what would be reasonable. In addition, we believe that the combined effect of assumptions is expected to have no significant bias. See Appendix A for a description of each significant assumption used and our rationale for concluding that it does not significantly conflict with what would be reasonable. U.S. GAAP requires that each significant assumption "individually represent the best estimate of the plan's future experience solely with respect to that assumption."

The results shown in this report have been developed based on actuarial assumptions that, to the extent evaluated by WTW, we believe do not significantly conflict with what would be reasonable. Other actuarial assumptions could also be considered to not significantly conflict with what would be reasonable. Thus, reasonable results differing from those presented in this report could have been developed by selecting different reasonable assumptions.

A summary of the assumptions, methods and sources of data and other information used is provided in Appendix A. Note that any subsequent changes in methods or assumptions for the January 1, 2023 measurement date will change the results shown in this report.

Certain models (as described in ASOP No. 56) were used in preparing the information presented herein. Further information on these models can be found in Appendix A.

Nature of actuarial calculations

The results shown in this report are estimates based on data that may be imperfect and on assumptions about future events that cannot be predicted with any certainty. The effects of certain plan provisions may be approximated, or determined to be insignificant and therefore not valued. Reasonable efforts were made in preparing this valuation to confirm that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and are not excluded or included inappropriately. Any rounding (or lack thereof) used for displaying numbers in this report is not intended to imply a degree of precision, which is not a characteristic of actuarial calculations.

If overall future plan experience produces higher benefit payments or lower investment returns than assumed, the relative level of plan costs reported in this valuation will likely increase in future valuations (and vice versa). Future actuarial measurements may differ significantly from the current measurements presented in this report due to many factors, including: plan experience differing from that anticipated by the economic or demographic assumptions, changes in economic or demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period), and changes in plan provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of such future measurements.

See Basis for Valuation in Section 1 above for a discussion of any material events that have occurred after the valuation date that are not reflected in this valuation.

Limitations on use

This report is provided subject to the terms set out herein and in our Master Consulting Services Agreement dated July 29, 2004 and any accompanying or referenced terms and conditions.

The information contained in this report was prepared for the internal use of the Company and its independent accountants in connection with our actuarial valuation of the pension plan as described in Purposes of Valuation above. It is not intended for and may not be used for other purposes, and we accept no responsibility or liability in this regard. The Company may distribute this actuarial valuation report to the appropriate authorities who have the legal right to require the Company to provide them this report, in which case the Company will use best efforts to notify WTW in advance of this distribution. Further distribution to, or use by, other parties of all or part of this report is expressly prohibited without WTW's prior written consent. WTW accepts no responsibility for any consequences arising from any other party relying on this report or any advice relating to its contents.

Professional qualifications

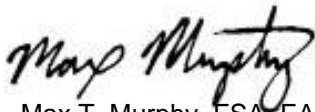
The undersigned are members of the Society of Actuaries and meet the "Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States" relating to pension plans. Our objectivity is not impaired by any relationship between the plan sponsor and our employer, Willis Towers Watson US LLC.



Joseph A. Perko, FSA, EA
Director, Retirement - Valuation Actuary
June 30, 2023



Chad M. Greenwalt, FSA, EA
Director, Retirement - Valuation Actuary
June 30, 2023



Max T. Murphy, FSA, EA
Senior Associate, Retirement - Valuation Actuary
June 30, 2023

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Section 2 : Accounting exhibits

2.1 Balance sheet asset/(liability)

All monetary amounts shown in U.S. Dollars

Measurement Date	01/01/2023	01/01/2022
A Development of Balance Sheet Asset/(Liability)¹		
1 Projected benefit obligation (PBO)	(4,044,752,781)	(5,129,684,050)
2 Fair value of plan assets (FVA) ²	4,111,914,971	5,401,961,722
3 Net balance sheet asset/(liability)	67,162,190	272,277,672
B Current and Noncurrent Classification³		
1 Noncurrent asset	67,162,190	272,277,672
2 Current liability	0	0
3 Noncurrent liability	0	0
4 Net balance sheet asset/(liability)	67,162,190	272,277,672
C Accumulated Benefit Obligation (ABO)	(3,849,688,060)	(4,839,445,317)
D Accumulated Other Comprehensive (Income)/Loss		
1 Net prior service cost/(credit)	0	0
2 Net loss/(gain)	956,817,385	826,814,979
3 Accumulated other comprehensive (income)/loss ⁴	956,817,385	826,814,979
E Assumptions and Dates		
1 Discount rate	5.50%	2.90%
2 Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
3 Cash balance interest crediting rate	4.25%	4.00%
4 Lump Sum Conversion Rate	4.48%	2.51%
5 Census date	01/01/2023	01/01/2022

¹ Whether any amounts in this table that differ from those disclosed at year-end must be disclosed in subsequent interim financial statements should be determined.

² Excludes receivable contributions.

³ The current liability (for each underfunded plan) was measured as the discounted value of benefits expected to be paid over the next 12 months in excess of the fair value of the plan's assets at the measurement date.

⁴ Amount shown is pre-tax and should be adjusted by plan sponsor for tax effects.

2.2 Changes in plan obligations and assets

All monetary amounts shown in U.S. Dollars

Period Beginning	01/01/2023	01/01/2022
A Change in Projected Benefit Obligation (PBO)		
1 PBO at beginning of prior fiscal year	5,129,684,050	5,502,169,326
2 Employer service cost	121,755,810	127,903,099
3 Interest cost	146,269,065	135,464,391
4 Actuarial loss/(gain)	(958,136,679)	(192,657,702)
5 Plan participants' contributions	0	0
6 Benefits paid from plan assets	(394,819,465)	(443,195,064)
7 Benefits paid from Company assets	0	0
8 Administrative expenses paid ¹	0	0
9 Plan amendments	0	0
10 Acquisitions/(divestitures)	0	0
11 Curtailments	0	0
12 Settlements	0	0
13 Special/contractual termination benefits	0	0
14 Other adjustments	0	0
15 PBO at beginning of current fiscal year	4,044,752,781	5,129,684,050
B Change in Plan Assets		
1 Fair value of plan assets at beginning of prior fiscal year	5,401,961,722	5,568,922,523
2 Actual return on plan assets	(895,227,286)	276,234,263
3 Employer contributions	0	0
4 Plan participants' contributions	0	0
5 Benefits paid	(394,819,465)	(443,195,064)
6 Administrative expenses paid	0	0
7 Transfer payments	0	0
8 Acquisitions/(divestitures)	0	0
9 Settlements	0	0
10 Other adjustments	0	0
11 Fair value of plan assets at beginning of current fiscal year	4,111,914,971	5,401,961,722

¹ Only if future expenses are accrued in PBO through a load on service cost.

2.3 Summary of net balances

All monetary amounts shown in U.S. Dollars

A Summary of Prior Service Cost/(Credit) Bases

Measurement Date Established	Original Amount	Net Amount at 01/01/2023	Remaining Amortization Period	Amortization Amount in 2023	Effect of Curtailments	Other Events
<hr/>						
Total		0		0	0	0

All monetary amounts shown in U.S. Dollars

B Summary of Net Loss/(Gain) (see Appendix A for a description of amortization method)

	Net Amount at 01/01/2023 ¹	Amortization Amount in 2023	Effect of Curtailments	Effect of Settlements	Other Events (Identify)
	956,817,385	0	0	0	0

¹ Before any immediate recognition on the same date.



2.4 Development of plan assets for benefit cost

All monetary amounts shown in U.S. Dollars

Fiscal Year Ending		12/31/2023	
Market-Related Value of Plan Assets as of January 1, 2023			
1	Fair value of plan assets as of January 1, 2023		4,111,914,971
2	Deferred investment (gains)/losses for prior periods		
	Beginning of Fiscal Year Following Experience	(Gain)/Loss	Percent Deferred
	a 2023	1,168,598,835	80%
	b 2022	(22,114,214)	60%
	c 2021	(529,332,749)	40%
	d 2020	(426,441,846)	20%
	e Total		624,589,071
3	Market-Related Value of Plan Assets		4,736,504,042

2.5 Summary and comparison of benefit cost and cash flows

All monetary amounts shown in U.S. Dollars

Fiscal Year Ending	12/31/2023	12/31/2022
A Total Benefit Cost		
1 Employer service cost	93,283,319	121,755,810
2 Interest cost	215,996,860	146,269,065
3 Expected return on plan assets	(339,501,491)	(253,642,582)
4 Subtotal	(30,221,312)	14,382,293
5 Net prior service cost/(credit) amortization	0	0
6 Net loss/(gain) amortization	0	60,730,783
7 Subtotal	0	60,730,783
8 Net periodic benefit cost/(income)	(30,221,312)	75,113,076
9 Curtailment (gain)/loss	0	0
10 Settlement (gain)/loss	0	0
11 Special/contractual termination benefits	0	0
12 Other adjustments	0	0
13 Total benefit cost	(30,221,312)	75,113,076
B Assumptions (See Appendix A for interim measurements, if any)		
1 Discount rate	5.50%	2.90%
2 Expected long-term rate of return on plan assets	7.50%	5.25%
3 Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
4 Cash balance interest crediting rate	4.25%	4.00%
5 Census date	01/01/2023	01/01/2022
C Plan Assets at Beginning of Year		
1 Fair value	4,111,914,971	5,401,961,722
2 Market-related value	4,736,504,042	4,977,686,361
D Cash Flows		
	Expected	Actual
1 Employer contributions	0	0
2 Plan participants' contributions	0	0
3 Benefits paid from Company assets	0	0
4 Benefits paid from plan assets	427,360,916	394,819,465
E Amortization Period	12.23113	12.15400

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Section 3 : Participant data

3.1 Summary of participant data

All monetary amounts shown in U.S. Dollars

Census Date	01/01/2023	01/01/2022
A Participating Employees		
1 Number	15,595	15,837
2 Expected plan compensation for year beginning on the valuation date	1,925,718,467	1,846,807,455
3 Average expected plan compensation	123,483	116,613
4 Average age	46.54	46.69
5 Average credited service	15.77	16.11
B Participants with Deferred Benefits		
1 Number	3,488	3,418
2 Average age	53.29	53.66
3 Participants with deferred annuity benefits		
a Number	921	995
b Total annual deferred annuity benefits	4,617,894	5,106,597
c Average annual deferred annuity benefits	5,014	5,132
4 Participants with account balance benefits		
a Number	2,567	2,423
b Total account balance benefits	198,817,629	197,337,732
c Average account balance benefits	77,451	81,444
5 Distribution of participants with deferred annuity benefits at January 1, 2023		
Age	Number	Benefits
Under 40	0	0
40-44	1	423
45-49	0	0
50-54	25	96,711
55-59	219	1,019,835
60-64	433	2,374,338
65 and over	243	1,126,587
6 Distribution of participants with account balance benefits at January 1, 2023		
Age	Number	Benefits
Under 40	627	12,097,224
40-44	336	11,425,486
45-49	288	13,097,158
50-54	282	17,842,747
55-59	390	37,042,777
60-64	411	55,260,256
65 and over	233	52,051,982

Census Date	01/01/2023	01/01/2022
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C Participants Receiving Benefits

1	Number	14,049	14,390
2	Total annual pension	217,249,182	221,023,019
3	Average annual pension	15,464	15,359
4	Average age	76.64	76.27
5	Distribution at January 1, 2023		

Age	Number	Annual Pension
Under 55	26	152,683
55-59	110	1,066,436
60-64	845	14,360,131
65-69	2,420	38,693,448
70-74	3,070	52,042,290
75-79	2,889	44,025,136
80-84	2,049	26,910,503
85 and over	2,640	39,998,555

3.2 Age and service distribution of active participants

Number distributed by attained age and attained years of credited service

All monetary amounts shown in US Dollars

Attained Age	Years Of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25				331	82,073	5,029	8								
25 to 29	1			753	89,805	7,489	394	108,505	18,611	1					
30 to 34	1			682	91,536	8,785	852	111,201	23,959	169	122,536	44,491	9		
35 to 39				530	97,889	10,368	756	112,981	28,962	422	123,176	56,057	299	132,286	77,578
40 to 44	4			383	101,844	12,477	547	113,362	32,972	365	123,507	66,569	535	129,540	89,664
45 to 49	4			246	99,415	13,883	352	111,268	37,568	280	122,494	74,945	470	127,988	104,242
50 to 54	2			203	112,389	16,603	287	114,908	43,813	223	127,196	85,270	364	125,995	117,871
55 to 59	2			158	105,329	17,510	182	117,453	49,106	142	115,744	95,411	252	124,391	133,809
60 to 64	2			85	106,718	21,510	127	105,372	50,785	89	115,466	106,894	160	118,004	142,714
65 to 69				24	87,499	18,118	40	106,677	62,127	27	126,499	124,448	27	122,882	152,710
70 & Over				3			10			3			3		

Number distributed by attained age and attained years of credited service (cont.)

All monetary amounts shown in US Dollars

Attained Age	Years Of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25															
25 to 29															
30 to 34															
35 to 39	8														
40 to 44	180	136,639	116,613	4											
45 to 49	353	143,840	142,671	93	135,968	169,704	1								
50 to 54	322	155,688	174,759	247	147,584	203,964	186	148,580	242,152	10					
55 to 59	284	131,208	178,717	223	130,966	221,697	472	143,847	272,482	379	135,800	300,095	40	121,938	311,117
60 to 64	135	136,740	208,717	136	112,784	206,387	250	125,602	281,092	504	133,955	334,645	491	132,847	361,624
65 to 69	46	137,104	210,789	32	104,551	224,136	43	129,583	310,490	74	131,866	371,539	220	133,900	438,164
70 & Over	7			2			5			4			35	126,130	493,108



3.3 Participant reconciliation

	Active	Deferred Inactive	Currently Receiving Benefits	Total
1 At 01/01/2022 valuation	15,837	3,418	14,390	33,645
2 Change due to:				
a New hire and rehire	1,084	(26)	0	1,058
b Non-vested termination	(114)	0	0	(114)
c Vested termination	(443)	443	0	0
d Retirement	(95)	(102)	197	0
e Disability	(9)	0	9	0
f Death without beneficiary	(53)	(13)	(762)	(828)
g New beneficiary	0	0	229	229
h Cashout	(611)	(238)	(23)	(872)
i Miscellaneous ¹	(1)	6	9	14
j Net change	(242)	70	(341)	(513)
3 At 01/01/2023 valuation ^{2 3}	15,595	3,488	14,049	33,132

¹ Includes adjustments for prior omissions and data corrections.

² The deferred inactive count includes 37 CSW participants that are still active at AEP and assumed to be owed a benefit.

³ The currently receiving benefits count includes 261 alternate payees with QDROs.

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Appendix A : Statement of actuarial assumptions, methods and data sources

Economic Assumptions

Discount rate 5.50%

Return on assets 7.50%

Annual rates of increase

- Compensation:

	<i>Age</i>	<i>Rate</i>
– Representative rates	< 25	11.50%
	25 – 29	8.50%
	30 – 34	7.00%
	35 – 39	6.00%
	40 – 44	5.00%
	45 – 49	4.50%
	50 – 54	4.00%
	55 – 59	3.75%
	60 – 64	3.50%
	65 – 69	3.25%
	> 70	3.00%
– Weighted average		5.05%

- Cash balance interest crediting rate 4.25%

- Lump sum/annuity conversion rate 4.48%

- Future Social Security wage bases 3.50%

- Statutory limits on compensation 2.50%

The return on assets shown above is net of investment expenses and administrative expenses assumed to be paid from the trust.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** The Pri-2012 Private Retirement Plans mortality tables with sex-distinct rates for employees, retirees, and contingent survivors, with no collar or amount adjustment, and a fully generational mortality improvement projection using Scale MP-2021 projecting from the base year of 2012.
- **Disabled** The Pri-2012 Private Retirement Plans disabled mortality tables with separate rates for males and females and a fully generational mortality improvement projection using Scale MP-2021 projecting from the base year of 2012.

Lump sum/annuity conversion PPA 2023 optional combined mortality with static projection to commencement using MP-2021.

Termination

Rates varying by service

Percentage leaving during the year

Service	Rate
<3	7.00%
3 – 4	6.00%
5 – 9	5.00%
10 – 14	4.00%
15 – 19	2.50%
20 +	1.50%

Disability

Rates apply to employees not eligible to retire and vary by age and sex as indicated by the following sample values:

Percentage becoming disabled during the year

Age	Male	Female
20	0.060%	0.090%
30	0.060%	0.090%
40	0.074%	0.110%
50	0.178%	0.267%
60	0.690%	1.035%

Retirement

Rates varying by age; average retirement age 63:

Percentage retiring during the year	
Age	Rate
55 – 58	4.00%
59	6.00%
60	7.50%
61	9.00%
62 – 64	16.00%
65 – 67	25.00%
68 – 69	20.00%
70 +	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit (active participants) The later of age 55 or termination of employment.
- Deferred vested benefit (current deferred vested) The later of age 65 or current age
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment

50% lump sum; 50% annuity for retirement eligible East grandfathered participants and 85% lump sum; 15% annuity for all other participants. Married participants are assumed to elect the 50% joint and survivor annuity and unmarried participants are assumed to elect the single life annuity. No other optional form of payment election is assumed.

For current deferred vested participants with a cash balance type benefit, 100% lump sum is assumed. For all other current deferred vested participants 100% annuity is assumed.

Percent married

80% of male participants; 70% of female participants.

Spouse ages

Wives are assumed to be three years younger than husbands.

Valuation pay

2023 base salary pay (Grandfathered) – not estimated due to freeze of final average pay accruals at December 31, 2010.

2023 expanded pay (Cash Balance) – sum of the following updated one year according to the salary increase assumption:

- (i) 2023 base salary
- (ii) a 15% increase for overtime eligible employees and a target bonus percent increase for incentive-eligible employees

Administrative expenses

Expected return of assets is net of expenses paid by the trust.

Timing of benefit payments

None.

Methods

Service cost and projected benefit obligation	Projected unit credit
Market-related value of assets	<p>The market value on the valuation date less the following percentages of prior years' investment gains and losses:</p> <ul style="list-style-type: none"> • 80% of the prior year • 60% of the second prior year • 40% of the third prior year • 20% of the fourth prior year <p>The investment gain or loss is calculated each year by:</p> <ul style="list-style-type: none"> • Rolling forward the prior year's fair value of assets with actual contributions, benefit payments and expected return on investments using the long-term yield assumption • Comparing the actual fair value of assets to the expected value calculated above.
Benefits not valued	<p>All benefits were valued except:</p> <ul style="list-style-type: none"> • Any liabilities that may be reinstated in the event of reemployment • The alternate benefit formula for members who did not elect to withdraw their employee contributions • Any liabilities relating to members' unwithdrawn employee contributions • Liabilities related to special benefits as a result of termination due to restructuring or downsizing

Data Sources

WTW used participant and asset data as of January 1, 2023, supplied by LifeWorks, the third-party administrator for AEP. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

The Company also provided the amounts recognized in accumulated other comprehensive income as of the end of the December 31, 2022 fiscal year and amounts recognized in other comprehensive income during the December 31, 2022 fiscal year.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	As required by U.S. GAAP, the discount rate methodology was chosen by the plan sponsor based on market information on the measurement date. The rate derived from market information is rounded to 5 basis points. Based on WTW's interest rate model, BOND:Link, that uses current (as of the measurement date), high quality (rated AA and above) corporate bonds to determine discount rates, we believe the discount rate chosen does not significantly conflict with what would be reasonable.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. Therefore, we believe the expected return on plan assets chosen does not significantly conflict with what would be reasonable.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate for the November of the preceding year with a minimum rate of 4.00%. After examining historical variability in this rate and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.
Conversion rate for lump sums and annuities	The plan uses IRC 417(e)(3) as its basis to convert between lump sums and annuities. Because the 417(e)(3) interest rates are based on corporate bond yields, the assumption is based on the plan sponsor's long-term expectations of yields on high-quality corporate bonds. We believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.
Rate of increase in compensation	Rates of increase in compensation were based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions were selected by the plan sponsor and as required by U.S. GAAP, represent a best estimate of future experience. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.
Termination	<p>Termination rates are based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by service because of observed decreases in termination rates as employees attained additional years of service. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.</p>
Retirement	Retirement rates were based on an experience study conducted in 2019, with consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.
Form of payment	Rates at which retirees elect lump sums versus annuities are based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Accounting methods	The methods used for accounting purposes as described in Appendix A, including the method of determining the market-related value of plan assets, are "prescribed methods set by another party", as defined in the actuarial standards of practice (ASOPs). As required by U.S. GAAP, these methods were selected by the plan sponsor.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation

The discount rate increased from 2.90% to 5.50%.

The lump sum conversion rate increased from 2.51% to 4.48% for accounting purposes.

The expected long-term rate of return on plan assets increased from 5.25% to 7.50%.

The mortality used to convert to 417(e) based forms of payment was updated to PPA 2023 optional combined mortality with static projection to commencement using MP-2021.

The cash balance interest crediting rate increased from 4.00% to 4.25%.

Change in methods since prior valuation

None.

Model Descriptions and Disclosures (in accordance with ASOP No. 56)

Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

BOND:Link

U.S. BOND:Link is a methodology to assist with the selection of discount rates used in liability and cost measurements related to employee benefit plans. Discount rates are derived by identifying a theoretical settlement portfolio of high-quality corporate bonds sufficient to provide for a plan's projected benefit payments. The single interest rate is then determined that results in a discounted value of the plan's benefit payments that equals the market value of the selected bond portfolio.

Updated BOND:Link models are developed monthly as of the last day of the month. The construction of a BOND:Link model relies on bond data collected as of the measurement date. Parameters provide the user the ability to control aspects of the model. The model output allows the user to see the effects of those parameters.

Information regarding quoted bond prices, yields and other bond related data is from Bloomberg Finance L.P.

Published demographic tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise

Appendix B1: Summary of principal plan provisions covered by the former East Retirement Plan

Plan Provisions

Effective date	May 1, 1955. Plan was amended and restated for amendments through December 31, 2019.
Recent amendments	The last amendment affecting the actuarial obligations was executed on December 28, 2020.
Covered employees	Employees become Members of the Plan on the first day of the month following completion of one year of service.
Participation date	Date of becoming a covered employee.

Definitions

Grandfathered employee	If, on December 31, 2000, either: <ul style="list-style-type: none">– Participating in AEP System Retirement Plan, or– In one-year waiting period for AEP System Retirement Plan participation.
Vesting service	A period of time from employment date to termination date and, in general, includes periods of severance that are not in the excess of 12 months.
Accredited service	Elapsed time from date of hire (from benefit service start date).
Cash balance pay	Pay received during the year, including base pay, overtime, shift differential/Sunday premium pay and incentive pay, subject to IRS limits.
Covered compensation amount	The average of the Social Security taxable wage based during the 35-year period including the year in which the participant retires, dies, becomes disabled or otherwise terminates employment. This monthly average is calculated to the next lower or equal whole dollar amount and is then rounded to nearest \$50.
Final average pay	Average of the highest 36-consecutive months of base pay out of the last 120 months of employment, subject to IRS limits.
Normal retirement date (NRD)	The first day of the calendar month whose first day is nearest the later of the member's 65 th birthday or the completion of five years of Vesting Service.
Cash balance account	Recordkeeping account to which annual Interest Credits and annual Company Credits are credited. The cash balance account is updated at the end of each plan year and is equal to:

	Cash Balance Account as of the end of the prior plan year
	+
	Interest Credits
	+
	Company Credits
Cash balance benefit	Cash Balance Account converted to a monthly annuity
Opening balance	For those participating in or eligible for the AEP System Retirement Plan on December 31, 2000, opening balance is calculated as follows:
	<ul style="list-style-type: none"> • Present value of monthly normal retirement benefit determined as of December 31, 2000, and payable at age 65 (or current age if older) <ul style="list-style-type: none"> – Present value determined based on 5.78% interest and IRS regulated mortality (GAM83 Unisex) data for lump sums (postretirement only)
	Plus
	<ul style="list-style-type: none"> • Credit for early retirement subsidy for monthly payments beginning at age 62 (or current age if older)
	Plus
	<ul style="list-style-type: none"> • Transition credit based on age, service and pay received in 2000 (see "Company Credits" for credit percentages) <ul style="list-style-type: none"> – Age and service based on completed whole years as of December 31, 2000.
	For employees hired on or after January 1, 2001, opening balance is \$0.
Interest credits	Interest credits are applied to beginning of year account balance on December 31 each year.
	Based on the average 30-year Treasury Bond rate for November of the previous year.
	Minimum of 4%.
Company credits	Applied to account balance on December 31 or termination date if earlier.
	Amount is a percentage of eligible pay received during the year, based on age plus years of Vesting Service (age and service in completed whole years as of December 31).
	For individuals hired on or after January 1, 2021 any eligible pay paid prior to the date they become a participant shall not be taken into account.

<i>Age Plus Years of Service</i>	<i>Annual Company Credit</i>
Less than 30	3.0%
30 – 39	3.5%
40 – 49	4.5%
50 – 59	5.5%
60 – 69	7.0%
70+	8.5%

Monthly grandfathered benefit

Sum of (1), (2) and (3):

- (1) 1.10% of Final Average Pay x Accredited Service up to 35 years
- (2) 0.50% of Final Average Pay Less Covered Compensation x Accredited Service up to 35 years
- (3) 1.33% of Final Average Pay x Accredited Service between 35 and 45 years

Accruals for the grandfathered benefit ceased on December 31, 2010.

Long-term disability and paid leaves

Participants do not receive company credits while on long-term disability. Vesting service continues.

Unpaid leave

No compensation for annual Company Credit. Vesting service continues.

Eligibility for Benefits**Normal retirement**

All members at or after their Normal Retirement Date.

Early retirement

Any time after attainment of age 55 and completion of five years of vesting. Applicable only to grandfathered benefits.

Postponed retirement

Retirement after Normal Retirement Date.

Vested termination

All members who terminate employment after completion of three years of Vesting Service, or upon death.

Disability

All members who are unable to work at own occupation solely because of sickness or injury for the first 24 months of disability. After 24 months of disability, the participant is eligible if unable to work at any gainful occupation for which the participant may be able, or may reasonably become qualified by education, training or experience, to perform.

Surviving spouse

The surviving spouse of a Grandfathered Member who retired or is eligible to retire on Normal or Early Retirement and who was married to that spouse for the year preceding commencement and whose grandfathered benefit exceeds his or her Cash Balance Benefit.

Preretirement death

Beneficiary of deceased member.

Benefits Paid Upon the Following Events

Normal retirement	For Grandfathered Employees, the better of the monthly grandfathered benefit or the Cash Balance Benefit determined as of Normal Retirement Date. For all other employees, the Cash Balance Benefit determined as of Normal Retirement Date.
Early retirement	<p>For Grandfathered Employees, the better of:</p> <ol style="list-style-type: none"> (1) The monthly grandfathered retirement benefit reduced by 3% per year for each year commencement precedes age 62, and (2) The Cash Balance Benefit determined as of the Early Retirement Date. <p>For all other employees, the Cash Balance Benefit determined as of the Early Retirement Date.</p>
Deferred vested retirement	The accrued Normal Retirement Benefit (better of Cash Balance and Grandfathered Benefits, if eligible), payable at Normal Retirement Date or actuarially reduced and payable at any age.
Disability	<p>The greater of (1) or (2):</p> <ol style="list-style-type: none"> (1) Accrued Grandfathered Retirement Benefit reduced as in the Early Retirement Benefit. If retirement occurs prior to age 55, the benefit is further reduced actuarially from age 55. The Disability Retirement Benefit will reflect Accredited Service that accrued (at most recent rate of base earnings) to a member while receiving benefits under the Company's LTD plan. (2) The Cash Balance Benefit with continued Company Credits while disabled. <p>Benefit (1) applies for Grandfathered Employees only.</p>
Preretirement death	<p>Better of (1) or (2):</p> <ol style="list-style-type: none"> (1) The grandfathered monthly benefit as if the employee commenced a 60% qualified joint and survivor benefit at his earliest retirement date (2) Annuity equivalent of Cash Balance account or the cash balance account. <p>Benefit (1) applies for a Grandfathered Employee whose beneficiary is his or her spouse.</p>
Surviving spouse benefits	A benefit payable for life equal to 30% of the single life annuity payable to the grandfathered member. The spouse's benefit is actuarially reduced for each year by which the spouse is more than ten years younger than the member. Payable to Grandfathered Employees only.

Other Plan Provisions

Forms of payment

- Grandfathered employees

The following are available for Grandfathered Employees for both the Grandfathered Benefit and the Cash Balance Benefit:

 - Full lump sum payment.
 - Combination of partial lump sum (25%, 50% or 75% of full lump sum) with remainder paid as a monthly benefit (see below).
 - Monthly payment:
 - Single life annuity.
 - Optional joint annuities (spouse or other beneficiary).
 - Available in 40%, 50%, 60%, 75%, 100%.
 - Can elect pop-up and/or level income options.
 - Automatic company-paid 30% surviving spouse annuity included in Grandfathered Benefit annuity if terminate on or after age 55 and married at least one year. Cash Balance Benefit is actuarially reduced for this feature.

A one-time option to elect a lump sum of the accrued benefit for terminated vested participants whose benefit was determined in no way by reference to either the AEP or CSW cash balance formulas was offered during the period from May 1, 2012 through June 30, 2012. Participants eligible for the window were also permitted to elect any of the other optional forms of payment generally applicable to such a participant under the normal terms of the plan document. Any participant who elected to commence benefits under this window, regardless of lump sum or annuity election, had a benefit commencement date of August 1, 2012.
- Employees hired on or after January 1, 2001

The following are available for those hired on or after January 1, 2001:

 - Full lump sum payment.
 - Combination of partial lump sum (25%, 50% or 75% of full lump sum) with remainder paid as a monthly benefit (see below).
 - Monthly payment:
 - Single life annuity.
 - Joint annuities (spouse or other beneficiary).
 - Available in 50%, 75%, 100%.

Form of payment conversion for non-417(e) covered conversions

- Cash balance 7.50% interest and the applicable 417(e) Mortality Table.
- Grandfathered benefit 7.50% interest and the 1974 George B. Buck Mortality Table.

Pension Increases None.**Plan participants' contributions**

Prior to January 1, 1978, employee contributions were required as a condition of Membership. In May and June of 1981, Members were permitted an election to withdraw those contributions. Those who did not elect to withdraw have retirement benefits based on a formula that differs from the formulas previously described in this section. However, the number of nonelecting Members is so small that special plan provisions for that group have not been included in this summary.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Benefits not valued

A small portion of the population made employee contributions to the plan. Because the amount of these contributions is not material to the plan, they are not part of the valuation.

Participants who were employees of Columbus Southern Power (CSP) at the time AEP acquired that company have a frozen benefit under the CSP benefit formula at December 31, 1986. Benefits for these participants are the greater of an all-service AEP benefit and a two-part benefit consisting of the frozen CSP benefit plus an AEP benefit accrued from January 1, 1987. Because this applies to a small portion of the population and the CSP frozen benefit is not often the greater benefit for these participants, this benefit is not valued.

Plan status Ongoing.**Future Plan Changes**

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Appendix B2: Summary of plan provisions covered by the former West Retirement Plan

Plan Provisions

Effective date	January 1940. Amended and restated effective January 1, 2017.
Recent amendments	Plan was merged with and into the American Electric Power System Retirement Plan. The last amendment affecting the actuarial obligations was executed on December 28, 2020.
Covered employees	All full-time employees of a Participating Company employed by CSW before January 1, 2001, and not covered by a union (that has not bargained for coverage) or another pension plan provided by AEP. Part-time employees of the Company had to work more than 1,000 hours in the first anniversary year or subsequent calendar years.
Participation date	Date of becoming a covered employee

Definitions

Grandfathered employee	Employees who were at least age 50 with ten years of vesting service of July 1, 1997.
Vesting service	All service from date of hire in completed years.
Credited service	The aggregate of: For the period prior to January 1, 1976: <ol style="list-style-type: none">(1) The number of full years in the last continuous period that employee was a participant after June 30, 1970, plus(2) Credited service under any prior plan if service extended to July 1, 1970. For the period beginning on or after January 1, 1976, the number of full years of service.
Cash balance pay	Pay received during the year, including base pay, overtime, shift differential/Sunday premium pay and incentive pay, subject to IRS limits
Final average pay	Highest average annual earnings (base pay only) during any 36 consecutive months in the 120 months before retirement. Any changes in earnings within the last three months before retirement will not be taken into account.
Normal retirement date (NRD)	The first day of the calendar month on or following the member's 65 th birthday.

Cash balance account

Recordkeeping account to which annual interest credits and annual company credits are credited. The cash balance account is updated at the end of each plan year and is equal to:

$$\begin{array}{r} \text{Cash Balance Account as of the} \\ \text{end of the prior plan year} \\ + \\ \text{Interest Credits} \\ + \\ \text{Company Credits} \end{array}$$

Cash balance benefit

Cash Balance Account converted to a monthly annuity

Interest credits

Interest credits are applied to beginning of year account balance on December 31 each year.

Based on the average 30-year Treasury Bond rate for November of the previous year.

Minimum of 4%.

Company credits

Applied to account balance on December 31 or termination date if earlier.

Amount is a percentage of eligible pay received during the year, based on age plus years of Vesting Service (age and service in completed whole years as of December 31).

<i>Age Plus Years of Service</i>	<i>Annual Company Credit</i>
Less than 30	3.0%
30 – 39	3.5%
40 – 49	4.5%
50 – 59	5.5%
60 – 69	7.0%
70+	8.5%

Monthly grandfathered benefit

Greater of (1) or (2) below with automatic cost of living adjustments upon retirement:

(1) Basic benefit — An annual amount equal to:

The aggregate of a participant's (a) earned benefit (if any) under any prior plan or acquired Company pension plan under which no election was made to receive a paid-up annuity; and (b) participant contributions without interest for the period commencing on or after July 1, 1970. For the period after September 1, 1980, participants will be deemed to have made contributions at the rate of 2% annually of the participant's annual rate of earnings as of January 1.

(2) Minimum benefit:

1-2/3% of final average annual earnings less 50% of participant's annual primary Social Security benefit times years of credited service up to 30 years.

Minimum benefits	The benefit payable will never be less than the frozen accrued benefit as of July 1, 1997, under the prior plan.
Primary Social Security benefit	<p>The annual amount payable under the Social Security Act as amended in effect at the employee's date of retirement. The date as of which the amount is to be determined is:</p> <ol style="list-style-type: none"> (1) In the case of an employee (including deferred vested employees) retiring on or after normal retirement date, normal retirement date. (2) In the case of an employee retiring prior to normal retirement date, the later of employee's 62nd birthday or actual retirement date. <p>Early retirees and deferred vested employees are assumed to have no earnings after termination in determining the amount of this benefit.</p>
Long-term disability and paid leaves	Participants do not receive company credits while on long-term disability. For the grandfathered formula, the final average pay will be determined as of the date on which the participant became disabled. Vesting service continues.
Unpaid leave	No compensation for annual compensation credit. Vesting service continues.

Eligibility for Benefits

Normal retirement	All members at or after their Normal Retirement Date
Early retirement	Any time after attainment of age 55 and completion of five years of vesting
Postponed retirement	Retirement after NRD.
Vested	<p>The participant's cash balance account is 100% vested when any one of the following applies:</p> <ol style="list-style-type: none"> (1) Three years of vesting service (2) Attainment of age 55 while an employee (3) Death prior to termination (4) Upon disability.
Disability	All participants who become permanently and totally disabled. Permanent and total disability is determined by reference to the LTD plan covering that participant.
Surviving spouse	The surviving spouse of a participant who retired or is eligible to retire on normal or early retirement.
Preretirement death	Beneficiary of participant who dies after becoming vested.

Benefits Paid Upon the Following Events

Normal retirement

Grandfathered employees must elect either the cash balance or the grandfathered formula. For purposes of this valuation, the employee is assumed to elect the formula with the higher present value. Employees with a prior plan frozen benefit get the better of the cash balance benefit and the prior plan frozen benefit. For all other employees, the Cash Balance Benefit is determined as of Normal Retirement Date.

Early retirement

Greater of (1) if applicable or (2):

- (1) The grandfathered accrued benefit and the prior plan frozen are payable subject to reduction according to the following schedule if payments commence prior to the normal retirement date.

<i>Age at Retirement</i>	<i>Percent of Benefit Payable</i>
64	100%
63	100%
62	100%
61	95%
60	90%
59	84%
58	78%
57	72%
56	66%
55	60%

- (2) The Cash Balance Benefit determined as of the Early Retirement Date.

Deferred vested retirement

Greater of (1) if applicable or (2):

- (1) Grandfathered accrued benefit payable at age 65, or if earlier reduced 5% per year from age 65, 6% per year from age 60 and 7.5% per year compounded from age 55.
- (2) Vested cash balance account.

Disability retirement

The greatest of grandfathered accrued benefit, if eligible, based on projected service and frozen pay deferred to age 65, prior plan frozen benefit if eligible and cash balance account with continued pay credits.

Preretirement death

If the beneficiary is the spouse and the participant is a grandfathered/protected plan participant, then:

- (1) For an active participant who dies on or after 55th birthday but before retirement, a monthly benefit equal to 50% of the benefit accrued to the date of death without reduction for early retirement is payable immediately as a life annuity to a qualifying spouse.

- (2) For an active participant who dies after completing five or more years of vesting service but before age 55, a deferred monthly benefit equal to 50% of the benefit accrued to the date of death reduced as for early retirement is payable as a life annuity to a qualifying spouse. Benefit commencement is deferred to when the deceased participant would have attained age 55.
- (3) For a deferred vested participant who dies before benefits commence, a monthly benefit equal to 50% of the deferred vested benefit reduced for early commencement (as for deferred vesteds) is payable as a life annuity to a qualifying spouse. If death occurs before age 55, the benefit to the spouse is deferred to when the deceased participant would have attained age 55.

The spouse's benefit is actuarially reduced for each year by which the spouse is more than five years younger than the participant.

For all employees, the minimum benefit is the cash balance account immediate annuity, which is also payable if the beneficiary is not the participant's spouse.

Other Plan Provisions

Form of payment

The following are available for those participants who did not work an hour of service on or after January 1, 2003:

- Full lump sum payment.
- Monthly payment:
 - Single life annuity.
 - 50% joint annuity (spouse or other beneficiary).

A one-time option to elect a lump sum of the accrued benefit for terminated vested participants whose benefit was determined in no way by reference to either the AEP or CSW cash balance formulas was offered during the period from May 1, 2012 through June 30, 2012. Participants eligible for the window were also permitted to elect any of the other optional forms of payment generally applicable to such a participant under the normal terms of the plan document. Any participant who elected to commence benefits under this window, regardless of lump sum or annuity election, had a benefit commencement date of August 1, 2012.

The following are available for those participants who work an hour of service on or after January 1, 2003:

- Full lump sum payment.
- Combination of partial lump sum (25%, 50% or 75% of full lump sum) with remainder paid as a monthly benefit (see below).

- Monthly payment:
 - Single life annuity.
 - Joint annuities (spouse or other beneficiary).
 - Available in 50%, 75%, 100%.

Form of payment conversion for non-417(e) covered conversions

- Cash balance 7.50% interest and the applicable 417(e) Mortality Table
- Grandfathered benefit Factors as specified in Tables I, II, III and IV of Exhibit A to the American Electric Power System Retirement Plan document. 7.50% interest and the 1951 Group Annuity male mortality table to the extent not covered by Tables I, II, III and IV.

Pension Increases None.

Member contributions None.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan status Continuing accruals. All new entrants to plan are covered under former East plan provision.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

American Electric Power System Retirement Plan

Appendix C: Results by business unit

AMERICAN ELECTRIC POWER
QUALIFIED RETIREMENT PLAN
SUMMARY OF PLAN PARTICIPANTS FOR THE 2023 VALUATION

Location	Vested Actives	Non-Vested Actives	Total Actives	Retirees Receiving Benefits	Beneficiaries	Deferred Vesteds	Total Inactives	Total Participants
140 Appalachian Power Co - Distribution	894	112	1,006	835	311	134	1,280	2,286
215 Appalachian Power Co - Generation	535	14	549	696	219	64	979	1,528
150 Appalachian Power Co - Transmission	11	3	14	102	24	4	130	144
Appalachian Power Co. - FERC	1,440	129	1,569	1,633	554	202	2,389	3,958
225 Cedar Coal Co	0	0	0	59	24	4	87	87
Appalachian Power Co. - SEC	1,440	129	1,569	1,692	578	206	2,476	4,045
211 AEP Texas Central Company - Distribution	864	90	954	652	225	240	1,117	2,071
147 AEP Texas Central Company - Generation	0	0	0	0	20	0	20	20
169 AEP Texas Central Company - Transmission	150	23	173	64	23	25	112	285
AEP Texas Central Co.	1,014	113	1,127	716	268	265	1,249	2,376
119 AEP Texas North Company - Distribution	214	34	248	125	55	63	243	491
166 AEP Texas North Company - Generation	0	0	0	58	35	18	111	111
192 AEP Texas North Company - Transmission	85	15	100	10	12	7	29	129
AEP Texas North Co.	0	0	0	0	0	0	0	0
AEP Texas	1,313	162	1,475	909	370	353	1,632	3,107
170 Indiana Michigan Power Co - Distribution	537	78	615	440	193	93	726	1,341
132 Indiana Michigan Power Co - Generation	155	9	164	257	75	72	404	568
190 Indiana Michigan Power Co - Nuclear	835	60	895	414	82	236	732	1,627
120 Indiana Michigan Power Co - Transmission	129	17	146	92	23	12	127	273
280 Ind Mich River Transp Lakin	102	0	102	85	44	49	178	280
Indiana Michigan Power Co. - SEC	1,758	164	1,922	1,288	417	462	2,167	4,089
110 Kentucky Power Co - Distribution	209	25	234	181	41	28	250	484
117 Kentucky Power Co - Generation	23	2	25	103	38	9	150	175
180 Kentucky Power Co - Transmission	1	2	3	10	1	2	13	16
Kentucky Power Co.	233	29	262	294	80	39	413	675
250 Ohio Power Co - Distribution	1,361	195	1,556	1,229	469	219	1,917	3,473
160 Ohio Power Co - Transmission	30	7	37	148	66	12	226	263
Ohio Power Co.	1,391	202	1,593	1,377	535	231	2,143	3,736
167 Public Service Co of Oklahoma - Distribution	552	70	622	314	140	127	581	1,203
198 Public Service Co of Oklahoma - Generation	221	17	238	110	44	68	222	460
114 Public Service Co of Oklahoma - Transmission	78	28	106	39	6	25	70	176
Public Service Co. of Oklahoma	851	115	966	463	190	220	873	1,839
159 Southwestern Electric Power Co - Distribution	429	43	472	131	61	50	242	714
168 Southwestern Electric Power Co - Generation	485	11	496	145	70	39	254	750
161 Southwestern Electric Power Co - Texas - Distribution	201	27	228	75	37	38	150	378
111 Southwestern Electric Power Co - Texas - Transmissi	0	0	0	0	0	0	0	0
194 Southwestern Electric Power Co - Transmission	101	18	119	25	9	13	47	166
Southwestern Electric Power Co.	1,216	99	1,315	376	177	140	693	2,008
230 Kingsport Power Co - Distribution	49	2	51	40	10	3	53	104
260 Kingsport Power Co - Transmission	0	0	0	8	2	1	11	11
Kingsport Power Co.	49	2	51	48	12	4	64	115
210 Wheeling Power Co - Distribution	35	5	40	42	15	8	65	105
200 Wheeling Power Co - Transmission	0	0	0	0	3	0	3	3
413 Wheeling Power Co - Generation	158	6	164	134	8	20	162	326
Wheeling Power Co.	193	11	204	176	26	28	230	434
103 American Electric Power Service Corporation	5,319	618	5,937	2,855	498	1,274	4,627	10,564
293 Elmwood	0	0	0	9	1	19	29	29
292 AEP River Operations LLC	0	0	0	34	3	175	212	212
American Electric Power Service Corp	5,319	618	5,937	2,898	502	1,468	4,868	10,805
270 Cook Coal Terminal	13	0	13	10	3	6	19	32
AEP Generating Company	13	0	13	10	3	6	19	32
104 Cardinal Operating Company	1	0	1	212	51	73	336	337
181 Ohio Power Co - Generation	2	0	2	982	352	158	1,492	1,494
AEP Generation Resources - FERC	3	0	3	1,194	403	231	1,828	1,831
290 Conesville Coal Preparation Company	0	0	0	9	2	1	12	12
AEP Generation Resources - SEC	3	0	3	1,203	405	232	1,840	1,843
400 AEP Energy	214	49	263	10	2	60	72	335
AEP Energy Supply	217	49	266	1,213	407	292	1,912	2,178
143 AEP Pro Serv, Inc.	0	0	0	1	0	2	3	3
AEP Pro Serv, Inc.	0	0	0	1	0	2	3	3
245 Dolet Hills	22	0	22	7	0	37	44	66
Dolet Hills	22	0	22	7	0	37	44	66
Total	14,015	1,580	15,595	10,752	3,297	3,488	17,537	33,132

AMERICAN ELECTRIC POWER - QUALIFIED RETIREMENT PLAN
SUMMARY OF ASC 715-30 VALUATION RESULTS AS OF JANUARY 1, 2023

Location	Valuation Earnings	Market-Related Value of Assets	Fair Value of Assets	Accumulated Benefit Obligation	Projected Benefit Obligation	January 1, 2023 Pre-Tax AOCI
140 Appalachian Power Co - Distribution	\$114,985,719	\$322,835,745	\$280,264,330	\$254,201,013	\$263,654,708	\$59,493,061
215 Appalachian Power Co - Generation	64,536,517	278,265,837	241,571,727	202,906,908	209,028,237	22,293,423
150 Appalachian Power Co - Transmission	1,322,792	16,374,476	14,215,221	19,697,937	19,810,482	11,507,381
Appalachian Power Co. - FERC	\$180,845,028	\$617,476,058	\$536,051,278	\$476,805,858	\$492,493,427	\$93,293,865
225 Cedar Coal Co	0	5,347,283	4,642,152	1,895,558	1,895,558	2,425,503
Appalachian Power Co. - SEC	\$180,845,028	\$622,823,341	\$540,693,430	\$478,701,416	\$494,388,985	\$95,719,368
211 AEP Texas Central Company - Distribution	107,906,253	257,399,173	223,456,689	224,009,682	235,264,211	116,868,548
147 AEP Texas Central Company - Generation	0	15,238,041	13,228,645	1,310,720	1,310,720	(10,016,138)
169 AEP Texas Central Company - Transmission	20,762,065	25,059,350	21,754,847	26,792,019	29,105,523	18,302,924
AEP Texas Central Co.	\$128,668,318	\$297,696,564	\$258,440,181	\$252,112,421	\$265,680,454	\$125,155,334
119 AEP Texas North Company - Distribution	28,266,462	55,922,263	48,547,956	53,844,181	56,421,189	29,557,858
166 AEP Texas North Company - Generation	0	27,200,886	23,613,984	11,179,612	11,179,612	11,757,798
192 AEP Texas North Company - Transmission	12,059,650	10,774,461	9,353,664	9,536,550	10,743,009	2,303,911
AEP Texas North Co.	\$40,326,112	\$93,897,610	\$81,515,604	\$74,560,343	\$78,343,810	\$43,619,567
AEP Texas	\$168,994,430	\$391,594,174	\$339,955,785	\$326,672,764	\$344,024,264	\$168,774,901
170 Indiana Michigan Power Co - Distribution	70,091,296	168,772,463	146,516,927	119,665,570	126,137,829	16,472,053
132 Indiana Michigan Power Co - Generation	19,383,365	114,780,344	99,644,593	63,938,525	65,406,344	(14,031,099)
190 Indiana Michigan Power Co - Nuclear	121,480,956	259,363,318	225,161,828	201,782,886	212,762,562	(14,482,938)
120 Indiana Michigan Power Co - Transmission	18,313,614	35,947,758	31,207,431	29,978,844	31,956,006	4,050,755
280 Ind Mich River Transp Lakin	9,487,725	38,127,186	33,099,464	22,647,038	23,643,281	(6,929,729)
Indiana Michigan Power Co. - SEC	\$238,756,956	\$616,991,069	\$535,630,243	\$438,012,863	\$459,906,022	(\$14,920,958)
110 Kentucky Power Co - Distribution	26,861,878	64,322,099	55,840,130	60,496,074	62,541,889	13,864,309
117 Kentucky Power Co - Generation	2,950,543	34,384,354	29,850,189	24,996,029	25,237,297	1,212,940
180 Kentucky Power Co - Transmission	275,711	776,209	673,853	2,230,708	2,242,492	1,963,701
Kentucky Power Co.	\$30,088,132	\$99,482,662	\$86,364,172	\$87,722,811	\$90,021,678	\$17,040,950
250 Ohio Power Co - Distribution	178,298,960	437,816,198	380,082,643	319,538,737	340,188,939	101,927,544
160 Ohio Power Co - Transmission	3,583,273	37,561,202	32,608,115	29,615,586	30,002,334	22,891,534
Ohio Power Co.	\$181,882,233	\$475,377,400	\$412,690,758	\$349,154,323	\$370,191,273	\$124,819,078
167 Public Service Co of Oklahoma - Distribution	74,114,478	155,843,782	135,293,114	120,985,796	129,425,725	41,749,762
198 Public Service Co of Oklahoma - Generation	29,407,996	80,776,519	70,124,753	52,926,427	55,775,598	1,920,456
114 Public Service Co of Oklahoma - Transmission	12,919,288	19,559,271	16,980,046	13,353,557	14,743,902	137,579
Public Service Co. of Oklahoma	116,441,762	256,179,572	222,397,913	187,265,780	199,945,225	43,807,797
159 Southwestern Electric Power Co - Distribution	56,110,836	101,577,445	88,182,722	89,193,102	95,416,819	34,245,406
168 Southwestern Electric Power Co - Generation	59,758,830	102,359,979	88,862,065	101,165,683	106,377,341	33,945,005
161 Southwestern Electric Power Co - Texas - Distribution	26,735,806	47,079,902	40,871,612	40,535,243	43,300,323	15,573,663
111 Southwestern Electric Power Co - Texas - Transmission	0	0	0	0	0	831,581
194 Southwestern Electric Power Co - Transmission	14,646,229	19,404,101	16,845,338	13,315,743	15,211,165	(290,321)
Southwestern Electric Power Co.	\$157,251,701	\$270,421,427	\$234,761,737	\$244,209,771	\$260,305,648	\$84,305,334
230 Kingsport Power Co - Distribution	5,558,177	14,833,066	12,877,073	12,437,815	12,877,239	3,026,786
260 Kingsport Power Co - Transmission	0	1,073,201	931,681	1,440,829	1,440,829	1,155,905
Kingsport Power Co.	\$5,558,177	\$15,906,267	\$13,808,754	\$13,878,644	\$14,318,068	\$4,182,691
210 Wheeling Power Co - Distribution	4,409,259	16,103,511	13,979,988	10,801,816	11,207,914	2,758,914
200 Wheeling Power Co - Transmission	0	785,666	682,062	172,600	172,600	497,724
413 Wheeling Power Co - Generation	19,393,520	80,030,969	69,477,517	49,609,645	51,557,468	6,204,645
Wheeling Power Co.	\$23,802,779	\$96,920,146	\$84,139,567	\$60,584,061	\$62,937,982	\$9,461,283
103 American Electric Power Service Corporation	784,691,319	1,321,530,462	1,147,264,066	1,413,152,149	1,493,441,948	429,905,626
293 Elmwood	0	6,682,961	5,801,698	1,073,867	1,073,867	(3,390,296)
292 AEP River Operations LLC	0	56,428,087	48,987,079	9,914,316	9,914,316	(28,635,915)
American Electric Power Service Corp	\$784,691,319	\$1,384,641,510	\$1,202,052,843	\$1,424,140,332	\$1,504,430,131	\$397,879,415
270 Cook Coal Terminal	1,403,667	4,546,574	3,947,031	2,313,105	2,393,548	(1,205,872)
AEP Generating Company	\$1,403,667	\$4,546,574	\$3,947,031	\$2,313,105	\$2,393,548	(\$1,205,872)
104 Cardinal Operating Company	48,313	102,779,609	89,226,360	49,854,631	49,871,592	(36,614,704)
181 Ohio Power Co - Generation	111,395	375,199,361	325,722,908	165,915,735	165,915,735	63,522,810
AEP Generation Resources - FERC	\$159,708	\$477,978,970	\$414,949,268	\$215,770,366	\$215,787,327	\$26,908,106
290 Conesville Coal Preparation Company	0	4,744,220	4,118,613	1,761,817	1,761,817	(91,391)
AEP Generation Resources - SEC	\$159,708	\$482,723,190	\$419,067,881	\$217,532,183	\$217,549,144	\$26,816,715
400 AEP Energy	33,253,579	13,701,914	11,895,083	16,273,309	21,042,269	4,872,821
AEP Energy Supply	\$33,413,287	\$496,425,104	\$430,962,964	\$233,805,492	\$238,591,413	\$31,689,536
143 AEP Pro Serv, Inc.	0	1,032,783	896,593	943,401	943,401	(32,989)
AEP Pro Serv, Inc.	\$0	\$1,032,783	\$896,593	\$943,401	\$943,401	(\$32,989)
245 Dolet Hills	2,588,996	4,162,013	3,613,181	2,283,297	2,355,143	(4,703,149)
Dolet Hills	\$2,588,996	\$4,162,013	\$3,613,181	\$2,283,297	\$2,355,143	(\$4,703,149)
Total	\$1,925,718,467	\$4,736,504,042	\$4,111,914,971	\$3,849,688,060	\$4,044,752,781	\$956,817,385
Total without Dolet Hills	\$1,923,129,471	\$4,732,342,029	\$4,108,301,790	\$3,847,404,763	\$4,042,397,638	\$961,520,534

American Electric Power System Retirement Plan

AMERICAN ELECTRIC POWER
QUALIFIED PENSION PLAN
2023 NET PERIODIC PENSION COST

Location	Service Cost	Interest Cost	"Other" Cost			Net Periodic Pension Cost	
			Expected Return on Assets	Amortizations			
				PSC	(G)/L		Total "Other" Cost
140 Appalachian Power Co - Distribution	5,693,102	14,091,607	(23,140,108)	0	0	(9,048,501)	(3,355,399)
215 Appalachian Power Co - Generation	3,306,370	11,168,892	(19,945,442)	0	0	(8,776,550)	(5,470,180)
150 Appalachian Power Co - Transmission	57,023	1,036,517	(1,173,684)	0	0	(137,167)	(80,144)
Appalachian Power Co. - FERC	\$9,056,495	\$26,297,016	(\$4,259,234)	\$0	\$0	(\$17,962,218)	(\$8,905,723)
225 Cedar Coal Co	0	98,151	(383,281)	0	0	(285,130)	(285,130)
Appalachian Power Co. - SEC	\$9,056,495	\$26,395,167	(\$4,642,515)	\$0	\$0	(\$18,247,348)	(\$9,190,853)
211 AEP Texas Central Company - Distribution	5,279,901	12,424,809	(18,449,768)	0	0	(6,024,959)	(745,058)
147 AEP Texas Central Company - Generation	0	66,964	(1,092,227)	0	0	(1,025,263)	(1,025,263)
169 AEP Texas Central Company - Transmission	969,554	1,549,996	(1,796,195)	0	0	(246,199)	723,355
AEP Texas Central Co.	\$6,249,455	\$14,041,769	(\$21,338,190)	\$0	\$0	(\$7,296,421)	(\$1,046,966)
119 AEP Texas North Company - Distribution	1,398,703	2,966,463	(4,008,377)	0	0	(1,041,914)	356,789
166 AEP Texas North Company - Generation	0	578,881	(1,949,696)	0	0	(1,370,815)	(1,370,815)
192 AEP Texas North Company - Transmission	550,164	586,405	(772,288)	0	0	(185,883)	364,281
AEP Texas North Co.	\$1,948,867	\$4,131,749	(\$6,730,361)	\$0	\$0	(\$2,598,612)	(\$649,745)
AEP Texas	\$8,198,322	\$18,173,518	(\$28,068,551)	\$0	\$0	(\$9,895,033)	(\$1,696,711)
170 Indiana Michigan Power Co - Distribution	3,363,962	6,811,894	(12,097,214)	0	0	(5,285,320)	(1,921,358)
132 Indiana Michigan Power Co - Generation	1,011,719	3,490,868	(8,227,186)	0	0	(4,736,318)	(3,724,599)
190 Indiana Michigan Power Co - Nuclear	6,231,377	11,536,774	(18,590,554)	0	0	(7,053,780)	(822,403)
120 Indiana Michigan Power Co - Transmission	826,526	1,730,338	(2,576,651)	0	0	(846,313)	(19,787)
280 Ind Mich River Transp Lakin	419,512	1,264,316	(2,732,867)	0	0	(1,468,551)	(1,049,039)
Indiana Michigan Power Co. - SEC	\$11,853,096	\$24,834,190	(\$44,224,472)	\$0	\$0	(\$19,390,282)	(\$7,537,186)
110 Kentucky Power Co - Distribution	1,307,872	3,368,340	(4,610,457)	0	0	(1,242,117)	65,755
117 Kentucky Power Co - Generation	149,865	1,326,344	(2,464,590)	0	0	(1,138,246)	(988,381)
180 Kentucky Power Co - Transmission	14,102	118,611	(55,637)	0	0	62,974	77,076
Kentucky Power Co.	\$1,471,839	\$4,813,295	(\$7,130,684)	\$0	\$0	(\$2,317,389)	(\$845,550)
250 Ohio Power Co - Distribution	8,262,797	18,264,325	(31,381,637)	0	0	(13,117,312)	(4,854,515)
160 Ohio Power Co - Transmission	150,322	1,566,663	(2,692,299)	0	0	(1,125,636)	(975,314)
Ohio Power Co.	\$8,413,119	\$19,830,988	(\$34,073,936)	\$0	\$0	(\$14,242,948)	(\$5,829,829)
167 Public Service Co of Oklahoma - Distribution	3,537,145	6,893,688	(11,170,516)	0	0	(4,276,828)	(739,683)
198 Public Service Co of Oklahoma - Generation	1,426,579	2,962,413	(5,789,871)	0	0	(2,827,458)	(1,400,879)
114 Public Service Co of Oklahoma - Transmission	573,410	811,370	(1,401,963)	0	0	(590,593)	(17,183)
Public Service Co. of Oklahoma	\$5,537,134	\$10,667,471	(\$18,362,350)	\$0	\$0	(\$7,694,879)	(\$2,157,745)
159 Southwestern Electric Power Co - Distribution	2,745,446	5,080,534	(7,280,833)	0	0	(2,200,299)	545,147
168 Southwestern Electric Power Co - Generation	3,080,464	5,627,085	(7,336,923)	0	0	(1,709,838)	1,370,626
161 Southwestern Electric Power Co - Texas - Distribution	1,244,727	2,300,523	(3,374,577)	0	0	(1,074,054)	170,673
111 Southwestern Electric Power Co - Texas - Transmission	0	0	0	0	0	0	0
194 Southwestern Electric Power Co - Transmission	623,224	843,026	(1,390,840)	0	0	(547,814)	75,410
Southwestern Electric Power Co.	\$7,693,861	\$13,851,168	(\$19,383,173)	\$0	\$0	(\$5,532,005)	\$2,161,856
230 Kingsport Power Co - Distribution	287,420	696,513	(1,063,199)	0	0	(366,686)	(79,266)
260 Kingsport Power Co - Transmission	0	74,766	(76,925)	0	0	(2,159)	(2,159)
Kingsport Power Co.	\$287,420	\$771,279	(\$1,140,124)	\$0	\$0	(\$368,845)	(\$81,425)
210 Wheeling Power Co - Distribution	195,660	591,512	(1,154,262)	0	0	(562,750)	(367,090)
200 Wheeling Power Co - Transmission	0	8,646	(56,315)	0	0	(47,669)	(47,669)
413 Wheeling Power Co - Generation	936,291	2,772,637	(5,736,432)	0	0	(2,963,795)	(2,027,504)
Wheeling Power Co.	\$1,131,951	\$3,372,795	(\$6,947,009)	\$0	\$0	(\$3,574,214)	(\$2,442,263)
103 American Electric Power Service Corporation	38,115,091	79,896,069	(94,724,201)	0	0	(14,828,132)	23,286,959
293 Elmwood	0	50,576	(479,019)	0	0	(428,443)	(428,443)
292 AEP River Operations LLC	0	490,537	(4,044,633)	0	0	(3,554,096)	(3,554,096)
American Electric Power Service Corp	\$38,115,091	\$80,437,182	(\$99,247,853)	\$0	\$0	(\$18,810,671)	\$19,304,420
270 Cook Coal Terminal	61,289	123,797	(325,888)	0	0	(202,091)	(140,802)
AEP Generating Company	\$61,289	\$123,797	(\$325,888)	\$0	\$0	(\$202,091)	(\$140,802)
104 Cardinal Operating Company	1,486	2,606,720	(7,367,001)	0	0	(4,760,281)	(4,758,795)
181 Ohio Power Co - Generation	0	8,636,997	(26,893,409)	0	0	(18,256,412)	(18,256,412)
AEP Generation Resources - FERC	\$1,486	\$11,243,717	(\$34,260,410)	\$0	\$0	(\$23,016,693)	(\$23,015,207)
290 Conesville Coal Preparation Company	0	92,858	(340,055)	0	0	(247,197)	(247,197)
AEP Generation Resources - SEC	\$1,486	\$11,336,575	(\$34,600,465)	\$0	\$0	(\$23,263,890)	(\$23,262,404)
400 AEP Energy	1,369,353	1,211,304	(982,121)	0	0	229,183	1,598,536
AEP Energy Supply	\$1,370,839	\$12,547,879	(\$35,582,586)	\$0	\$0	(\$23,034,707)	(\$21,663,868)
143 AEP Pro Serv, Inc.	0	50,014	(74,027)	0	0	(24,013)	(24,013)
AEP Pro Serv, Inc.	\$0	\$50,014	(\$74,027)	\$0	\$0	(\$24,013)	(\$24,013)
245 Dolet Hills	92,863	128,117	(298,323)	0	0	(170,206)	(77,343)
Dolet Hills	\$92,863	\$128,117	(\$298,323)	\$0	\$0	(\$170,206)	(\$77,343)
Total	\$93,283,319	\$215,996,860	(\$339,501,491)	\$0	\$0	(\$123,504,631)	(\$30,221,312)
Total without Dolet Hills	\$93,190,456	\$215,868,743	(\$339,203,168)	\$0	\$0	(\$123,334,425)	(\$30,143,969)

American Electric Power Excess Benefit Plan

Actuarial Valuation Report Benefit Cost for Fiscal Year Beginning January 1, 2023 under U.S. GAAP

June 2023

wtwco.com

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Purposes of valuation

American Electric Power Co. (the Company) engaged Willis Towers Watson US LLC (WTW) to value the Company's pension plan.

As requested by the Company, this report documents the results of an actuarial valuation of the American Electric Power Excess Benefit Plan (the Plan) as of January 1, 2023.

The primary purpose of this valuation is to determine the Net Periodic Benefit Cost/(Income) (Benefit Cost), in accordance with FASB Accounting Standards Codification Topic 715 (ASC 715) for the fiscal year ending December 31, 2023. It is anticipated that a separate report will be prepared for year-end financial reporting purposes.

Limitations

This valuation has been conducted for the purposes described above and may not be suitable for any other purpose. In particular, please note the following:

1. The expected contributions to the nonqualified plan were set equal to expected benefit payments for the current fiscal year.
2. There may be certain events that have occurred since the valuation date that are not reflected in the current valuation. See Subsequent Events in the Basis for Valuation section below for more information.

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Section 1 : Summary of key results

1.1 Benefit cost, plan assets & obligations

All monetary amounts shown in U.S. Dollars

Fiscal Year Beginning		01/01/2023	01/01/2022
Benefit Cost/ (Income)	Net periodic benefit cost/(income)	5,863,205	6,131,643
	Benefit cost/(Income) due to special events	0	0
	Total benefit cost/(income)	5,863,205	6,131,643
Measurement Date		01/01/2023	01/01/2022
Plan Assets	Fair value of plan assets (FVA)	0	0
Benefit Obligations	Accumulated Benefit Obligation (ABO)	(57,648,056)	(69,539,874)
	Projected Benefit Obligation (PBO)	(63,443,579)	(78,201,564)
Accumulated Other Comprehensive (Income)/Loss (Pre- tax)	Net prior service cost/(credit)	156,986	175,022
	Net loss/(gain)	23,415,439	36,625,622
	Total accumulated other comprehensive (income)/loss (pre-tax)	23,572,425	36,800,644
Assumptions	Discount rate	5.60%	2.75%
	Expected long-term rate of return on plan assets	N/A	N/A
	Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
	Cash balance interest crediting rate	4.25%	4.00%
Participant Data	Census date	01/01/2023	01/01/2022

1.2 Comments on results

The actuarial gains/(losses) due to demographic experience, including any assumption changes during the prior year were \$10,847,100.

Change in net periodic cost and funded position

The net periodic cost declined from \$6,131,643 in fiscal 2022 to \$5,863,205 in fiscal 2023 and the funded position improved from \$(78,201,564) to \$(63,443,579).

All monetary amounts shown in U.S. Dollars

	Net Periodic Benefit Cost
Prior year	6.1
Change due to:	
• Expected based on prior valuation and contributions during prior year	(0.4)
• Noninvestment experience different than assumed	0.2
• Investment experience greater or less than assumed	0
• Assumption changes	0
• Plan amendments	0
• Settlements, curtailments, certain termination benefits	0
• Acquisitions	0
• Method changes	0
• Changes in estimation techniques	0
Current year	5.9

Significant reasons for these changes include the following:

- A loss on the Projected Benefit Obligation due to the incorporation of January 1, 2023 census data increased the net periodic cost and decreased the funded position.
- The discount rate increased 285 basis points compared to the prior year which reduced the net periodic cost and improved the funded position.
- The lump sum mortality assumption was updated from the PPA 2022 optional combined mortality with static projection to commencement using MP-2021, to the PPA 2023 optional combined mortality with static projection to commencement using MP-2021. The lump sum mortality assumption change had a negligible effect on the net periodic cost and improved the funded position.
- The lump sum conversion rate was changed from 2.51% to 4.48%, which had a negligible effect on the net periodic cost and funded position.
- The cash balance account interest crediting rate assumption increased from 4.00% to 4.25%, which increased the net periodic cost and caused the funded status to decline.

1.3 Basis for valuation

Appendix A summarizes the assumptions, methods and models used in the valuation. Appendix B summarizes our understanding of the principal provisions of the plan being valued. Both of these appendices include a summary of any changes since the prior valuation. Unless otherwise described below under Subsequent Events, assumptions were selected based on information known as of the measurement date.

Subsequent events

As of the date of this report we are not aware of any subsequent events.

Additional information

None.

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Actuarial certification

This valuation has been conducted in accordance with generally accepted actuarial principles and practices. However, please note the information described below regarding this valuation.

Reliances

In preparing the results presented in this report, we have relied on information regarding plan provisions, participants, assets, and sponsor accounting policies and methods provided by the Company and other persons or organizations designated by the Company. See the Sources of Data and Other Information section of Appendix A for further details.

We have relied on all the data and information provided as complete and accurate. We have reviewed this information for overall reasonableness and consistency, but have neither audited nor independently verified this information. Based on discussions with and concurrence by the plan sponsor, assumptions or estimates may have been made if data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

The results presented in this report are directly dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data, assets, plan provisions or other information provided to us may have produced results that are not suitable for the purposes of this report and such inaccuracies, as corrected by the Company, may produce materially different results that could require that a revised report be issued.

Measurement of benefit obligations, plan assets and balance sheet adjustments

Census date/measurement date

The measurement date is January 1, 2023. The benefit obligations were measured as of January 1, 2023 and are based on participant data as of the census date, January 1, 2023.

Plan assets and balance sheet adjustments

Information about the fair value of plan assets and the general ledger account balances for the benefit plan cost at December 31, 2022, which reflect the expected funded status of the plan was reviewed for reasonableness and consistency, but no audit was performed.

Accumulated other comprehensive (income)/loss amounts shown in the report are shown prior to adjustment for tax effects. Any tax effects in AOCI should be determined by the Company in consultation with its tax advisors and independent accountants.

Assumptions and methods under U.S. GAAP

As required by U.S. GAAP, the actuarial assumptions and methods employed in the development of the benefit cost and other financial reporting have been selected by the Company. WTW has evaluated the assumptions used and believes that they do not significantly conflict with what would be reasonable. In addition, we believe that the combined effect of assumptions is expected to have no significant bias. See

Appendix A for a description of each significant assumption used and our rationale for concluding that it does not significantly conflict with what would be reasonable. U.S. GAAP requires that each significant assumption "individually represent the best estimate of the plan's future experience solely with respect to that assumption."

The results shown in this report have been developed based on actuarial assumptions that, to the extent evaluated by WTW, we believe do not significantly conflict with what would be reasonable. Other actuarial assumptions could also be considered to not significantly conflict with what would be reasonable. Thus, reasonable results differing from those presented in this report could have been developed by selecting different reasonable assumptions.

A summary of the assumptions, methods and sources of data and other information used is provided in Appendix A. Note that any subsequent changes in methods or assumptions for the January 1, 2023 measurement date will change the results shown in this report.

Certain models (as described in ASOP No. 56) were used in preparing the information presented herein. Further information on these models can be found in Appendix A.

Nature of actuarial calculations

The results shown in this report are estimates based on data that may be imperfect and on assumptions about future events that cannot be predicted with any certainty. The effects of certain plan provisions may be approximated, or determined to be insignificant and therefore not valued. Reasonable efforts were made in preparing this valuation to confirm that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and are not excluded or included inappropriately. Any rounding (or lack thereof) used for displaying numbers in this report is not intended to imply a degree of precision, which is not a characteristic of actuarial calculations.

If overall future plan experience produces higher benefit payments or lower investment returns than assumed, the relative level of plan costs reported in this valuation will likely increase in future valuations (and vice versa). Future actuarial measurements may differ significantly from the current measurements presented in this report due to many factors, including: plan experience differing from that anticipated by the economic or demographic assumptions, changes in economic or demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period), and changes in plan provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of such future measurements.

See Basis for Valuation in Section 1 above for a discussion of any material events that have occurred after the valuation date that are not reflected in this valuation.

Limitations on use

This report is provided subject to the terms set out herein and in our Master Consulting Services Agreement dated July 29, 2004 and any accompanying or referenced terms and conditions.

The information contained in this report was prepared for the internal use of the Company and its independent accountants in connection with our actuarial valuation of the pension plan as described in Purposes of Valuation above. It is not intended for and may not be used for other purposes, and we accept no responsibility or liability in this regard. The Company may distribute this actuarial valuation report to the appropriate authorities who have the legal right to require the Company to provide them this report, in which case the Company will use best efforts to notify WTW in advance of this distribution. Further distribution to, or use by, other parties of all or part of this report is expressly prohibited without WTW's prior written consent. WTW accepts no responsibility for any consequences arising from any other party relying on this report or any advice relating to its contents.

Professional qualifications

The undersigned are members of the Society of Actuaries and meet the "Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States" relating to pension plans. Our objectivity is not impaired by any relationship between the plan sponsor and our employer, Willis Towers Watson US LLC.



Joseph A. Perko, FSA, EA
Director, Retirement - Valuation Actuary
June 30, 2023



Chad M. Greenwalt, FSA, EA
Director, Retirement - Valuation Actuary
June 30, 2023



Max T. Murphy, FSA, EA
Senior Associate, Retirement - Valuation Actuary
June 30, 2023

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Section 2 : Accounting exhibits

2.1 Balance sheet asset/(liability)

All monetary amounts shown in U.S. Dollars

Measurement Date	01/01/2023	01/01/2022
A Development of Balance Sheet Asset/(Liability)¹		
1 Projected benefit obligation (PBO) ²	(63,443,579)	(78,201,564)
2 Fair value of plan assets (FVA) ³	0	0
3 Net balance sheet asset/(liability)	(63,443,579)	(78,201,564)
B Current and Noncurrent Classification⁴		
1 Noncurrent asset	0	0
2 Current liability	(8,960,100)	(9,651,801)
3 Noncurrent liability	(54,483,479)	(68,549,763)
4 Net balance sheet asset/(liability)	(63,443,579)	(78,201,564)
C Accumulated Benefit Obligation (ABO)	(57,648,056)	(69,539,874)
D Accumulated Other Comprehensive (Income)/Loss		
1 Net prior service cost/(credit)	156,986	175,022
2 Net loss/(gain)	23,415,439	36,625,622
3 Accumulated other comprehensive (income)/loss ⁵	23,572,425	36,800,644
E Assumptions and Dates		
1 Discount rate	5.60%	2.75%
2 Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
3 Cash balance interest crediting rate	4.25%	4.00%
4 Census date	01/01/2023	01/01/2022
5 Lump Sum Conversion Rate	4.48%	2.51%

¹ Whether any amounts in this table that differ from those disclosed at year-end must be disclosed in subsequent interim financial statements should be determined.

² East PBO = \$35,370,492, West PBO = \$28,073,087 as of January 1, 2023

³ Excludes receivable contributions.

⁴ The current liability (for each underfunded plan) was measured as the discounted value of benefits expected to be paid over the next 12 months in excess of the fair value of the plan's assets at the measurement date.

⁵ Amount shown is pre-tax and should be adjusted by plan sponsor for tax effects.

2.2 Changes in plan obligations and assets

All monetary amounts shown in U.S. Dollars

Period Beginning	01/01/2023	01/01/2022
A Change in Projected Benefit Obligation (PBO)		
1 PBO at beginning of prior fiscal year	78,201,564	84,872,740
2 Employer service cost	1,687,195	1,751,483
3 Interest cost	2,063,329	1,864,314
4 Actuarial loss/(gain)	(10,847,100)	(3,136,448)
5 Plan participants' contributions	0	0
6 Benefits paid from plan assets	0	0
7 Benefits paid from Company assets	(7,661,409)	(7,150,525)
8 Administrative expenses paid ¹	0	0
9 Plan amendments	0	0
10 Acquisitions/(divestitures)	0	0
11 Curtailments	0	0
12 Settlements	0	0
13 Special/contractual termination benefits	0	0
14 PBO at end of current fiscal year	63,443,579	78,201,564

¹ Only if future expenses are accrued in PBO through a load on service cost.

2.3 Summary of net balances

All monetary amounts shown in U.S. Dollars

A Summary of Prior Service Cost/(Credit) Bases

Measurement Date Established	Original Amount	Net Amount at 01/01/2023	Remaining Amortization Period	Amortization Amount in 2023	Effect of Curtailments	Other Events
12/31/2019	211,094	156,986	8.70383	(18,036)	0	0
Total		156,986		(18,036)	0	0

All monetary amounts shown in U.S. Dollars

B Summary of Net Loss/(Gain) (see Appendix A for a description of amortization method)

	Net Amount at 01/01/2023 ¹	Amortization Amount in 2023	Effect of Curtailments	Effect of Settlements	Other Events (Identify)
	23,415,439	(1,391,637)	0	0	0

¹ Before any immediate recognition on the same date.

2.4 Summary and comparison of benefit cost and cash flows

All monetary amounts shown in U.S. Dollars

Fiscal Year Ending	12/31/2023	12/31/2022
A Total Benefit Cost		
1 Employer service cost	1,093,742	1,687,195
2 Interest cost	3,359,790	2,063,329
3 Expected return on plan assets	0	0
4 Subtotal	4,453,532	3,750,524
5 Net prior service cost/(credit) amortization	18,036	18,036
6 Net loss/(gain) amortization	1,391,637	2,363,083
7 Subtotal	1,409,673	2,381,119
8 Net periodic benefit cost/(income)	5,863,205	6,131,643
9 Curtailment (gain)/loss	0	0
10 Settlement (gain)/loss	0	0
11 Special/contractual termination benefits	0	0
12 Total benefit cost	5,863,205	6,131,643
B Assumptions (See Appendix A for interim measurements, if any)		
1 Discount rate	5.60%	2.75%
2 Expected long-term rate of return on plan assets	N/A	N/A
3 Rate of compensation increase	Rates vary by age from 3.0% to 11.5%	Rates vary by age from 3.0% to 11.5%
4 Cash balance interest crediting rate	4.25%	4.00%
5 Census date	01/01/2023	01/01/2022
6 Lump Sum Conversion Rate	4.48%	2.51%
C Fair Value of Assets at Beginning of Year	0	0
D Cash Flows		
	Expected	Actual
1 Employer contributions	0	0
2 Plan participants' contributions	0	0
3 Benefits paid from Company assets	9,207,565	7,661,409
4 Benefits paid from plan assets	0	0
E Amortization Period	12.26691	12.18978

Section 3 : Participant data

3.1 Summary of participant data

All monetary amounts shown in U.S. Dollars

Census Date	01/01/2023	01/01/2022
A Participating Employees		
1 Number	15,595	15,837
2 Expected plan compensation for year beginning on the valuation date	1,926,931,420	1,847,797,902
3 Average expected plan compensation	123,561	116,683
4 Average age	46.5	46.7
5 Average credited service	15.8	16.1
B Participants with Deferred Benefits		
1 Number (non-cash balance)	0	3 ¹
2 Total annual pension (non-cash balance)	0	2,708,505
3 Average annual pension (non-cash balance)	0	902,835
4 Number of cash balance	20	10
5 Total cash balance	4,124,468	811,374
6 Average cash balance	206,223	81,137
7 Average age	59.3	60.5
C Participants Receiving Benefits		
1 Number	69	69
2 Total annual pension	4,214,542	4,432,727
3 Average annual pension	61,080	64,242
4 Average age	79.4	78.9

¹ Reflects grandfathered lump sum benefits known to be due during 2022 for two executives as described in AEP's proxy statements.

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Appendix A : Statement of actuarial assumptions, methods and data sources

Plan Sponsor

American Electric Power Co.

Statement of Assumptions

The assumptions disclosed in this Appendix are for the fiscal year 2023 benefit cost.

Assumptions and methods for pension cost purposes

Actuarial Assumptions and Methods – Pension Cost

Economic Assumptions

Discount rate		5.60%
Annual rates of increase		
• Compensation:		
– Representative rates	<i>Age</i>	<i>Rate</i>
	< 25	11.50%
	25 – 29	8.50%
	30 – 34	7.00%
	35 – 39	6.00%
	40 – 44	5.00%
	45 – 49	4.50%
	50 – 54	4.00%
	55 – 59	3.75%
	60 – 64	3.50%
	65 – 69	3.25%
	70+	3.00%
– Weighted average		5.05%
• Cash balance crediting rate		4.25%
• Lump sum/annuity conversion rate		4.48%
• Future Social Security wage bases		4.00%
• Statutory limits on compensation		2.50%

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.																		
New or rehired employees	It was assumed there will be no new or rehired employees.																		
Mortality	Base mortality rates are derived from Pri-2012 (using contingent survivor tables only after retiree death).																		
<ul style="list-style-type: none"> • Healthy 	The Pri-2012 Private Retirement Plans mortality tables with sex-distinct rates for employees, retirees, and contingent survivors, with white collar adjustment, and a fully generational mortality improvement projection using Scale MP-2021 projecting from the base year of 2012.																		
<ul style="list-style-type: none"> • Disabled 	The Pri-2012 Private Retirement Plans disabled mortality tables with separate rates for males and females and a fully generational mortality improvement projection using Scale MP-2021 projecting from the base year of 2012.																		
Lump sum/ annuity conversion	PPA 2023 optional combined mortality with static projection to commencement using MP-2021.																		
Termination	Rates varying by age and service																		
	Percentage leaving during the year																		
	<table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Attained vested service</th> <th style="text-align: center;">Rate</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">< 3</td> <td style="text-align: center;">7.00%</td> </tr> <tr> <td style="text-align: center;">3 – 4</td> <td style="text-align: center;">6.00%</td> </tr> <tr> <td style="text-align: center;">5 – 9</td> <td style="text-align: center;">5.00%</td> </tr> <tr> <td style="text-align: center;">10 – 14</td> <td style="text-align: center;">4.00%</td> </tr> <tr> <td style="text-align: center;">15 – 19</td> <td style="text-align: center;">2.50%</td> </tr> <tr> <td style="text-align: center;">20 +</td> <td style="text-align: center;">1.50%</td> </tr> </tbody> </table>	Attained vested service	Rate	< 3	7.00%	3 – 4	6.00%	5 – 9	5.00%	10 – 14	4.00%	15 – 19	2.50%	20 +	1.50%				
Attained vested service	Rate																		
< 3	7.00%																		
3 – 4	6.00%																		
5 – 9	5.00%																		
10 – 14	4.00%																		
15 – 19	2.50%																		
20 +	1.50%																		
Disability	Rates apply to employees not eligible to retire and vary by age and sex as indicated by the following sample values:																		
	Percentage becoming disabled during the year																		
	<table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">0.060%</td> <td style="text-align: center;">0.090%</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">0.060%</td> <td style="text-align: center;">0.090%</td> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">0.074%</td> <td style="text-align: center;">0.110%</td> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">0.178%</td> <td style="text-align: center;">0.267%</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">0.690%</td> <td style="text-align: center;">1.035%</td> </tr> </tbody> </table>	Age	Male	Female	20	0.060%	0.090%	30	0.060%	0.090%	40	0.074%	0.110%	50	0.178%	0.267%	60	0.690%	1.035%
Age	Male	Female																	
20	0.060%	0.090%																	
30	0.060%	0.090%																	
40	0.074%	0.110%																	
50	0.178%	0.267%																	
60	0.690%	1.035%																	

Retirement Rates varying by age; average retirement age 63:

Percentage retiring during the year	
Age	Rate
55 – 58	4.00%
59	6.00%
60	7.50%
61	9.00%
62 – 64	16.00%
65 – 67	25.00%
68 – 69	20.00%
70+	100.00%

Benefit commencement dates:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 55 or termination of employment.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment 100% lump sum for all retirement eligible participants. Married and unmarried participants are both assumed to elect a lump sum.

Percent married 80% of male participants; 70% of female participants.

Spouse ages Wives are assumed to be three years younger than husbands.

Valuation pay 2023 base salary pay (Grandfathered) – not estimated due to freeze of final average pay accruals at December 31, 2010.

2023 expanded pay (Cash Balance) – sum of the following updated one year according to the salary increase assumption:

- (i) 2023 base salary
- (ii) a 15% increase for overtime eligible employees and a target bonus percent increase for incentive-eligible employees

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods – Pension Cost and Funded Position

Service cost and projected benefit obligation Projected unit credit

Benefits not valued All benefits described in the Plan Provisions sections of this report were valued. WTW has reviewed the plan provisions with AEP and is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

WTW used participant and asset data as of January 1, 2023, supplied by Lifeworks, the third party administrator for AEP. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

The Company also provided the amounts recognized in accumulated other comprehensive income as of the end of the December 31, 2022 fiscal year and amounts recognized in other comprehensive income during the December 31, 2022 fiscal year.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	As required by U.S. GAAP, the discount rate methodology was chosen by the plan sponsor based on market information on the measurement date. The rate derived from market information is rounded to 5 basis points. Based on WTW's interest rate model, BOND:Link, that uses current (as of the measurement date), high quality (rated AA and above) corporate bonds to determine discount rates, we believe the discount rate chosen does not significantly conflict with what would be reasonable.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate for the November of the preceding year with a minimum rate of 4.00%. After examining historical variability in this rate and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.
Conversion rate for lump sums and annuities	The plan uses IRC 417(e)(3) as its basis to convert between lump sums and annuities. Because the 417(e)(3) interest rates are based on corporate bond yields, the assumption is based on the plan sponsor's long-term expectations of yields on high-quality corporate bonds. We believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.
Rates of increase in compensation	Rates of increase in compensation were based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions were selected by the plan sponsor and as required by U.S. GAAP, represent a best estimate of future experience. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.
Termination	<p>Termination rates are based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by service because of observed decreases in termination rates as employees attained additional years of service. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.</p>
Retirement	Retirement rates were based on an experience study conducted in 2019, with consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.
Form of payment	Rates at which retirees elect lump sums versus annuities are based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Therefore, we believe this assumption does not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Accounting methods	The methods used for accounting purposes as described in Appendix A, are "prescribed methods set by another party", as defined in the actuarial standards of practice (ASOPs). As required by U.S. GAAP, these methods were selected by the plan sponsor.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	<p>The discount rate increased from 2.75% to 5.60%.</p> <p>The lump sum conversion rate assumption increased from 2.51% to 4.48%.</p> <p>The lump sum mortality assumption was updated from the PPA 2022 optional combined mortality with static projection to commencement using MP-2021 to the PPA 2023 optional combined mortality with static projection to commencement using MP-2021.</p> <p>The cash balance account interest crediting rate assumption increased from 4.00% to 4.25%.</p>
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Change in methods since prior valuation

None.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

BOND:Link

U.S. BOND:Link is a methodology to assist with the selection of discount rates used in liability and cost measurements related to employee benefit plans. Discount rates are derived by identifying a theoretical settlement portfolio of high-quality corporate bonds sufficient to provide for a plan's projected benefit payments. The single interest rate is then determined that results in a discounted value of the plan's benefit payments that equals the market value of the selected bond portfolio.

Updated BOND:Link models are developed monthly as of the last day of the month. The construction of a BOND:Link model relies on bond data collected as of the measurement date. Parameters

provide the user the ability to control aspects of the model. The model output allows the user to see the effects of those parameters.

Information regarding quoted bond prices, yields and other bond related data is from Bloomberg Finance L.P.

**Published
demographic tables**

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise

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Appendix B : Summary of principal plan provisions

The Excess Benefit Plan provides a benefit determined in accordance with the provisions of the American Electric Power System's Retirement Plan (a qualified defined benefit plan), without recognition of the statutory maximums on benefits and pay, less the benefit payable from the qualified plan. MICP awards are also included in the definition of pay for the former East Plan grandfathered benefit for executives with base pay in excess of the IRS limit. Certain executives have contracts providing additional benefits. Certain former Central and South West company executives are eligible for a final average pay cash balance benefit (pension equity – type formula) if it produces a larger benefit. The schedule of contribution percentages for this formula is identical to the cash balance formula.

Prior to 2004, all executives had their cash balance pay limited to \$1,000,000. In addition, pay was limited for executives in an uncapped incentive plan to two times base pay for both the final average pay formula and the cash balance formula. Base pay rate is determined at the earlier of year-end or date of termination.

Effective January 1, 2004, pay for all executives is limited to the greater of two times base pay or \$1 million for the cash balance formula only. The executives in the uncapped incentive plan continue to have two times pay limit apply to the former East Plan final average pay formula.

Effective December 31, 2010, accruals under the east grandfathered final average pay formula were discontinued.

Effective December 31, 2013, accruals for participants in long-term disability were discontinued.

Effective January 1, 2020, pay earned after December 31, 2019 for all executives is no longer limited to the greater of two times base pay or \$1 million for the cash balance formula.

Effective January 1, 2020, pay earned after December 31, 2019 for executives in the uncapped incentive plan is no longer limited to two times the pay limit.

Effective January 1, 2020, certain former Central and South West company executives are eligible for a final average cash balance benefit in the form of a ten-year deferred instalment option of their cash balance account.

Effective January 1, 2021, the associated American Electric Power System Retirement Plan was amended to not provide the Company Credit on salary paid prior to an employee becoming a participant in the plan, beginning with employees hired on or after January 1, 2021.

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Appendix C : Results by business unit

**AMERICAN ELECTRIC POWER
NONQUALIFIED RETIREMENT PLAN
2023 NET PERIODIC PENSION COST**

Location	Projected Benefit Obligation	Market-Related Value of Assets	Service Cost	"Other" Cost				Total "Other" Cost	Net Periodic Pension Cost
				Interest Cost	Expected Return on Assets	Amortizations PSC (G)/L			
140 Appalachian Power Co - Distribution	\$225,180	\$0	\$13,752	\$13,352	\$0	\$0	\$4,939	\$18,291	\$32,043
215 Appalachian Power Co - Generation	76,527	0	2,858	4,355	0	0	1,679	6,034	8,892
150 Appalachian Power Co - Transmission	0	0	0	0	0	0	0	0	0
Appalachian Power Co. - FERC	\$301,707	\$0	\$16,610	\$17,707	\$0	\$0	\$6,618	\$24,325	\$40,935
225 Cedar Coal Co	0	0	0	0	0	0	0	0	0
Appalachian Power Co. - SEC	\$301,707	\$0	\$16,610	\$17,707	\$0	\$0	\$6,618	\$24,325	\$40,935
211 AEP Texas Central Company - Distribution	2,012,678	0	13,264	106,783	0	0	44,148	150,931	164,195
147 AEP Texas Central Company - Generation	0	0	0	0	0	0	0	0	0
169 AEP Texas Central Company - Transmission	235	0	68	17	0	0	5	22	90
AEP Texas Central Co.	\$2,012,913	\$0	\$13,332	\$106,800	\$0	\$0	\$44,153	\$150,953	\$164,285
119 AEP Texas North Company - Distribution	73	0	21	5	0	0	2	7	28
166 AEP Texas North Company - Generation	414,629	0	0	21,613	0	0	9,095	30,708	30,708
192 AEP Texas North Company - Transmission	123	0	25	8	0	0	3	11	36
AEP Texas North Co.	\$414,825	\$0	\$46	\$21,626	\$0	\$0	\$9,100	\$30,726	\$30,772
AEP Texas	\$2,427,738	\$0	\$13,378	\$128,426	\$0	\$0	\$53,253	\$181,679	\$195,057
170 Indiana Michigan Power Co - Distribution	267,624	0	14,703	15,577	0	0	5,870	21,447	36,150
132 Indiana Michigan Power Co - Generation	324	0	14	19	0	0	7	26	40
190 Indiana Michigan Power Co - Nuclear	1,267,253	0	39,448	58,217	0	0	27,797	86,014	125,462
120 Indiana Michigan Power Co - Transmission	73,225	0	796	3,844	0	0	1,606	5,450	6,246
280 Ind Mich River Transp Lakin	0	0	0	0	0	0	0	0	0
Indiana Michigan Power Co. - SEC	\$1,608,426	\$0	\$54,961	\$77,657	\$0	\$0	\$35,280	\$112,937	\$167,898
110 Kentucky Power Co - Distribution	8,179	0	1,891	564	0	0	179	743	2,634
117 Kentucky Power Co - Generation	0	0	0	0	0	0	0	0	0
180 Kentucky Power Co - Transmission	0	0	0	0	0	0	0	0	0
Kentucky Power Co.	\$8,179	\$0	\$1,891	\$564	\$0	\$0	\$179	\$743	\$2,634
250 Ohio Power Co - Distribution	274,091	0	7,251	15,401	0	0	6,012	21,413	28,664
160 Ohio Power Co - Transmission	0	0	0	0	0	0	0	0	0
Ohio Power Co.	\$274,091	\$0	\$7,251	\$15,401	\$0	\$0	\$6,012	\$21,413	\$28,664
167 Public Service Co of Oklahoma - Distribution	1,013,239	0	9,978	54,308	0	0	22,225	76,533	86,511
198 Public Service Co of Oklahoma - Generation	382,169	0	1,812	19,938	0	0	8,383	28,321	30,133
114 Public Service Co of Oklahoma - Transmission	843	0	229	60	0	0	18	78	307
Public Service Co. of Oklahoma	\$1,396,251	\$0	\$12,019	\$74,306	\$0	\$0	\$30,626	\$104,932	\$116,951
159 Southwestern Electric Power Co - Distribution	376,194	0	7,831	16,620	0	0	8,252	24,872	32,703
168 Southwestern Electric Power Co - Generation	840,513	0	1,418	45,072	0	0	18,437	63,509	64,927
161 Southwestern Electric Power Co - Texas - Distribution	4,012	0	1,217	293	0	0	88	381	1,598
111 Southwestern Electric Power Co - Texas - Transmission	0	0	0	0	0	0	0	0	0
194 Southwestern Electric Power Co - Transmission	85	0	22	6	0	0	2	8	30
Southwestern Electric Power Co.	\$1,220,804	\$0	\$10,488	\$61,991	\$0	\$0	\$26,779	\$88,770	\$99,258
230 Kingsport Power Co - Distribution	0	0	0	0	0	0	0	0	0
260 Kingsport Power Co - Transmission	0	0	0	0	0	0	0	0	0
Kingsport Power Co.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
210 Wheeling Power Co - Distribution	0	0	0	0	0	0	0	0	0
200 Wheeling Power Co - Transmission	0	0	0	0	0	0	0	0	0
413 Wheeling Power Co - Generation	4,513	0	103	256	0	0	99	355	458
Wheeling Power Co.	\$4,513	\$0	\$103	\$256	\$0	\$0	\$99	\$355	\$458
103 American Electric Power Service Corporation	52,035,459	0	879,382	2,753,897	0	18,036	1,141,401	3,913,334	4,792,716
293 Elmwood	0	0	0	0	0	0	0	0	0
292 AEP River Operations LLC	0	0	0	0	0	0	0	0	0
American Electric Power Service Corp	\$52,035,459	\$0	\$879,382	\$2,753,897	\$0	\$18,036	\$1,141,401	\$3,913,334	\$4,792,716
270 Cook Coal Terminal	0	0	0	0	0	0	0	0	0
AEP Generating Company	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
104 Cardinal Operating Company	0	0	0	0	0	0	0	0	0
181 Ohio Power Co - Generation	597,123	0	0	31,739	0	0	13,098	44,837	44,837
AEP Generation Resources - FERC	\$597,123	\$0	\$0	\$31,739	\$0	\$0	\$13,098	\$44,837	\$44,837
290 Conesville Coal Preparation Company	0	0	0	0	0	0	0	0	0
AEP Generation Resources - SEC	\$597,123	\$0	\$0	\$31,739	\$0	\$0	\$13,098	\$44,837	\$44,837
400 AEP Energy	3,569,288	0	97,659	197,846	0	0	78,292	276,138	373,797
AEP Energy Supply	\$4,166,411	\$0	\$97,659	\$229,585	\$0	\$0	\$91,390	\$320,975	\$418,634
143 AEP Pro Serv, Inc.	0	0	0	0	0	0	0	0	0
AEP Pro Serv, Inc.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
245 Dolet Hills	0	0	0	0	0	0	0	0	0
Dolet Hills	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$63,443,579	\$0	\$1,093,742	\$3,359,790	\$0	\$18,036	\$1,391,637	\$4,769,463	\$5,863,205
Total without Dolet Hills	\$63,443,579	\$0	\$1,093,742	\$3,359,790	\$0	\$18,036	\$1,391,637	\$4,769,463	\$5,863,205

Kentucky Power Company
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Dated May 31, 2023

DATA REQUEST

- KPSC 1_31** Regarding Kentucky Power's employee compensation policy:
- a. Provide Kentucky Power's written compensation policy as approved by the Board of Directors.
 - b. Provide a narrative description of the compensation policy, including the reasons for establishing the policy and Kentucky Power's objectives for the policy.
 - c. Explain whether the compensation policy was developed with the assistance of an outside consultant. If the compensation policy was developed or reviewed by a consultant, provide any study or report provided by the consultant.
 - d. Explain when Kentucky Power's compensation policy was last reviewed or given consideration by the Board of Directors.

RESPONSE

- a. AEP does not have a written policy covering all compensation for all employees that has been approved by the board of directors. AEP has a policy governing incentive compensation that has been approved by the Board of Directors. Please refer to KPCO_R_KPSC_1_31_Attachment1 for the policy.
- b. Please see answer to subpart (a) above. The reason and objectives for adoption of the policy were to provide a framework and establish limits for AEP's incentive compensation programs, consistent with corporate governance. The incentive compensation policy was developed to govern incentive compensation which is one of the responsibilities and duties listed in the charter of the HR Committee of the Board of Directors.
- c. AEP's Incentive Compensation Guiding Principles and Policies were not developed with the assistance of an outside consultant. They are reviewed annually by the HR Committee and its outside compensation consultant in the normal course of business but the compensation consultant has not been asked to provide a study, report or opinion with respect to this policy.
- d. This policy was last reviewed by the HR Committee of the Board of Directors in April 2023.

Witness: Andrew R. Carlin

AEP Incentive Compensation Guiding Principles and Policies Revised as of April 2023

Compensation Governance - American Electric Power Company, Inc. (AEP) and the Human Resources Committee of AEP's Board of Directors (HR Committee) has established the following incentive compensation standards for the Company and its subsidiaries. These standards are reviewed at least annually and adjusted as needed.

Approvals and Exceptions- The approval of the CEO and, as necessary or appropriate, the HR Committee is required for any substantial exceptions to these standards. The approval of the Director of Compensation & Executive Benefits, Managing Director Total Rewards, VP HR or EVP & Chief HR Officer is required for all other exceptions to these standards. The Chairman of the HR Committee is responsible for determining which exceptions require full HR Committee review and approval in accordance with the HR Committee Charter as part of the agenda setting process for the HR Committee. The EVP & Chief HR Officer and the Director Compensation & Executive Benefits are responsible for reviewing exceptions to these standards that may require HR Committee approval with the Chairman of the HR Committee so that the Chairman of the HR Committee has sufficient information to set its agenda.

All compensation commitments and payments that exceed \$250,000 and that are granted outside a previously approved plan or program require notification to the HR Committee Chairman. Examples of such commitments and payments include signing bonuses, retention awards and buy-outs of prior employer compensation and benefits.

Incentive Award Opportunity - Standard target and maximum annual incentive award opportunity levels have been established by the HR Committee as shown in the tables below. These standard target and maximum award levels are periodically reviewed and adjusted as needed to reflect market competitive compensation levels; AEP's compensation strategy and desired compensation mix; and AEP's financial situation, among other factors.

All individual incentive compensation awards in excess of the maximum award opportunity (defined below) require the approval of an executive council member unless the HR Committee has previously approved higher maximum award opportunities for the plan or executive in question. The maximum award levels do not necessarily represent potential or possible outcomes of any plan or performance measure.

Grade Structure		
Category	Sub-Category or Grade	Target Award %*
All Unrepresented Employees in SP20 Salary Plan Positions	1	5%
	2	5%
	3	5%
	4	6%
	5	8%
	6	9%
	7	10%
	8	10%
	9	15%
	10	20%
	11	25%
	12	30%
	13	35%
	14	40%
	15	45%
	16	50%
	17	Varies
	18	Varies
	19	Varies
		20 (CEO)
Union Represented Employees	All Job Classifications for which Base Rates Are Specified on a Wage Schedule	3%
	All Job Classifications that Participate in the Merit Plan	3% Less Than the Applicable SP20 Grade Shown Above
Unrepresented Employees	All Job Classifications for which Base Rates Are Specified on a Wage Schedule, Except salary plan N024 in Texas and	3%

Grade Structure		
Category	Sub-Category or Grade	Target Award %*
	Nuclear (salary plan N006)	
Unrepresented Employees in Texas on salary plans CPWT and N024 and Nuclear Employees on salary plan N006	All Wage Schedule Job Classifications on salary plan N024 and N006 and Journey-Level Job Classifications in Texas that Participate in the CPWT Merit Plan	5%
*As a percent of eligible earnings		

Performance Measure Design - Performance metrics shall be established at levels that foster the sustained achievement of business objectives that balance the interests of all stakeholders, including shareholders, customers, employees, and the communities we serve. As general guidelines, performance metrics should:

- Provide stretch but achievable goals
- Be aligned with the Company's business plan so that target awards are provided only when performance is at or better than the business plan or budget, if applicable
- Allow for adjustment to reflect changing business needs
- Generally, have a probability of below threshold or above maximum performance that is no greater than ~10%-15% for any single performance measure and no higher than ~5%-10% for all performance measures combined, in a normal year using external comparisons whenever possible.

A 2.0 cap shall apply to all performance objectives unless the value-sharing proposition of any uncapped performance objective is reviewed and approved by the CEO and, as necessary or appropriate, the HR Committee.

Performance Measures – Funding of all annual incentive plans will be based on AEP's Operating Earnings per Share and other measures established by the HR Committee.

All annual incentive plans shall include a discretionary Operating Unit Performance Factor, which the Plan Compensation Committee (defined below) may use to adjust the overall score to the extent that it determines that such score is not indicative of the group's overall performance or economic situation.

Annual incentive awards for all employees classified in the SP20 salary plan shall be discretionarily determined based on management's assessment of each participant's performance for the plan year and other appropriate and legal business considerations.

Generally, at least 25% of the total target award for each incentive plan or group should be based on quantitative financial objectives.

Board Policy on Recouping Incentive Compensation - All incentive compensation plans shall incorporate the following Board Policy on Recouping Incentive Compensation.

This policy applies to all executive officers of the Company as well as all other employees of the Company or any of its subsidiaries at salary grade 15 or equivalent and higher, regulated operating company presidents and officer direct reports to the Company's Chief Executive Officer (collectively, the "Covered Employees").

This policy relates to incentive compensation paid or payable to such Covered Employees, whether under this Plan, the Company's Long Term Incentive Plan or otherwise.

The Board of Directors believes, subject to the exercise of its discretion based on the facts and circumstances of a particular case, that incentive compensation provided by the Company should be reimbursed to the Company if, in the Board's determination:

- Such incentive compensation was received by a Covered Employee where the payment or the award was predicated upon the achievement of financial or other results that were subsequently materially restated or corrected, and
- Incentive compensation would have been materially lower had the achievement been calculated on such restated or corrected financial or other results.

Therefore, this Plan, hereby, requires Cover Employees to reimburse the Company, if and to the extent that, in the Board's view, such reimbursement is warranted by the facts and circumstances of the particular case or if the applicable legal requirements impose more stringent requirements on the Company to obtain reimbursement of such compensation. The Company also may retain any deferred compensation credited to a Covered Employee, including earnings thereon, if, when and to the extent that it otherwise would become payable.

This right to reimbursement is in addition to, and not in substitution for, any and all other rights the Company might have to pursue reimbursement or such other remedies against a Covered Employee in the course of employment by the Company or otherwise based on applicable legal considerations, all of which are expressly retained by AEP.

Incentive Plan Design Standards - All AEP incentive plans shall be documented in writing and shall include the signature of a member of the Executive Council showing the plan's approval unless the plan has been approved by the HR Committee.

All annual incentive plans shall be administered by the HR Committee with respect to executives in the HR Committee Review Group and a Plan Compensation Committee that generally consists of AEP's CEO, CFO, General Counsel and Chief Human Resources Officer with respect to all other participants. The applicable Committee shall have authority to modify or terminate the plan at any time for any reason the Committee deems appropriate, including the ability to adjust, modify, substitute, or eliminate performance measures and their weights at any time. This allows for the adjustment of performance measures and results that are inconsistent with or detrimental to the underlying performance or economics of a business unit or AEP as a

whole. The applicable Committee shall also have the discretion to determine plan participation, add or delete participants, and adjust a participant's award payout.

Plan eligibility shall generally be limited to full-time and regular part-time active employees of the business unit or function.

Employment At Will - Participation in an incentive plan does not confer a right to continued employment.

Continued Participation - Participation in one or more years does not confer the right to participate or to receive an award in any subsequent year.

Standard Eligible Earnings Definition - Base and overtime earnings for the plan year (not base rate at year-end) are used to calculate annual incentive compensation opportunities. Base earnings generally include paid time off, such as vacation, PDOs, bereavement, sick leave, jury duty, etc.

Standard Termination of Employment Provisions – Employees who voluntarily resign prior to the award payment date are ineligible for an award.

Participants are ineligible for an award if they separate from service with AEP during the Plan Year as part of a voluntary or involuntary severance program or a layoff as defined under a collective bargaining agreement or the Supplemental Handbook and they are not rehired during the Plan Year. Severed employees are ineligible for an award even if, in connection with their severance, they are (a) placed on a Leave of Absence or (b) offered but fail to meet the qualifications to be paid a severance benefit (e.g., if they would fail to timely sign and return, a Severance and Release of All Claims Agreement). In the event a severed employee is rehired during the Plan Year, such Participant is eligible for an award only to the extent of their earnings for the period after they were rehired.

Employees who are terminated for cause or resign in lieu of termination for cause at any time before the award payment date are ineligible for an award.

Participants remain **eligible** for an award if their employment with AEP is terminated during the Plan Year due to their death or retirement (age 55 with 10 years of service) and, effective January 1, 2021, they were employed by AEP through at least the first 6 months of the Plan Year. Because such awards are based on participant's eligible earnings for a Plan Year, which reflects the portion of the year in which they worked, they are effectively prorated.

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Dated May 31, 2023

DATA REQUEST

KPSC 1_32 State whether Kentucky Power's expenses for wages, salaries, benefits, and other compensation included in the test period, and any adjustments to the test period, are compliant with the Board of Director's compensation policy.

RESPONSE

As described in the Company's response to KPSC 1-31, the Board of Directors' compensation policy is limited in scope to incentive compensation. All wages, salaries, benefits, and other compensation included in the test period, as well as adjustments to the test period, are compliant with the Board of Directors Compensation policy as applicable.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
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Dated May 31, 2023

DATA REQUEST

- KPSC 1_33** Provide, in the format provided in Schedule I, the following information for Kentucky Power's compensation and benefits for the test period and the three most recent calendar years preceding the test period. Provide information individually for each corporate officer and by category for Directors, Managers, Supervisors, Exempt, Non- Exempt, Union, and Non-Union Hourly employees. Provide the amounts, in gross dollars, separately for total company operations and jurisdictional operations.
- a. Regular salary or wages.
 - b. Overtime pay.
 - c. Excess vacation payout.
 - d. Standby/Dispatch pay.
 - e. Bonus and incentive pay.
 - f. Any other forms of incentives, including stock options or forms of deferred compensation.
 - g. Other amounts paid and reported on the employees' W-2 (specify).
 - h. Healthcare benefit cost.
(1) Amount paid by Kentucky Power. (2) Amount paid by employee.
 - i. Dental benefits cost.
(1) Amount paid by Kentucky Power. (2) Amount paid by employee.
 - j. Vision benefits cost.
(1) Amount paid by Kentucky Power.(2) Amount paid by employee.
 - k. Life insurance cost.
(1) Amount paid by Kentucky Power. (2) Amount paid by employee.
 - l. Accidental death and disability benefits.
(1) Amount paid Kentucky Power. (2) Amount paid by employee.
 - m. Defined Benefit Retirement.
(1) Amount paid by employer. (2) Amount paid by employee.
 - n. Defined Contribution – 401(k) or similar plan cost. Provide the amount paid by Kentucky Power.
 - o. Cost of any other benefit available to an employee (specify).

RESPONSE

a.-o.) Please refer to KPCO_R_KPSC_1-33_ConfidentialAttachment1 for the requested information.

Witness: Andrew R. Carlin

Kentucky Power Company
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DATA REQUEST

KPSC 1_34 For each item of benefits listed in Item 33 above where an employee is required to pay part of the cost, provide a detailed explanation as to how the employee contribution rate was determined.

RESPONSE

Employee contribution rate determination varies by benefit plan. For fully insured plans, the market drives the cost of the employee contributions. For self-insured plans, such as the Company's health benefit, AEP utilizes the services of outside third-party experts to assist in determining those rates. The Company offers three consumer driven health plans; an HRA plan (Health Reimbursement Account) and two HSA (Health Savings Account) health plans to all employees. The employees have the option to choose one of the three plans best suited for their specific needs.

The methodology for deriving the rates for the self-insured health and dental plans for 2023 included the analysis of prior year incurred claims and enrollment projected forward to 2023 after adjusting for items such as trend, inflation and migration of employees between the three healthcare plans offered. Active employee contribution rates were then set equal to 24.6% of the projected plan cost for the HRA plan with dependents paying an additional 2%. For the other two health plans, the AEP subsidy was set approximately equal to the subsidy provided to the HRA plan; employee contributions were therefore set equal to the difference between total cost and the AEP subsidy. Dental contributions were set equal to 40% of total projected cost with dependents paying an additional 5%.

Contribution rates do not vary by employee classification.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
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Dated May 31, 2023

DATA REQUEST

KPSC 1_35 Provide a listing of all healthcare plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Corporate Officers, Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees (e.g., single, family). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

RESPONSE

Please see KPSC 1-25 for the requested information.

Witness: Andrew R. Carlin

Kentucky Power Company
KPSC Case No. 2023-00159
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Dated May 31, 2023

DATA REQUEST

KPSC 1_36 Provide a listing of all life insurance plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates and employer contribution rates of the total premium cost for each plan category.

RESPONSE

Please refer to KPCO_R_KPSC_1_36_Attachment1 for company-provided life insurance plan details and KPCO_R_KPSC_1_36_Attachment2 for the contracted rates that AEP pays to the life insurance vendor. The Company only makes contributions for basic life insurance, basic AD&D insurance and retiree life insurance for grandfathered participants. Participants pay the full cost of all insurance coverage. In addition to the company-provided benefits noted in Attachment 1, certain plant employees can also be eligible for an additional 2X their annual base salary under an Emergency Response Team (ERT) benefit.

Witness: Andrew R. Carlin

Life Insurance



Automatic Benefits

Basic Life Insurance

As a full-time employee of a participating AEP company, AEP will provide you with Basic Life Insurance at no cost to you. This benefit provides for your family in the unfortunate event of your passing. In addition, you may purchase up to eight times your annual base salary in Supplemental Life Insurance. Refer to the table below for details.

Eligible Group	Basic Life Insurance	Supplemental Life Insurance	Guaranteed Issue Amount (up to)	Maximum Coverage With Evidence of Insurability (EOI)
Your AEP-provided Basic Life Insurance level is dependent on your hire date. Participants hired after December 31, 2019 receive coverage equal to one times (1x) annual base salary; Participants hired prior to that date receive coverage equal to two times (2x) annual base salary.				
All full-time salary non-exempt participants and exempt participants in salary grades 11 and below	1x-2x annual base salary	1x-8x annual base salary	\$800,000 combined Basic Life Insurance and Supplemental Life Insurance	\$1,000,000 combined Basic Life Insurance and Supplemental Life Insurance
Exempt full-time salary participants in salary grades 12-14	1x-2x annual base salary	1x-8x annual base salary	\$1,000,000 combined Basic Life Insurance and Supplemental Life Insurance	\$2,000,000 combined Basic Life Insurance and Supplemental Life Insurance
Exempt full-time salary participants in salary grades 15 and above	1x-2x annual base salary	1x-8x annual base salary	The lesser of 5x annual base salary or \$1,000,000 combined Basic Life Insurance and Supplemental Life Insurance	Basic Life Insurance: \$3,000,000 Supplemental Life Insurance: \$5,000,000 when combined with Basic Life Insurance

AD&D Insurance



Automatic Benefits

Accidental Death & Dismemberment (AD&D)

AD&D Insurance pays a benefit in the event of your accidental death or catastrophic loss due to a covered accidental injury. As a full-time employee of a participating AEP company, you receive two times your annual base rate of compensation (up to \$1.5 million) in company-paid basic coverage. In the event of your accidental death, a benefit is paid to your beneficiary. During Annual Enrollment, you have the opportunity to elect up to an additional 10 times base rate of compensation (up to \$1.5 million) for a combined maximum of 12 times base rate of compensation (up to \$3 million).

KPCO Paid Premium Rates (January 1, 2021 – December 31, 2024)

Basic Life - Actives: \$0.156 / \$1,000 / month
 Basic Life - Executives: \$0.204 / \$1,000 / month
 Basic AD&D: \$0.018 / \$1,000 / month
 Basic AD&D – ERT (Emergency Response Team Personnel): \$0.021 / \$1,000 / month

Supplemental (Employee Paid) Coverage

Supplemental Life – Employee & Spouse:

Rate / \$1,000 / Month

<u>Age</u>	<u>Non- Tobacco</u>	<u>Tobacco</u>
Under 35	\$0.05	\$0.06
35-39	\$0.06	\$0.08
40-44	\$0.10	\$0.11
45-49	\$0.14	\$0.17
50-54	\$0.22	\$0.27
55-59	\$0.32	\$0.38
60-64	\$0.51	\$0.61
65-69	\$0.99	\$1.19
70-74	\$1.81	\$2.17
75-79	\$3.24	\$3.89
80-84	\$5.82	\$6.99
85 & Over	\$10.49	\$12.59

Child Life: \$2.23 / employee / month

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DATA REQUEST

KPSC 1_37 Provide a listing of all retirement plans available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non- Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates, if any, and employer contribution rates of the total premium cost for each plan category.

RESPONSE

Please refer to KPCO_R_KPSC_1_37_Attachment1 - Retirement Plans for a list and descriptions of the retirement plans available to employees with the employee and employer contribution rates, if applicable. There are not any eligibility distinctions based on the defined employee groups (officer, director, Manager, etc.). Supplemental Retirement Savings Plan (SRSP) and Incentive Compensation Deferred Plan (ICDP) eligibility is extended to all employees who have potential eligible earnings for these plans, but to participate, such participants must elect to enroll to defer eligible compensation, to the extent they receive any. Stock Ownership Requirement Plan (SORP) eligibility is also extended to all employees who have potential eligible earnings, but performance shares are automatically deferred to this plan the extent executives have not met their minimum stock ownership requirement.

Please also refer to KPCO_R_KPSC_1_29 for additional retirement plan information.

Witness: Andrew R. Carlin

RETIREMENT PLANS – The plans described below are available to all AEP employees.

AEP Retirement Savings 401(k) Plan (aka RSP)

The AEP Retirement Savings 401(k) Plan (RSP) is a qualified 401(k) savings plan that gives employees an opportunity to save through payroll deductions on a pre-tax and after-tax basis. Generally, employees can contribute from 1% to 50% of their eligible compensation on a pre-tax basis, Roth basis or after-tax basis, or in a combination of any of the contribution options, up to the limits established by the IRS. The Company adds 100% to their account for every dollar they contribute up to the first 1% and 70% for every dollar they contribute up to the next 5% each pay period. All contribution sources are eligible for the match, but the aggregate 6% of eligible pay limit (on which the matching contribution is determined) is applied to the total amount contributed by the employee each pay period. Employees can direct the investment of their RSP accounts in any combination of the 21 investment options available (the core investment options) and/or in mutual funds or exchange traded funds or equity securities through a self-directed brokerage account to design their own diversified portfolio. Employees are immediately 100% vested in the value of their contributions and AEP contributions.

AEP System Supplemental Retirement Savings Plan (aka SRSP)

This plan is a non-qualified defined contribution type plan (excess 401k) that enables participants to save on a pre-tax basis and to continue to receive Company matching contributions beyond the limits imposed by the Internal Revenue Code on the AEP Retirement Savings 401(k) Plan. Participants have an unfunded and unsecured contractual commitment from the Company to pay the amounts due under the SRSP from the general assets of the Company.

- All employees who have an opportunity to earn RSP/SRSP eligible compensation in excess of the IRS eligible compensation limit (see below) are eligible to participate in this plan
- Participants can defer up to 50 percent of their base salary and annual incentive award in excess of that year's IRS' eligible compensation limit for qualified plans, which was \$305,000 and \$300,000 for 2022 and 2023, respectively.
- The Company match is the same as the qualified RSP. Because eligible compensation for the RSP and SRSP do not overlap, eligible compensation is only matched in either the RSP or the SRSP, never in both plans.
- Distributions are made post-employment based on participant distribution elections that are made at the time of their initial deferral election (with subsequent changes permitted on a very restrictive basis).
- Participants may direct the investment of their plan recordkeeping account among the core investment options that are available to all employees in AEP's qualified RSP and one additional option that provides interest at a rate set each December at 120 percent of the applicable federal long-term rate with monthly compounding.
- No above-market or preferential earnings are provided.

AEP System Retirement Plan (Qualified Pension Plan)

This is a qualified defined benefit pension plan that defines its benefit as a cash balance account. Employees become eligible and are automatically enrolled after completing one year of service. Recordkeeping accounts are established for each participant to track growth of their participant benefit over time. The account balance grows through an annual employer company credit that is a percentage of a participant's eligible pay, and an annual interest credit on the balance carried in that account. A company credit of 3.5% to 8.5% of eligible pay is applied to participants' accounts each year, with the applicable percentage based on the participant's attained age and service during that year. The cash balance interest crediting credit varies each calendar year based on average US Treasury bond yields for the immediately preceding November.

Participants are 100% vested in their accrued benefit after three years of service.

Participants in the AEP System Retirement Plan who were employed by the Company on 12/31/2000 and participants of the Central and Southwest Retirement Plan (CSW Retirement Plan) as of June 30, 1997, may have their Qualified Pension Plan benefit determined, at least in part, by reference to their plan's prior pension formula. The CSW Retirement Plan was merged into the Qualified Pension Plan effective December 31, 2008. Service and compensation taken into account under these prior pension formulas was frozen as of December 31, 2010 or earlier. Such grandfathered participants receive the greater of the cash balance or the grandfathered final average pay formula benefit given the type of benefit the participant elects (e.g., lifetime annuity, lump sum or combination).

AEP System Supplemental Benefit Plan (aka Excess Benefit Plan or AEP SERP)

The AEP Supplemental Benefit Plan is a nonqualified defined benefit pension plan. It generally provides eligible participants with benefits that are in excess of those provided under the AEP Retirement Plan determined upon participants' termination of employment. An employee would be considered eligible to participate in the CSW Executive Retirement Plan (rather than this plan) if they have been continuously covered by the formulas set forth in the CSW Retirement Plan since July 1, 1997 (see next paragraph). These excess benefits are calculated under the terms of the AEP Retirement Plan described above with the following modifications: (i) additional years of service or benefit credits provided by employment contracts are taken into account, although no such credits have been provided in more than 2 decades; (ii) annual incentive pay was taken into account for certain eligible participants for purposes of the grandfathered pension formula that was frozen 12/31/2010; and (iii) the limitations imposed by the Internal Revenue Code on annual compensation and annual benefits are disregarded. Participants do not become vested in their AEP Supplemental Plan benefit until they become vested in their AEP Retirement Plan benefit or upon a change in control of AEP. Participants have an unfunded and unsecured contractual commitment from the Company to pay the amounts due under the AEP SERP from the general assets of the Company.

CSW Executive Retirement Plan (aka CSW SERP)

The CSW Executive Retirement Plan is a nonqualified defined benefit pension plan. It generally provides eligible participants with benefits that are in excess of those provided under the terms of the former CSW Retirement Plan as determined upon the participant's termination of employment. The excess benefits are calculated without regard to the limitations imposed by the Internal Revenue Code on annual compensation and annual benefits. Participants have an unfunded and unsecured contractual commitment from the Company to pay the amounts due under the CSW SERP from the general assets of the Company.

AEP Supplemental Severance Retirement Plan

The AEP Supplemental Severance Retirement Plan is a nonqualified defined benefit pension plan that tracks the value of a contingent benefit that is available only to non-highly compensated employees under the AEP Retirement Plan in the event they are severed from the Company under the circumstances described below. This plan provides eligible highly compensated participants with grandfathered pension formula benefits under the AEP Retirement Plan (but not those with grandfathered pension formula benefits under the former CSW Retirement Plan) who are severed before qualifying for the final average pay formula's subsidized early retirement benefit with a lump sum benefit that approximates the value of that early retirement subsidy. This benefit is available only to those grandfathered AEP participants who meet all of the following requirements: (1) classified by the AEP Retirement Plan as a highly compensated employee at the time of an employment termination that is a direct result of a restructuring, consolidation or downsizing of the Company or one of its affiliates; (2) at their severance date, the employee has not reached early retirement age under the AEP Retirement Plan (age 55), but either had at least 25 years of service or was at least age 50 with at least 10 years of service; (3) the final average pay formula and not the cash balance formula provides the greater annuity benefit under the AEP Retirement Plan; and (4) the employee elects an annuity form of payment. The lump sum value of the lost early retirement subsidy is calculated as of the benefit commencement date for the annuity elected by the grandfathered AEP participant, and it is credited with interest at the AEP Retirement Plan cash balance interest crediting rate until the participant later reaches age 65, when it is paid to that participant. This plan has no participants currently receiving a benefit and may never have any such participants.

VOLUNTARY NONQUALIFIED DEFERRED COMPENSATION PLANS

These nonqualified, defined contribution, deferred compensation plans allow eligible participants to defer receipt of a portion of their eligible pay (as defined by each plan to include base salary, annual incentive compensation and/or performance unit awards), which may better enable participants to achieve their retirement savings goals. No employer contributions or preferential earnings are provided with respect to any of these plans. Participants have an unfunded and unsecured contractual commitment from the Company to pay the amounts due under the plans from the general assets of the Company.

AEP System Incentive Compensation Deferral Plan (aka ICDP) - This plan allows eligible employees to defer payment of up to 80 percent of vested performance units. Participants may direct the investment of the amount credited to their plan recordkeeping account among the same core investment options that are available to all employees participating in AEP's qualified Retirement Savings 401(k) Plan. Generally, distributions are made post-employment based on participant distribution elections that are made at their initial deferral election, with

subsequent changes permitted on a very restrictive basis). However, participants may make one withdrawal of amounts attributable to their pre-2005 contributions prior to termination of employment. The withdrawal amount would be subject to a 10 percent withdrawal penalty.

Stock Ownership Requirement Plan (aka SORP) - This plan assists executives in achieving their minimum stock ownership requirements. It does this primarily by automatically deferring executive's vested performance shares into AEP Career Shares, which are a form of non-qualified deferred compensation held as AEP stock units. The rate of return on AEP Career Shares is equivalent to the total return on AEP stock with dividends reinvested. Distributions are made post-employment based on participant distribution elections that are made at the time participants receive their initial AEP Career Share deferral with subsequent changes permitted on a very restrictive basis).

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

- KPSC 1_38** Provide an analysis of Kentucky Power's expenses for research and development activities for the test year and the three preceding calendar years. For the test year include the following:
- a. Basis of fees paid to research organizations and Kentucky Power's portion of the total revenue of each organization. Where the contribution is monthly, provide the current rate and the effective date.
 - b. Details of the research activities conducted by each organization.
 - c. Details of services and other benefits provided to Kentucky Power by each organization during the test year and the preceding calendar year.
 - d. Total expenditures of each organization including the basic nature of costs incurred by the organization.
 - e. Details of the expected benefits to the company.

RESPONSE

a.-e.) Fees paid by AEP Service Corporation to research organizations are allocated to AEP subsidiaries (including Kentucky Power) based on various R&D projects' attribute allocators that are updated on a regular basis. None of the contributions are monthly.

Please see KPCO_R_KPSC_1_38_Attachment1 for the 12-months ended March 31, 2023, as well as calendar years 2022, 2021, and 2020.

Witness: Cynthia G. Wiseman

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023
Page 1 of 2

DATA REQUEST

- KPSC 1_39** Provide a running total the following information concerning the cost of preparing this case:
- a. A detailed schedule of expenses incurred to date for the following categories. For each category, the schedule should include the date of each transaction, check number or other document reference, the vendor, the hours worked, the rates per hour, amount, a description of the services performed, and the account number in which the expenditure was recorded. Provide copies of any invoices, contracts, or other documentation that support charges incurred in the preparation of this rate case. Indicate any costs incurred for this case that occurred during the test year.
 - (1) Accounting;
 - (2) Engineering;

 - (3) Legal; and

 - (4) Consultants; and Other Expenses (Identify separately).
 - b. An itemized estimate of the total cost to be incurred for this case. Expenses should be broken down into the same categories as identified in (a) above, with an estimate of the hours to be worked and the rates per hour. Include a detailed explanation of how the estimate was determined, along with all supporting workpapers and calculations.
 - c. Provide monthly updates of the actual costs incurred in conjunction with this rate case, reported in the manner requested in (a) above. Updates will be due when Kentucky Power files its monthly financial statements with the Commission, through the month of the public hearing.

RESPONSE

a-b. Please refer to KPCO_R_KPSC_1_39_Attachment1 for the summary of expenses and estimate. The estimates were prepared by outside counsel for Kentucky Power and Company Witness Kahn. Please refer to KPCO_R_KPSC_1_39_Attachment2 for the non-privileged invoices or receipts incurred through June 30, 2023. It is the Company's policy not to retain receipts for transactions of \$25.00 or less. Likewise, receipts are not available for personal auto mileage.

c. The Company will provide monthly updates of the actual costs incurred, in the manner

Kentucky Power Company
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requested in (a) above. Because this response includes expenses through June, the first supplemental response will be provided on or before August 31, 2022.

Witness: Lerah M. Kahn

Stites & Harbison, PLLC
250 West Main Street
2300 Lexington Financial Center
Lexington, KY 40507

March 08, 2023

Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

KMG

Invoice Number: 1650487

Matter Number: KE057-230008

Tax ID:

Payment Terms: Net 30

Client: Kentucky Power
Matter: 2023 Base Rate Case

For professional services rendered through February 28, 2023

Currency: USD

Fees \$1,601.00

Total Amount Due \$1,601.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case

Invoice Date:
 Invoice Number:
 Matter Number:

March 08, 2023
 1650487
 KE057-230008

Time Detail

Date	Tkpr ID	Description	Hours	Amount
02/10/23	KMG	L120 A104 Participate in conference call to discuss strategy re base rate case	0.50	\$145.00
02/10/23	KMG	L120 A104 Evaluate strategy re base rate case	0.40	\$116.00
02/16/23	KMG	L120 A104 Telephone conference with Christen Blend re 2023 base rate case	0.30	\$87.00
02/17/23	MRO	C300 A104 Address 2023 rate case	0.10	\$35.00
02/17/23	KMG	L120 A104 Evaluate strategy re motion to amend 2020 base rate case order	0.20	\$58.00
02/17/23	KMG	P400 A103 Draft motion to amend 2020 base rate case order, evaluate strategy re same and revise	3.00	\$870.00
02/20/23	KMG	L120 A104 Evaluate strategy re motion to amend 2020 rate case order	0.20	\$58.00
02/22/23	KMG	L120 A104 Evaluate strategy re motion to amend 2020 Rate Case order	0.20	\$58.00
02/24/23	KMG	P400 A103 Draft read first and prepare motion to amend to be filed	0.20	\$58.00
02/24/23	KMG	P400 A104 Evaluate strategy re potential revisions and filing of motion to amend	0.40	\$116.00
Total			5.50	\$1,601.00

Client: Kentucky Power
Matter: 2023 Base Rate Case

Invoice Date:
Invoice Number:
Matter Number:

KPSC Case No. 2023-00159
Commission Staff First Data Requests
March 08, 2023
Dated May 31, 2023
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Timekeeper Summary

Timekeeper	Timekeeper ID	Hours	Rate	Amount
Katie Glass	KMG	5.40	\$290.00	\$1,566.00
Mark R. Overstreet	MRO	0.10	\$350.00	\$35.00
Total		5.50		\$1,601.00
Amount Due				\$1,601.00

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Stites & Harbison, PLLC
250 West Main Street
2300 Lexington Financial Center
Lexington, KY 40507

April 11, 2023

Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

KMG

Invoice Number: 1655818

Matter Number: KE057-230008

Tax ID:

Payment Terms: Net 23

Client: Kentucky Power
Matter: 2023 Base Rate Case

For professional services rendered through March 31, 2023

Currency: USD

Fees \$4,124.00

Total Amount Due \$4,124.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case

Invoice Date:
 Invoice Number:
 Matter Number:

April 11, 2023
 1655818
 KE057-230008

Time Detail

Date	Tkpr ID	Description	Hours	Amount
03/07/23	KMG	L210 A104 Review KIUC's response to motion to amend 2020 rate case order and evaluate strategy re same	0.30	\$87.00
03/20/23	KMG	L210 A104 Review Commission's order on motion to amend 2020 Rate Case order with respect to base rate case timing and evaluate strategy re same	0.60	\$174.00
03/22/23	KMG	L120 A106 Participate in conference call to discuss Commission's order re Motion to Amend Rate Case Order and evaluate strategy re same	0.70	\$203.00
03/23/23	MRO	C300 A104 Address issue re rate case	0.10	\$35.00
03/23/23	KMG	P400 A106 Participate in conference call to discuss rate case strategy and planning	0.40	\$116.00
03/24/23	KMG	L120 A104 Review proposed witness assignments and evaluate strategy re same	0.40	\$116.00
03/28/23	KMG	L120 A104 Review past case orders from Tanner Wolfram in preparation for base rate case kick off meeting	2.40	\$696.00
03/29/23	KMG	P400 A104 Review base case kick-off powerpoint and review active case list for inclusion in same	0.30	\$87.00
03/31/23	KMG	P400 A109 Attend base case kick off meeting in Ashland, KY	9.00	\$2,610.00

Client: Kentucky Power
Matter: 2023 Base Rate Case

Invoice Date:
Invoice Number:
Matter Number:

KPSC Case No. 2023-00159
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Date	Tkpr ID	Description	Hours	Amount
Total			14.20	\$4,124.00

Timekeeper Summary

Timekeeper	Timekeeper ID	Hours	Rate	Amount
Katie Glass	KMG	14.10	\$290.00	\$4,089.00
Mark R. Overstreet	MRO	0.10	\$350.00	\$35.00
Total		14.20		\$4,124.00

Amount Due **\$4,124.00**

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Stites & Harbison, PLLC
250 West Main Street
2300 Lexington Financial Center
Lexington, KY 40507

May 10, 2023

Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

KMG

Invoice Number: 1659745

Matter Number: KE057-230008

Tax ID:

Payment Terms: Net 30

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No. AEP064371

For professional services rendered through April 30, 2023

Currency: USD

Fees \$10,980.00

Total Amount Due \$10,980.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

1659745
KE057-230008

Time Detail

<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/04/23	KMG	L120 A104 Continue reviewing past rate case orders in preparation for 2023 base rate case	1.30	\$377.00
04/07/23	KMG	P400 A103 Draft motion to clarify Commission's March 20, 2023 Order	1.00	\$290.00
04/10/23	KMG	P400 A106 Correspond with Christen Blend, John Crespo, and Hector Garcia Santana re [REDACTED]	0.40	\$116.00
04/10/23	KMG	P400 A103 Revise draft motion to clarify rate case filing extension order	1.00	\$290.00
04/10/23	KMG	P400 A106 Participate in conference call to discuss motion to clarify re rate case filing extension	0.70	\$203.00
04/10/23	KMG	P400 A103 Additional revisions to motion to clarify re rate case filing extension	0.50	\$145.00
04/12/23	KMG	P400 A106 Participate in conference call to discuss base rate case topics	1.00	\$290.00
04/12/23	KMG	P400 A104 Review 2020 base rate case order and identify issues relevant to new base case filing	1.20	\$348.00
04/14/23	KMG	L120 A106 Correspond with Tanner Wolfram re [REDACTED]	0.20	\$58.00
04/17/23	MRO	C300 A104 Address issues re [REDACTED]	0.30	\$105.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/17/23	KMG	L120 A104 Review Commission decisions for [REDACTED] [REDACTED] at the request of Scott Bishop	0.30	\$87.00
04/17/23	KMG	L120 A104 Review research request from Christen Blend re [REDACTED] [REDACTED] and evaluate strategy re same	0.50	\$145.00
04/19/23	KMG	L120 A106 Correspond with Brian West and Tanner Wolfram re [REDACTED]	0.20	\$58.00
04/19/23	KMG	L120 A106 Correspond with Christen Blend and Lerah Kahn re [REDACTED]	0.20	\$58.00
04/19/23	KMG	C200 A102 Review Kentucky IOU tariffs and eastern Kentucky cooperative tariffs for [REDACTED]	1.20	\$348.00
04/19/23	KMG	L120 A104 Review information re [REDACTED] [REDACTED]	0.20	\$58.00
04/19/23	KMG	P400 A106 Participate in conference call to discuss [REDACTED] and base rate case proposals	1.20	\$348.00
04/21/23	KMG	L120 A106 Participate in conference call with Christen Blend, Brian West, and Ken Gish to discuss base rate case [REDACTED] [REDACTED]	1.00	\$290.00
04/21/23	KMG	P400 A106 Participate in conference call to discuss [REDACTED] [REDACTED]	1.00	\$290.00
04/21/23	KMG	P400 A106 Correspond with Andy Carlin re [REDACTED] [REDACTED]	0.10	\$29.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/21/23	KMG	P400 A106 Correspond with Steve Fenrick re [REDACTED]	0.10	\$29.00
04/22/23	KMG	L120 A104 Review regulations and create timeline for filings in connection with application	1.40	\$406.00
04/22/23	KMG	L120 A104 Review 2020 motion to use abbreviated notice procedures and Commission's order re same	0.30	\$87.00
04/22/23	KMG	L120 A106 Correspond with Christen Blend and Brian West re [REDACTED]	0.20	\$58.00
04/22/23	KMG	L120 A104 Review background materials on zero intercept studies	0.40	\$116.00
04/24/23	KMG	L120 A104 Revise rate case filing time line and evaluate strategy re same	0.20	\$58.00
04/24/23	KMG	L120 A106 Participate in conference call to discuss [REDACTED] and [REDACTED]	0.80	\$232.00
04/24/23	KMG	L120 A106 Correspond with Lerah Kahn re [REDACTED]	0.20	\$58.00
04/24/23	KMG	L120 A104 Review [REDACTED] and [REDACTED] at request of Cindy Wiseman and summarize same	0.50	\$145.00
04/24/23	KMG	L120 A106 Correspond with Christen Blend and Amanda Clark re [REDACTED]	0.30	\$87.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
 AEP LawPack Matter No.
 AEP064371

Invoice Date:
 Invoice Number:
 Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/25/23	KMG	L120 A104 Review Commission decisions for [REDACTED] at the request of Brian West	0.40	\$116.00
04/25/23	KMG	L120 A106 Provide update on [REDACTED] to Christen Blend and Hector Garcia Santana	0.20	\$58.00
04/25/23	KMG	L120 A104 Review 2020 Rate Case Order for Commission treatment of compensation issues	0.50	\$145.00
04/25/23	KMG	P400 A104 Review and comment on draft Clark testimony	1.10	\$319.00
04/25/23	KMG	L120 A104 Evaluate strategy re rate case filing time line and key dates	0.70	\$203.00
04/25/23	KMG	L120 A106 Participate in conference call to discuss [REDACTED]	0.60	\$174.00
04/25/23	KMG	L120 A106 Correspond with Andy Carlin re [REDACTED]	0.20	\$58.00
04/25/23	KMG	L120 A104 Evaluate strategy re research of Commission precedent re intra-class subsidies	0.20	\$58.00
04/25/23	KMG	P400 A106 Participate in conference call to discuss [REDACTED]	0.60	\$174.00
04/25/23	KMG	L120 A106 Correspond with Scott Bishop and Tanner Wolfram re [REDACTED]	0.20	\$58.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/25/23	KMG	P400 A104 Begin review and comment on draft Carlin testimony	1.40	\$406.00
04/26/23	KMG	P400 A104 Continue review and comment on draft Carlin testimony	2.40	\$696.00
04/26/23	KMG	P400 A106 Participate in conference call to discuss draft Clark testimony	0.60	\$174.00
04/27/23	KMG	P400 A104 Review and comment on draft Schlessman testimony	0.50	\$145.00
04/27/23	KMG	P400 A106 Participate in conference call to discuss draft Schlessman testimony	1.10	\$319.00
04/27/23	KMG	P400 A104 Review and comment on draft zero-intercept study testimony	0.80	\$232.00
04/27/23	KMG	P400 A106 Participate in conference call to discuss draft Kahn testimony	0.90	\$261.00
04/27/23	KMG	L120 A106 Correspond with Lerah Kahn and Scott Bishop re [REDACTED]	0.20	\$58.00
04/27/23	KMG	L120 A106 Participate in conference call with base rate case steering committee to discuss strategy	1.20	\$348.00
04/28/23	KMG	P400 A104 Review and comment on draft Kerns testimony	0.40	\$116.00
04/28/23	KMG	P400 A106 Participate in conference call to discuss draft Kerns testimony	1.00	\$290.00
04/28/23	KMG	P400 A104 Review and comment on next draft of zero-intercept testimony	0.40	\$116.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
 AEP LawPack Matter No.
 AEP064371

Invoice Date:
 Invoice Number:
 Matter Number:

KPSC Case No. 2023-00159
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/28/23	KMG	P400 A106 Participate in conference call to discuss draft zero-intercept testimony	0.80	\$232.00
04/29/23	KMG	C200 A104 Research [REDACTED] [REDACTED] [REDACTED] at the request of Christen Blend	2.50	\$725.00
04/30/23	KMG	P400 A104 Review and comment on draft Bishop testimony	1.00	\$290.00
Total			37.80	\$10,980.00

Timekeeper Summary

<u>Timekeeper</u>	<u>Timekeeper ID</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Katie Glass	KMG	37.50	\$290.00	\$10,875.00
Mark R. Overstreet	MRO	0.30	\$350.00	\$105.00
Total		37.80		\$10,980.00

Amount Due \$10,980.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

KPSC Case No. 2023-00159
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Stites & Harbison, PLLC
PNC Bank, N.A.
101 South Fifth Street
Louisville, KY 40202
Bank ABA #: [REDACTED]
Account #: [REDACTED]
Swift Code: [REDACTED]

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250 West Main Street
2300 Lexington Financial Center
Lexington, KY 40507

June 12, 2023

Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

KMG

Invoice Number: 1663446

Matter Number: KE057-230008

Tax ID:

Payment Terms: Net 30

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No. AEP064371

For professional services rendered through May 31, 2023

Currency: USD

Fees \$22,363.50

Total Amount Due \$22,363.50

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

June 12, 2023
1663446
KE057-230008

Time Detail

<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/01/23	KMG	P400 A106 Participate in conference call to discuss lead-lag study testimony	0.60	\$174.00
05/01/23	KMG	P400 A106 Telephone conference with Scott Bishop re testimony	0.10	\$29.00
05/01/23	KMG	P400 A104 Review and comment on Messner draft testimony	0.40	\$116.00
05/01/23	KMG	P400 A106 Participate in conference call to discuss draft Messner testimony	0.70	\$203.00
05/01/23	KMG	P400 A106 Participate in conference call with Scott Bishop to discuss draft testimony	0.50	\$145.00
05/01/23	KMG	L120 A104 Evaluate strategy re [REDACTED]	0.30	\$87.00
05/02/23	MRO	C300 A104 Address storm deferral expense calculation and synchronization of fuel costs issues for rate case.	0.40	\$140.00
05/02/23	KMG	P400 A104 Review notes from compensation testimony review and prior treatment in 2020 rate case in preparation for Carlin testimony review call	0.30	\$87.00
05/02/23	KMG	P400 A106 Participate in conference call to discuss draft Carlin testimony	1.20	\$348.00
05/02/23	KMG	L120 A104 Evaluate strategy re research of [REDACTED]	0.30	\$87.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
 AEP LawPack Matter No.
 AEP064371

Invoice Date:
 Invoice Number:
 Matter Number:

KPSC Case No. 2023-00159
 Commission Staff's First Set of Data Requests
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/02/23	KMG	L120 A104 Evaluate strategy [REDACTED] by Company Witness Bishop	0.20	\$58.00
05/02/23	KMG	L120 A104 Evaluate strategy re abbreviated notice	0.20	\$58.00
05/03/23	MRO	C300 A102 Review Commission decisions regarding [REDACTED]	1.40	\$490.00
05/03/23	KMG	P400 A104 Review and comment on draft Ali testimony	0.70	\$203.00
05/03/23	KMG	P400 A106 Participate in conference call to discuss draft Ali testimony	1.00	\$290.00
05/03/23	KMG	L120 A104 Review Tariff REA and evaluate strategy re [REDACTED]	0.40	\$116.00
05/03/23	KMG	P400 A104 Review and comment on draft Cobern testimony	0.50	\$145.00
05/03/23	KMG	P400 A106 Participate in conference call to discuss draft Cobern testimony	0.80	\$232.00
05/03/23	KMG	L120 A108 Correspond with lead/lag study consultants re study and potential update	0.20	\$58.00
05/03/23	KMG	L120 A104 Review research [REDACTED]	0.20	\$58.00
05/04/23	KMG	P400 A104 Review and comment on draft Bishop testimony	0.60	\$174.00
05/04/23	KMG	P400 A106 Participate in conference call to discuss draft Bishop testimony	0.80	\$232.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
 AEP LawPack Matter No.
 AEP064371

Invoice Date:
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KPSC Case No. 2023-00159
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/04/23	KMG	P400 A104 Initial review of draft Burkholder testimony	0.40	\$116.00
05/04/23	KMG	P400 A106 Participate in conference call to discuss draft Burkholder testimony	1.00	\$290.00
05/04/23	KMG	L120 A106 Correspond with Brian West re first draft of testimony	0.20	\$58.00
05/04/23	KMG	L120 A106 Correspond with Joshua Burkholder and Hector Garcia Santana re [REDACTED]	0.10	\$29.00
05/04/23	KMG	L120 A106 Correspond with Brian West and distribution team re [REDACTED]	0.20	\$58.00
05/04/23	KMG	L120 A106 Correspond with Heather Whitney and Hector Garcia Santana re [REDACTED]	0.20	\$58.00
05/04/23	KMG	L120 A104 Evaluate strategy re proposed adjustment to amortize and recover SO2 allowances inventory	0.20	\$58.00
05/08/23	MRO	C300 A104 Address ability of General Assembly to [REDACTED]	0.10	\$35.00
05/08/23	KMG	L120 A106 Correspond with Kentucky Power regulatory re notice of election	0.10	\$29.00
05/08/23	KMG	L120 A106 Correspond with Scott Bishop re expense question	0.10	\$29.00
05/08/23	KMG	P400 A103 Draft notice of election, proposed case style, and list of additional persons to receive electronic service	0.80	\$232.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

Invoice Date:
Invoice Number:
Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/08/23	KMG	L120 A104 Review Commission precedent re [REDACTED]	0.80	\$232.00
05/09/23	MRO	C300 A104 Review Duke Kentucky 2022 rate case filing to [REDACTED]	1.20	\$420.00
05/09/23	KMG	L120 A106 Correspond with Brian West, Scott Bishop, and Hector Garcia Santana re [REDACTED]	0.40	\$116.00
05/09/23	KMG	P400 A106 Correspond with Brian West re testimony draft	0.10	\$29.00
05/09/23	KMG	P400 A104 Review and comment on draft Phillips testimony	2.20	\$638.00
05/09/23	KMG	L120 A104 Evaluate strategy [REDACTED]	0.20	\$58.00
05/10/23	KMG	P400 A104 Evaluate strategy re case style and rate case requests	0.20	\$58.00
05/10/23	KMG	P400 A104 Assist in first draft of West testimony	1.00	\$290.00
05/11/23	MRO	C300 A104 Review and analyze Commission orders and filings by other investor-owned utilities addressing normalization of test year storm expenses	2.50	\$875.00
05/11/23	MRO	C300 A104 Address [REDACTED] with respect to [REDACTED]	0.10	\$35.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/11/23	KMG	L120 A106 Participate in conference call to discuss proposed [REDACTED]	0.60	\$174.00
05/11/23	KMG	L120 A102 Research Commission decisions for [REDACTED]	0.20	\$58.00
05/11/23	KMG	L120 A104 Evaluate strategy re [REDACTED]	0.40	\$116.00
05/12/23	KMG	P400 A104 Evaluate strategy re [REDACTED]	0.30	\$87.00
05/12/23	KMG	P400 A108 Prepare and transmit notice of election to use electronic filing procedures to PSC Executive Director	0.20	\$58.00
05/12/23	KMG	P400 A104 Review and comment on draft Phillips testimony	0.80	\$232.00
05/12/23	KMG	L120 A106 Participate in conference call to discuss Wiseman testimony and overall case strategy	0.90	\$261.00
05/12/23	KMG	P400 A106 Participate in conference call to discuss Phillips testimony	1.10	\$319.00
05/12/23	KMG	P400 A104 Continue to assist in drafting West testimony	1.00	\$290.00
05/13/23	KMG	P400 A103 Draft application to use abbreviated notice procedures and form abbreviated notice	1.80	\$522.00
05/13/23	KMG	P400 A103 Draft notice of intent	0.40	\$116.00
05/14/23	KMG	P400 A104 Continue to assist in drafting West testimony	1.50	\$435.00

Client: Kentucky Power
 Matter: 2023 Base Rate Case
 AEP LawPack Matter No.
 AEP064371

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/14/23	KMG	P400 A106 Correspond with Brian West re draft testimony	0.20	\$58.00
05/15/23	KMG	L120 A107 Correspond with Moriah Tussey re application and notice of intent	0.20	\$58.00
05/15/23	KMG	P400 A104 Evaluate strategy re abbreviated notice and planned tariff revisions	0.50	\$145.00
05/15/23	KMG	P400 A104 Review and comment on full first draft of West testimony	3.30	\$957.00
05/16/23	LAS	L140 A104 Obtain Certificate of Existence for Kentucky Power Company from the Secretary of State; Forward same to Katie Glass	0.50	\$27.50
05/16/23	KMG	P400 A106 Participate in conference call to discuss draft abbreviated notice	0.50	\$145.00
05/16/23	KMG	P400 A103 Revise draft abbreviated notice	0.30	\$87.00
05/16/23	KMG	L120 A104 Review materials received from Brian West re [REDACTED] and evaluate strategy re same	0.30	\$87.00
05/16/23	KMG	P400 A103 Incorporate revisions received on application to use abbreviated notice	0.20	\$58.00
05/16/23	KMG	P400 A106 Telephone conference with Lerah Kahn re draft abbreviated notice	0.20	\$58.00
05/16/23	KMG	L120 A104 Evaluate strategy re [REDACTED]	0.30	\$87.00
05/16/23	KMG	P400 A104 Evaluate strategy re draft abbreviated notice	0.20	\$58.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

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Invoice Number:
Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/16/23	KMG	L120 A104 Evaluate strategy re issues concerning [REDACTED]	0.80	\$232.00
05/16/23	KMG	L120 A104 Evaluate strategy re invitees to base case preview meeting	0.30	\$87.00
05/16/23	KMG	P400 A104 Participate in conference call to discuss new residential seasonal rate offering	0.40	\$116.00
05/17/23	MRO	C300 A104 Address [REDACTED] issue	0.20	\$70.00
05/17/23	KMG	P400 A106 Participate in conference call to discuss [REDACTED]	1.80	\$522.00
05/17/23	KMG	L120 A104 Telephone conferences with Hector Garcia Santana re [REDACTED]	0.20	\$58.00
05/17/23	KMG	L120 A104 Evaluate strategy re [REDACTED]	0.60	\$174.00
05/17/23	KMG	L120 A104 Evaluate strategy re [REDACTED]	0.50	\$145.00
05/17/23	KMG	L120 A104 Review regulations for timing of filing rate case application and [REDACTED]	0.30	\$87.00
05/17/23	KMG	P400 A106 Correspond with Brian West re [REDACTED]	0.20	\$58.00
05/17/23	KMG	P400 A103 Review and revise draft abbreviated notice and notice of intent	0.40	\$116.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
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Matter Number:

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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/17/23	KMG	L120 A104 Review regulations and advise re timing of filing notice of intent and application to use abbreviated notice procedures	0.50	\$145.00
05/17/23	KMG	P400 A104 Review deficiency notice in 2020 rate case, compare revised notice to draft notice for this case, and evaluate strategy re same	0.90	\$261.00
05/17/23	KMG	P400 A104 Review and comment on draft Phillips storm testimony	1.80	\$522.00
05/18/23	KMG	P400 A104 Review and revise base case filing time line	0.20	\$58.00
05/18/23	KMG	P400 A106 Participate in conference call to discuss [REDACTED]	0.80	\$232.00
05/18/23	KMG	L120 A104 Evaluate strategy re rate case preview meeting	0.20	\$58.00
05/18/23	KMG	L120 A106 Correspond with Tanner Wolfram re [REDACTED]	0.10	\$29.00
05/19/23	KMG	P400 A106 Participate in conference call to discuss draft West testimony	1.10	\$319.00
05/19/23	KMG	L120 A106 Participate in conference call to discuss [REDACTED]	0.50	\$145.00
05/19/23	KMG	P400 A104 Evaluate strategy re West testimony draft	0.20	\$58.00
05/19/23	KMG	P400 A106 Participate in conference call with Hector Garcia Santana and Steven Fetter to discuss testimony	0.80	\$232.00

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/19/23	KMG	L120 A106 Correspond with base case steering committee re [REDACTED]	0.20	\$58.00
05/20/23	KMG	L120 A106 Prepare relevant orders and past testimony and send to Steven Fetter	0.90	\$261.00
05/22/23	KMG	L120 A106 Correspond with Cindy Wiseman re West testimony and case themes	0.10	\$29.00
05/22/23	KMG	L120 A104 Evaluate strategy re draft abbreviated customer notice and contents of same	0.80	\$232.00
05/22/23	KMG	P400 A103 Review and revise draft abbreviated notice	0.60	\$174.00
05/22/23	KMG	P400 A104 Finalize Notice of Intent, Application to Use Abbreviated Notice Procedures, and Draft Abbreviated Notice for filing	0.40	\$116.00
05/22/23	KMG	P400 A104 Review and comment on draft West testimony	2.50	\$725.00
05/23/23	KMG	L120 A104 Evaluate strategy re expert witness professional services agreement	0.30	\$87.00
05/23/23	KMG	P400 A104 Evaluate strategy re application to use abbreviated notice procedures and draft abbreviated notice and revise same	1.00	\$290.00
05/23/23	KMG	L120 A106 Correspond with Brian West and Lerah Kahn re [REDACTED]	0.10	\$29.00
05/23/23	KMG	P400 A104 Review and comment on draft Schlessman testimony	0.90	\$261.00

Client: Kentucky Power
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/23/23	KMG	L120 A106 Correspond with Tanner Wolfram re meeting with Witness Fetter	0.10	\$29.00
05/23/23	KMG	P400 A104 Prepare notice of intent and application to use abbreviated notice procedures to be filed	0.30	\$87.00
05/23/23	KMG	P400 A106 Participate in conference call to discuss draft Schlessman testimony	1.10	\$319.00
05/23/23	KMG	P400 A107 Transmit courtesy copy of notice of intent and application to use abbreviated notice procedures to counsel for intervenors in 2020 rate case	0.20	\$58.00
05/23/23	KMG	P400 A104 Review and comment on draft Bishop testimony	0.60	\$174.00
05/24/23	KMG	P400 A104 Review and comment on draft zero-intercept testimony	0.40	\$116.00
05/24/23	KMG	P400 A106 Correspond with Lerah Kahn and Scott Bishop re review of minimum filing requirements	0.10	\$29.00
05/24/23	KMG	P400 A104 Review lead-lag study testimony	0.30	\$87.00
05/24/23	KMG	P400 A106 Participate in conference call to discuss draft lead-lag study testimony	0.40	\$116.00
05/24/23	KMG	P400 A104 Evaluate strategy re pre-filing final review session	0.30	\$87.00
05/24/23	KMG	P400 A106 Participate in conference call to discuss draft zero-intercept testimony	0.30	\$87.00
05/24/23	KMG	P400 A106 Participate in conference call to discuss draft Bishop testimony	0.90	\$261.00

Client: Kentucky Power
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/25/23	KMG	P400 A104 Evaluate strategy re revisions to miscellaneous expense section of Bishop testimony	0.20	\$58.00
05/25/23	KMG	L120 A104 Evaluate strategy re rider recovery research	0.30	\$87.00
05/25/23	KMG	L120 A107 Correspond with Larry Cook re non-disclosure agreement with AG	0.20	\$58.00
05/30/23	KMG	L120 A106 Correspond with Brian West re [REDACTED]	0.10	\$29.00
05/30/23	KMG	P400 A104 Review and comment on draft Fetter testimony	0.60	\$174.00
05/30/23	KMG	P400 A104 Review and comment on draft Carlin testimony	0.70	\$203.00
05/30/23	KMG	P400 A106 Participate in conference call to discuss draft Fetter testimony	0.40	\$116.00
05/30/23	KMG	P400 A104 Review and comment on draft Vaughan testimony	0.40	\$116.00
05/30/23	KMG	P400 A106 Participate in conference call to discuss draft Vaughan testimony	1.00	\$290.00
05/30/23	KMG	P400 A106 Participate in conference call to discuss draft Carlin testimony	0.90	\$261.00
05/30/23	KMG	P400 A106 Participate in conference call to discuss witness assignments and newly added testimony	0.20	\$58.00
05/30/23	KMG	P400 A104 Review and comment on draft Messner testimony	0.30	\$87.00

Client: Kentucky Power
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<u>Date</u>	<u>Tkpr ID</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
05/30/23	KMG	P400 A106 Participate in conference call to discuss draft Messner testimony	1.00	\$290.00
05/31/23	KMG	P400 A104 Review and comment on draft Kerns testimony	0.60	\$174.00
05/31/23	KMG	P400 A106 Participate in conference call to discuss draft Kerns testimony	1.10	\$319.00
05/31/23	KMG	L210 A104 Review Commission Staff's first set of data requests and evaluate strategy re same	0.20	\$58.00
05/31/23	KMG	P400 A104 Review and comment on draft Clark testimony	0.50	\$145.00
05/31/23	KMG	P400 A106 Participate in conference call to discuss draft Clark testimony	0.80	\$232.00
05/31/23	KMG	P400 A104 Telephone conference with Lerah Kahn re [REDACTED]	0.10	\$29.00
05/31/23	KMG	P400 A104 Review and comment on draft Cobern testimony	0.40	\$116.00
05/31/23	KMG	P400 A106 Participate in conference call to discuss draft Cobern testimony	0.90	\$261.00
Total			76.30	\$22,363.50

Client: Kentucky Power
Matter: 2023 Base Rate Case
AEP LawPack Matter No.
AEP064371

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Timekeeper Summary

<u>Timekeeper</u>	<u>Timekeeper ID</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Katie Glass	KMG	69.90	\$290.00	\$20,271.00
Linda A. Smith	LAS	0.50	\$55.00	\$27.50
Mark R. Overstreet	MRO	5.90	\$350.00	\$2,065.00
Total		76.30		\$22,363.50

Amount Due	\$22,363.50
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To ensure proper credit, please return a copy of this statement for payments made via check.
For electronic payments please reference your invoice and matter number in the special instructions field and send remittance detail to wach@stites.com.

Wire/ACH Information:

Stites & Harbison, PLLC
PNC Bank, N.A.
101 South Fifth Street
Louisville, KY 40202
Bank ABA #: [REDACTED]
Account #: [REDACTED]
Swift Code: [REDACTED]

For billing inquiries, please call (502) 779-5809

Please disregard this statement if payment has already been made.

Thank you for trusting Stites & Harbison, PLLC to handle your important legal matters.

K&L GATES

K&L GATES LLP
1601 K STREET, N.W.
WASHINGTON, DC 20006-1600
T 202.778.9000 F 202.778.9100 klgates.com
Tax ID No. [REDACTED]

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American Electric Power Company, Inc.
1 Riverside Plaza
Columbus, OH 43216

Invoice Date : May 19, 2023
Invoice Number : 4188574
Services Through : April 30, 2023

0315724.00002 Kentucky Power 2023 Rate Case

INVOICE SUMMARY

Fees \$ 17,800.00
CURRENT INVOICE DUE \$ 17,800.00

Due and Payable upon Receipt

Mail To: K&L Gates LLP, P.O. Box 844255, Boston, MA 02284-4255

Overnight/Courier: PNC Bank C/O K&L Gates LLP, Lockbox #844255, 20 Commerce Way - Ste 800, Woburn, MA 01801-1057

Wire/ACH/EDI Instructions: Receiving Bank: PNC Bank N.A,
500 First Ave 92
Pittsburgh, PA 15219

Beneficiary: K&L Gates LLP
Acct No.: [REDACTED]

Routing/ABA: [REDACTED]
Swift Code: [REDACTED]

Please reference client/matter number in electronic payment details and email the remittance advice to AccountsReivableSEA@klgates.com with invoice number(s) and amounts.

FEES

DATE	NAME	HRS	TASK	ACT	DESCRIPTION	AMOUNT
03/23/23	K.J. Gish	0.40	P300	A106	Participate in initial rate case kickoff call	200.00
03/28/23	K.J. Gish	0.90	P300	A104	Review relevant past orders	450.00
03/29/23	K.J. Gish	1.20	P300	A104	Continue review of relevant prior orders	600.00
03/30/23	K.J. Gish	1.80	P300	A104	Review relevant past case orders	900.00
03/31/23	K.J. Gish	4.50	P300	A109	Travel to and from Ashland for rate case kick-off and strategy meetings	2,250.00
03/31/23	K.J. Gish	4.40	P300	A106	Participate in rate case kick-off and strategy meetings	2,200.00
04/03/23	K.J. Gish	3.70	P300	A104	Review prior case orders and testimony to prepare for rate case	1,850.00
04/03/23	K.J. Gish	0.80	P300	A104	Review order in response to motion for delay	400.00
04/04/23	K.J. Gish	0.80	P300	A104	Continue review of precedent orders and filings in preparation for rate case filing	400.00
04/05/23	K.J. Gish	1.20	P300	A104	Review testimony in prior rate case filing relating to cost of service studies	600.00
04/10/23	K.J. Gish	0.80	P300	A106	Prepare for and participate in conference to review motion for clarification of timing	400.00
04/10/23	K.J. Gish	0.90	P400	A103	Review and comment on draft motion for clarification of case filing timing	450.00
04/10/23	K.J. Gish	0.60	P400	A104	Review draft depreciation calculation summaries	300.00
04/10/23	K.J. Gish	1.20	P400	A104	Review past testimony relating to depreciation	600.00
04/10/23	K.J. Gish	0.70	P400	A106	Prepare for and participate in conference to discuss depreciation calculations	350.00
04/11/23	K.J. Gish	0.90	P400	A104	Review lead/lag study requirements	450.00
04/12/23	K.J. Gish	1.10	P300	A106	Prepare for and participate in conference	550.00

DATE	NAME	HRS	TASK	ACT	DESCRIPTION	AMOUNT
04/14/23	K.J. Gish	1.40	P300	A104	to review witness assignments and strategy	700.00
04/14/23	K.J. Gish	0.70	P400	A106	Review prior rate case orders for continuing obligations for coming case	350.00
04/19/23	K.J. Gish	1.50	P400	A106	Prepare for and participate in conference to review status of lead lag study development	750.00
04/21/23	K.J. Gish	1.50	P300	A106	Prepare for and participate in conference to review potential tariff changes	750.00
04/23/23	K.J. Gish	1.00	P400	A104	Participate in conference to review outcome of Commission meeting and to review key strategic issues in case	500.00
04/27/23	K.J. Gish	1.40	P300	A106	Initial review of draft Kerns and Adams testimony	700.00
04/27/23	K.J. Gish	1.20	P400	A106	Participate in conference to review case strategy	600.00
04/28/23	K.J. Gish	1.00	P400	A106	Participate in conference to review testimony of L. Kahn	500.00
					Participate in conference to review testimony of T. Kerns	500.00
TOTAL FEES					35.60 hrs	\$ <u>17,800.00</u>

TIMEKEEPER SUMMARY

K.J. Gish	35.60 hrs at	\$ 500.00 / hr	17,800.00
TOTAL FEES		35.60 hrs	\$ <u>17,800.00</u>

TASK CODE SUMMARY

P300	Structure/Strategy/Analysis	25.90 hrs	12,950.00
P400	Initial Document Prep/Filing	9.70 hrs	4,850.00
TOTAL FEES		35.60 hrs	\$ <u>17,800.00</u>

K&L GATES

K&L GATES LLP
1601 K STREET, N.W.
WASHINGTON, DC 20006-1600
T 202.778.9000 F 202.778.9100 klgates.com
Tax ID No. [REDACTED]

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American Electric Power Company, Inc.
1 Riverside Plaza
Columbus, OH 43216

Invoice Date : June 14, 2023
Invoice Number : 4198171
Services Through : May 31, 2023

0315724.00002 Kentucky Power 2023 Rate Case

Your Ref. No.: AEP064371

INVOICE SUMMARY

Fees	\$ <u>8,350.00</u>
CURRENT INVOICE DUE	\$ <u>8,350.00</u>

EBILLED INVOICE

Due and Payable upon Receipt

Mail To: K&L Gates LLP, P.O. Box 844255, Boston, MA 02284-4255

Overnight/Courier: PNC Bank C/O K&L Gates LLP, Lockbox #844255, 20 Commerce Way - Ste 800, Woburn, MA 01801-1057

Wire/ACH/EDI Instructions: Receiving Bank: PNC Bank N.A,
500 First Ave 92
Pittsburgh, PA 15219

Beneficiary: K&L Gates LLP
Acct No.: [REDACTED]

Routing/ABA: [REDACTED]
Swift Code: [REDACTED]

Please reference client/matter number in electronic payment details and email the remittance advice to AccountsReivableSEA@klgates.com with invoice number(s) and amounts.

FEES

DATE	NAME	HRS	TASK	ACT	DESCRIPTION	AMOUNT
05/01/23	K.J. Gish	1.00	P400	A106	Participate in conference to review initial draft of Adams testimony	500.00
05/01/23	K.J. Gish	0.70	P400	A104	Continue review of initial draft testimony of M. Adams	350.00
05/16/23	K.J. Gish	0.80	P300	A104	Review key case issues for testimony review	400.00
05/16/23	K.J. Gish	0.60	P400	A106	Participate in conference to review abbreviated notice	300.00
05/16/23	K.J. Gish	1.10	P400	A104	Review and comment on draft motion for abbreviated notice	550.00
05/22/23	K.J. Gish	1.30	P400	A104	Review and comment on materials to be filed with notice of intent and application for abbreviated notice	650.00
05/23/23	K.J. Gish	2.10	P400	A104	Review and comment on updated draft Adams testimony and work papers	1,050.00
05/24/23	K.J. Gish	1.10	P400	A104	Review prior orders to ensure requirements from the same are carried forward into case	550.00
05/24/23	K.J. Gish	1.90	P400	A104	Review and comment on draft Adams and Kerns testimony	950.00
05/24/23	K.J. Gish	0.50	P400	A106	Participate in conference to review draft Adams testimony	250.00
05/30/23	K.J. Gish	1.10	P400	A106	Prepare for and participate in conference to review initial draft of Vaughan testimony	550.00
05/30/23	K.J. Gish	0.90	P400	A104	Review initial draft of Vaughan testimony	450.00
05/31/23	K.J. Gish	0.70	P400	A106	Participate in conference to review draft Kerns testimony	350.00
05/31/23	K.J. Gish	0.40	P400	A104	Initial review of first set of discovery from Commission Staff	200.00
05/31/23	K.J. Gish	0.80	P400	A106	Participate in conference to review draft Clark testimony	400.00

DATE	NAME	HRS	TASK	ACT	DESCRIPTION	AMOUNT
05/31/23	K.J. Gish	0.90	P400	A103	Provide comments on draft Vaughan testimony	450.00
05/31/23	K.J. Gish	0.80	P400	A104	Review draft Clark testimony	400.00
TOTAL FEES					16.70 hrs	\$ <u>8,350.00</u>

TIMEKEEPER SUMMARY

K.J. Gish	16.70 hrs at	\$ 500.00 / hr	8,350.00
TOTAL FEES		16.70 hrs	\$ <u>8,350.00</u>

TASK CODE SUMMARY

P300	Structure/Strategy/Analysis	0.80 hrs	400.00
P400	Initial Document Prep/Filing	15.90 hrs	7,950.00
TOTAL FEES		16.70 hrs	\$ <u>8,350.00</u>

Invoice

Voucher 00333697



October 17, 2022
 Engagement No: 100175.00
 Invoice No: 0016261

Brian West
 Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from September 1, 2022 to September 30, 2022

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount	
Senior VP	1.50	680.00	1,020.00	
Totals	1.50		1,020.00	
Total Labor				1,020.00

Billing Limits

	Current	Prior	To-Date	
Labor	1,020.00	0.00	1,020.00	
Limit			90,000.00	
Remaining			88,980.00	
			Total this Phase	\$1,020.00
			Total this Invoice	\$1,020.00

Billings to Date

	Current	Prior	Total
Labor	1,020.00	0.00	1,020.00
Totals	1,020.00	0.00	1,020.00

For billing inquiries or to request electronic payment instructions,
 please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Engagement 100175.00 2022 - KY Power - Cash Working Capital

Commission Staff's First Set of Data Requests
 Invoice 0016261

Dated May 31, 2023

Billing Backup

Monday, October 17, 2022

Item 39

Concentric Energy Advisors, Inc.

Invoice 0016261 Dated 10/17/2022

4:25:43 PM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

		Hours	Rate	Amount	
Senior VP					
Adams, Michael	9/26/2022	1.50	680.00	1,020.00	
Review materials in prep for call with client.					
	Totals	1.50		1,020.00	
	Total Labor				1,020.00
				Total this Phase	\$1,020.00
				Total this Engagement	\$1,020.00
				Total this Report	\$1,020.00

Invoice



January 23, 2023
Engagement No: 100175.00
Invoice No: 0016607

Brian West
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from December 1, 2022 to December 31, 2022

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount
Senior VP	2.00	680.00	1,360.00
Totals	2.00		1,360.00
Total Labor			1,360.00

Billing Limits	Current	Prior	To-Date
Labor	1,360.00	1,020.00	2,380.00
Limit			90,000.00
Remaining			87,620.00
Total this Phase			\$1,360.00
Total this Invoice			\$1,360.00

Billings to Date

	Current	Prior	Total
Labor	1,360.00	1,020.00	2,380.00
Totals	1,360.00	1,020.00	2,380.00

For billing inquiries or to request electronic payment instructions,
please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Engagement 100175.00 2022 - KY Power - Cash Working Capital

Commission Staff's First Set of Data Requests
 Invoice 0016607

Dated May 31, 2023

Billing Backup

Monday, January 23, 2023

Item 39

Concentric Energy Advisors, Inc.

Invoice 0016607 Dated 1/23/2023

11:37:46 AM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

			Hours	Rate	Amount	
Senior VP						
Adams, Michael	12/8/2022		1.00	680.00	680.00	
Rate case call.						
Adams, Michael	12/13/2022		1.00	680.00	680.00	
Review testimony outline; call with Todd Schavrien.						
Totals			2.00		1,360.00	
Total Labor						1,360.00
				Total this Phase		\$1,360.00
				Total this Engagement		\$1,360.00
				Total this Report		\$1,360.00

Voucher 00335453

Invoice



March 31, 2023
 Engagement No: 100175.00
 Invoice No: 0016837

Brian West
 Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from February 1, 2023 to February 28, 2023

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount	
Senior VP	4.50	680.00	3,060.00	
Senior Analyst	19.50	340.00	6,630.00	
Totals	24.00		9,690.00	
Total Labor				9,690.00

Billing Limits

	Current	Prior	To-Date	
Labor	9,690.00	2,380.00	12,070.00	
Limit			90,000.00	
Remaining			77,930.00	

Total this Phase \$9,690.00

Total this Invoice \$9,690.00

Billings to Date

	Current	Prior	Total
Labor	9,690.00	2,380.00	12,070.00
Totals	9,690.00	2,380.00	12,070.00

For billing inquiries or to request electronic payment instructions,
 please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Billing Backup

Friday, March 31, 2023

Item 39

Concentric Energy Advisors, Inc.

Invoice 0016837 Dated 3/31/2023

2:23:14 PM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

		Hours	Rate	Amount	
Senior VP					
Adams, Michael	2/22/2023	1.00	680.00	680.00	
Review work product					
Adams, Michael	2/23/2023	1.50	680.00	1,020.00	
Review model					
Adams, Michael	2/27/2023	2.00	680.00	1,360.00	
Review model					
Senior Analyst					
Souza, Nolan	2/3/2023	1.50	340.00	510.00	
CWC Template Development, Payroll & Fuel Calculation					
Souza, Nolan	2/10/2023	2.00	340.00	680.00	
CWC Development - Taxes, Intercompany Transactions					
Souza, Nolan	2/13/2023	3.00	340.00	1,020.00	
CWC Development					
Souza, Nolan	2/14/2023	.25	340.00	85.00	
Data Request Draft					
Souza, Nolan	2/16/2023	2.50	340.00	850.00	
CWC Development - Taxes other than Income Taxes, Intercompany Transactions, Payment Processing, Bank Float					
Souza, Nolan	2/17/2023	4.00	340.00	1,360.00	
CWC Development - Other O&M Sample, Data Requests					
Souza, Nolan	2/21/2023	2.50	340.00	850.00	
CWC Development - Intercompany Transactions, External Communication, Other O&M Setup, Purchased Power Setup					
Souza, Nolan	2/22/2023	2.50	340.00	850.00	
CWC Development - AP Float, Interest Expense, TOTI					
Souza, Nolan	2/23/2023	1.25	340.00	425.00	
Interest Expense Updates, Meet with Project Manager					
Totals		24.00		9,690.00	
Total Labor					9,690.00
			Total this Phase		\$9,690.00
			Total this Engagement		\$9,690.00
			Total this Report		\$9,690.00

Invoice

Voucher 00335791



April 28, 2023
 Engagement No: 100175.00
 Invoice No: 0016938

Brian West
 Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from March 1, 2023 to March 31, 2023

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount	
Senior VP	24.50	680.00	16,660.00	
Senior Analyst	27.25	340.00	9,265.00	
Associate	2.00	190.00	380.00	
Project Assistant	1.75	80.00	140.00	
Totals	55.50		26,445.00	
Total Labor				26,445.00

Billing Limits

	Current	Prior	To-Date	
Labor	26,445.00	12,070.00	38,515.00	
Limit			90,000.00	
Remaining			51,485.00	
			Total this Phase	\$26,445.00
			Total this Invoice	\$26,445.00

Billings to Date

	Current	Prior	Total
Labor	26,445.00	12,070.00	38,515.00
Totals	26,445.00	12,070.00	38,515.00

For billing inquiries or to request electronic payment instructions,
 please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Billing Backup

Friday, April 28, 2023

Item 39

Concentric Energy Advisors, Inc.

Invoice 0016938 Dated 4/28/2023

1:03:48 PM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

			Hours	Rate	Amount
Senior VP					
Adams, Michael	3/2/2023	Review model	1.50	680.00	1,020.00
Adams, Michael	3/6/2023	Review CWC model	2.00	680.00	1,360.00
Adams, Michael	3/7/2023	Prep for and call with client	1.50	680.00	1,020.00
Adams, Michael	3/8/2023	Review model	4.00	680.00	2,720.00
Adams, Michael	3/9/2023	Data requests	1.00	680.00	680.00
Adams, Michael	3/10/2023	Review CWC model	2.00	680.00	1,360.00
Adams, Michael	3/13/2023	Review company provided data	4.00	680.00	2,720.00
Adams, Michael	3/14/2023	Calls re: model; review model inputs	3.00	680.00	2,040.00
Adams, Michael	3/16/2023	Project review call	1.00	680.00	680.00
Adams, Michael	3/20/2023	Review model	2.00	680.00	1,360.00
Adams, Michael	3/22/2023	Internal Concentric team call/review model	1.00	680.00	680.00
Adams, Michael	3/23/2023	Review model	1.00	680.00	680.00
Adams, Michael	3/30/2023	Weekly status call	.50	680.00	340.00
Senior Analyst					
Souza, Nolan	3/1/2023	Data Request	.25	340.00	85.00
Souza, Nolan	3/2/2023	Meet with Project Manager, Other O&M Development	3.00	340.00	1,020.00
Souza, Nolan	3/3/2023	Other O&M Development	3.50	340.00	1,190.00
Souza, Nolan	3/6/2023	Other O&M Development, Interest Expense Calculation, Data Request Development	4.25	340.00	1,445.00
Souza, Nolan	3/7/2023	Project Update Call & Data Request	.75	340.00	255.00
Souza, Nolan	3/8/2023	CWC Tax Development	.75	340.00	255.00
Souza, Nolan	3/9/2023	CWC Tax & Other O&M Development, Meet with Project Manager	3.75	340.00	1,275.00
Souza, Nolan	3/10/2023	CWC Tax & Other O&M Development	2.50	340.00	850.00
Souza, Nolan	3/13/2023	Other O&M Development, Interest Expense Call, Property Tax Walk through	2.00	340.00	680.00
Souza, Nolan	3/14/2023	Meet with Project Manager, Purchased Power Development, Property Tax Call	3.25	340.00	1,105.00

Engagement	100175.00	2022 - KY Power - Cash Working Capital		Commission Staff's First Set of Data Requests Invoice 0018938	Dated May 31, 2023
Souza, Nolan		3/16/2023	2.50 340.00	850.00	Item 39
Meet with Project Manager, Review of Taxes, Intercompany Transactions, Fuel Expenses, Final Formatting					
Souza, Nolan		3/30/2023	.75 340.00	255.00	Attachment 2
Final Review, Meet with Project Manager Associate					
Kim, Marcus		3/3/2023	2.00 190.00	380.00	Page 43 of 92
Verifying dates of invoices for lead-lag study Project Assistant					
Singer, Connie		3/14/2023	1.25 80.00	100.00	
CWC Development - Property Taxes					
Singer, Connie		3/15/2023	.50 80.00	40.00	
CWC Development - Property Taxes					
Totals			55.50	26,445.00	
Total Labor					26,445.00
				Total this Phase	\$26,445.00
				Total this Engagement	\$26,445.00
				Total this Report	\$26,445.00

Invoice

Voucher 00335962



May 19, 2023
 Engagement No: 100175.00
 Invoice No: 0017043

Brian West
 Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from April 01, 2023 to April 30, 2023

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount	
Senior VP	14.50	680.00	9,860.00	
Senior Analyst	8.75	340.00	2,975.00	
Totals	23.25		12,835.00	
Total Labor				12,835.00

Billing Limits

	Current	Prior	To-Date	
Labor	12,835.00	38,515.00	51,350.00	
Limit			90,000.00	
Remaining			38,650.00	

Total this Phase \$12,835.00

Total this Invoice \$12,835.00

Billings to Date

	Current	Prior	Total
Labor	12,835.00	38,515.00	51,350.00
Totals	12,835.00	38,515.00	51,350.00

For billing inquiries or to request electronic payment instructions,
 please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Billing Backup

Friday, May 19, 2023

Item 39

Concentric Energy Advisors, Inc.

Invoice 0017043 Dated 5/19/2023

1:37:23 PM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

		Hours	Rate	Amount	
Senior VP					
Adams, Michael	4/6/2023	2.00	680.00	1,360.00	
	Review model, internal team call				
Adams, Michael	4/14/2023	2.50	680.00	1,700.00	
	Internal call with team; call with client re: testimony/model				
Adams, Michael	4/18/2023	3.00	680.00	2,040.00	
	Draft testimony				
Adams, Michael	4/19/2023	4.00	680.00	2,720.00	
	Review model and draft testimony for delivery to client				
Adams, Michael	4/20/2023	2.00	680.00	1,360.00	
	Review model and draft testimony for delivery to client				
Adams, Michael	4/27/2023	1.00	680.00	680.00	
	Team status call				
Senior Analyst					
Souza, Nolan	4/4/2023	1.75	340.00	595.00	
	Other O&M Update, CWC Testimony Draft				
Souza, Nolan	4/5/2023	1.00	340.00	340.00	
	CWC Testimony Draft				
Souza, Nolan	4/6/2023	2.00	340.00	680.00	
	CWC Testimony Draft				
Souza, Nolan	4/17/2023	.50	340.00	170.00	
	Draft Testimony				
Souza, Nolan	4/19/2023	.50	340.00	170.00	
	Draft Testimony				
Souza, Nolan	4/20/2023	1.25	340.00	425.00	
	Draft Testimony Updates, Meet with Project Manager				
Souza, Nolan	4/21/2023	1.75	340.00	595.00	
	Federal and State Unemployment Taxes, Draft Testimony Updates, Meet with Project Manager				
	Totals	23.25		12,835.00	
	Total Labor				12,835.00
			Total this Phase		\$12,835.00
			Total this Engagement		\$12,835.00
			Total this Report		\$12,835.00

Invoice

Voucher 00336204



June 15, 2023
 Engagement No: 100175.00
 Invoice No: 0017145

Brian West
 Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101

Engagement 100175.00 2022 - KY Power - Cash Working Capital
Professional Services from May 01, 2023 to May 31, 2023

Phase 01 Pre-Filing

Professional Personnel

	Hours	Rate	Amount	
Senior VP	14.00	680.00	9,520.00	
Senior Analyst	5.50	340.00	1,870.00	
Project Assistant	2.50	80.00	200.00	
Totals	22.00		11,590.00	
Total Labor				11,590.00

Billing Limits	Current	Prior	To-Date	
Labor	11,590.00	51,350.00	62,940.00	
Limit			90,000.00	
Remaining			27,060.00	
			Total this Phase	\$11,590.00
			Total this Invoice	\$11,590.00

Billings to Date

	Current	Prior	Total
Labor	11,590.00	51,350.00	62,940.00
Totals	11,590.00	51,350.00	62,940.00

For billing inquiries or to request electronic payment instructions,
 please contact us at: accounting@ceadvisors.com

Taxpayer ID: [REDACTED]

Please note, we have no intention of changing our bank details and any request to do so should be treated as suspicious.

Billing Backup

Wednesday, June 14, 2023

Item 39

Concentric Energy Advisors, Inc.

Invoice 0017145 Dated 6/15/2023

9:30:26 PM

Attachment 2

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Engagement 100175.00 2022 - KY Power - Cash Working Capital

Phase 01 Pre-Filing

Professional Personnel

			Hours	Rate	Amount
Senior VP					
Adams, Michael	5/1/2023	Review CWC study	1.00	680.00	680.00
Adams, Michael	5/2/2023	Internal team call	1.00	680.00	680.00
Adams, Michael	5/3/2023	Team call	1.00	680.00	680.00
Adams, Michael	5/4/2023	Review CWC results	1.00	680.00	680.00
Adams, Michael	5/8/2023	Review lead-lag analysis	2.00	680.00	1,360.00
Adams, Michael	5/10/2023	Call with team	1.00	680.00	680.00
Adams, Michael	5/11/2023	Review draft, call with team	1.00	680.00	680.00
Adams, Michael	5/18/2023	Review testimony and model	1.00	680.00	680.00
Adams, Michael	5/24/2023	Review draft CWC testimony and model	3.00	680.00	2,040.00
Adams, Michael	5/25/2023	Call with client; testimony	2.00	680.00	1,360.00
Senior Analyst					
Souza, Nolan	5/1/2023	Lead Lag Study Testimony Review & Updates	.75	340.00	255.00
Souza, Nolan	5/3/2023	Revised Collections Lag Discussion, Testimony Updates	1.00	340.00	340.00
Souza, Nolan	5/4/2023	Collections Lag Meeting, Updated Collections Lag Calculation	.75	340.00	255.00
Souza, Nolan	5/9/2023	Collections Lag Discussion	.25	340.00	85.00
Souza, Nolan	5/11/2023	Collections Lag discussion	.25	340.00	85.00
Souza, Nolan	5/12/2023	Base Case CWC Call	.25	340.00	85.00
Souza, Nolan	5/15/2023	Lead Lag Testimony Review	.50	340.00	170.00
Souza, Nolan	5/17/2023	Second Draft Testimony Review	.75	340.00	255.00
Souza, Nolan	5/18/2023	CWC Testimony Review with Project Manager	.75	340.00	255.00
Souza, Nolan	5/24/2023	Base Case Lead Lag Testimony Meeting	.25	340.00	85.00
Project Assistant					
Singer, Connie	5/9/2023	Document formatting	.50	80.00	40.00
Singer, Connie	5/15/2023		.50	80.00	40.00

Engagement	100175.00	2022 - KY Power - Cash Working Capital			Commission Staff's First Set of Data Requests	Invoice 0017145	Dated May 31, 2023
		Document formatting					
Singer, Connie		5/17/2023	.75	80.00	60.00		Item 39
		Document review and formatting					Attachment 2
Singer, Connie		5/25/2023	.75	80.00	60.00		Page 48 of 92
		Document formatting					
		Totals		22.00	11,590.00		
		Total Labor					11,590.00
					Total this Phase		\$11,590.00
					Total this Engagement		\$11,590.00
					Total this Report		\$11,590.00

Clearspring Energy Advisors, LLC

1050 Regent St. - Suite L3
Madison, WI 53715

Voucher 00334665

KPSC Case No. 2023-00159
Commission Staff's First Set of Data Requests
Attachment 2
Item 39
Page 49 of 92

Invoice

Date	Invoice #
1/16/2023	CEA405745

Bill To
Brian West, Kentucky Power

Project	Terms
Kentucky Power Zero Intercept 2022	Net 30

Description	Amount
Consulting Services: Research and analysis in connection with a Zero Intercept Study for Kentucky Power Company 2023 base rate case 2/3rds of Agreed Upon Fixed Fee of \$9,000.	6,000.00
Thank you for your business!	Total \$6,000.00

Phone #
608-442-8668

Web Site
www.clearspringenergy.com

Clearspring Energy Advisors, LLC

1050 Regent St. - Suite L3
Madison, WI 53715

Voucher 00336304

Invoice

Item 39

Attachment 2

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Date	Invoice #
6/21/2023	CEA405819

Bill To
Brian West, Kentucky Power

Project	Terms
Kentucky Power Zero Intercept 2022	Net 30

Description	Amount
Final amount of \$3,000 for Zero Intercept Study and Testimony Project was fixed fee for \$9,000. \$6,000 already billed and paid. This is the final invoice until regulatory activity requires more work and that time will then be billed on a time and materials basis.	3,000.00
Thank you for your business!	Total \$3,000.00

Phone #
608-442-8668

Web Site
www.clearspringenergy.com



Voucher 00334664

KPSC Case No. 2023-00159
 Commission Staff's First Set of Data Requests
 Check Payment Information:
 Gannett Fleming Valuation and Rate Consultants, LLC
 PO Box 829160, Philadelphia, PA 19182-9160 Federal EIN: 46-395
 Date: May 1, 2022
 ACH/EFT Payment Information:
 Account Name: Gannett Fleming Companies ABA: [REDACTED]
 Account No: [REDACTED]
 Page: 1
 Send Remit Info: AccountsReceivable@gfnet.com
 Send Audit Inquiries: GovtContractAudit@gfnet.com
 All Other Inquires Contact the Project Team

Attention: Accounts Payable
Kentucky Power Company
 1645 Winchester Avenue
 Ashland, KY 41101
 UNITED STATES

Invoice : 0000017691
Invoice Date : 12/29/2022
Project : 073804
Project Name : Kentucky Power Company-
 Depreciation
Bill Term : 01

For Professional Services Rendered For 11/5/2022 Through 12/2/2022

Depreciation Study

000 - Depreciation Study

Total :

	Current
	Billings
	<u>1,165.00</u>
	1,165.00
Current Billings	<u>1,165.00</u>
Amount Due This Bill	US <u><u>1,165.00</u></u>

John J Spanos

000 - Depreciation Study

Commission Staff's First Set of Data Requests
Dated May 31, 2023

Rate Labor Class	Hours	Rate	Item	Amount
John J Spanos	3.00	305.000	Attachment 1	915.00
Support Staff	2.00	125.000	Page 52 of 92	250.00
Total Rate Labor				1,165.00
Total Bill Task : 000 - Depreciation Study				1,165.00

Total Project : 073804 - Kentucky Power Company-Depreciation

1,165.00

Kentucky Power Company
Gannett Fleming Invoice No. 0000017691 dated December 29, 2022

Breakdown of Labor Charges November 5 Through December 2, 2022

Date		Description of Work Performed	Hours	Rate	Amount
11/10/2022	John J. Spanos	Project initiation/kickoff	0.50	\$305.00	\$152.50
11/11/2022	John J. Spanos	Project initiation/kickoff	0.50	\$305.00	\$152.50
11/22/2022	John J. Spanos	Project initiation/kickoff	1.00	\$305.00	\$305.00
11/23/2022	John J. Spanos	Project initiation/kickoff	0.50	\$305.00	\$152.50
11/26/2022	John J. Spanos	Project initiation/kickoff	0.50	\$305.00	\$152.50
		Subtotal	3.00		\$915.00
11/10/2022	Support Staff	Project initiation/administration	0.50	\$125.00	\$62.50
11/11/2022	Support Staff	Project initiation/administration	0.50	\$125.00	\$62.50
11/16/2022	Support Staff	Project initiation/administration	1.00	\$125.00	\$125.00
		Subtotal	2.00		\$250.00
		Total Invoiced Labor Charges			\$1,165.00



Voucher 00334775

KPSC Case No. 2023-00159

Commission Staff's First Set of Data Requests

Gannett Fleming Valuation and Rate Consultants, LLC
PO Box 829160, Philadelphia, PA 19182-9160 Federal EIN: 46-395

Account Name: Gannett Fleming Companies ABA: [REDACTED]
Account No: [REDACTED]

Send Remit Info: AccountsReceivable@gfnet.com
Send Audit Inquiries: GovtContractAudit@gfnet.com
All Other Inquires Contact the Project Team

Attention: Accounts Payable
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101
UNITED STATES

Invoice : 0000018778
Invoice Date : 1/30/2023
Project : 073804
Project Name : Kentucky Power Company-
Depreciation
Bill Term : 01

For Professional Services Rendered For 12/3/2022 Through 12/30/2022

Depreciation Study

000 - Depreciation Study

Total :

	Current
	Billings
	<u>9,890.00</u>
	9,890.00
	Current Billings
	<u>9,890.00</u>
Amount Due This Bill	US <u><u>9,890.00</u></u>

John J Spanos

Outstanding Receivables	Invoice Number	Date	Amount	Balance Due
	0000017691	12/29/2022	1,165.00	<u>1,165.00</u>
				1,165.00

000 - Depreciation Study

Commission Staff's First Set of Data Requests
Dated May 31, 2023

Rate Labor Class	Hours	Rate	Item Amount
Associate Analyst	42.50	180.000	7,650.00
John J Spanos	5.50	305.000	1,677.50
Senior Technician	3.00	125.000	375.00
Support Staff	1.50	125.000	187.50
Total Rate Labor	52.50		9,890.00
Total Bill Task : 000 - Depreciation Study			9,890.00

Total Project : 073804 - Kentucky Power Company-Depreciation

9,890.00

Kentucky Power Company
Gannett Fleming Invoice No. 0000018778 dated January 30, 2023

Breakdown of Labor Charges December 3 Through December 30, 2022

Date	Name	Description of Work Performed	Hours	Rate	Amount
12/3/2022	John J. Spanos	Presentation Prep	0.50	\$305.00	\$152.50
12/5/2022	John J. Spanos	Presentation Prep	0.50	\$305.00	\$152.50
12/6/2022	John J. Spanos	Presentation Prep	0.50	\$305.00	\$152.50
12/9/2022	John J. Spanos	Walk-Through Meeting	1.00	\$305.00	\$305.00
12/12/2022	John J. Spanos	Data Assembly and Analysis	1.00	\$305.00	\$305.00
12/15/2022	John J. Spanos	Data Assembly and Analysis	0.50	\$305.00	\$152.50
12/16/2022	John J. Spanos	Data Assembly and Analysis	0.50	\$305.00	\$152.50
12/19/2022	John J. Spanos	Data Assembly and Analysis	0.50	\$305.00	\$152.50
12/29/2022	John J. Spanos	Capital Budget and Order Review	0.50	\$305.00	\$152.50
		Subtotal	5.50		\$1,677.50
12/12/2022	Associate Analyst	Data Assembly and Analysis	4.00	\$180.00	\$720.00
12/13/2022	Associate Analyst	Data Assembly and Analysis	7.00	\$180.00	\$1,260.00
12/14/2022	Associate Analyst	Data Assembly and Analysis	9.00	\$180.00	\$1,620.00
12/15/2022	Associate Analyst	Data Assembly and Analysis	5.50	\$180.00	\$990.00
12/19/2022	Associate Analyst	Data Assembly and Analysis	1.00	\$180.00	\$180.00
12/20/2022	Associate Analyst	Data Assembly and Analysis	7.00	\$180.00	\$1,260.00
12/21/2022	Associate Analyst	Data Assembly and Analysis	8.00	\$180.00	\$1,440.00
12/22/2022	Associate Analyst	Data Assembly and Analysis	1.00	\$180.00	\$180.00
		Subtotal	42.50		\$7,650.00
12/8/2022	Senior Technician	Depreciation Module Set Up	1.00	\$125.00	\$125.00
12/29/2022	Senior Technician	Order and Budget Review	2.00	\$125.00	\$250.00
		Subtotal	3.00		\$375.00
12/5/2022	Support Staff	Presentation Prep	0.50	\$125.00	\$62.50
12/7/2022	Support Staff	Presentation Prep	0.50	\$125.00	\$62.50
12/29/2022	Support Staff	Order and Budget Review	0.50	\$125.00	\$62.50
		Subtotal	1.50		\$187.50
		Total Invoiced Labor Charges			\$9,890.00



Voucher 00335056

KPSC Case No. 2023-00159
Commission Staff's First Set of Data Requests
Check Payment Information:
Date: May 1, 2023
Gannett Fleming Valuation and Rate Consultants, LLC
PO Box 829160, Philadelphia, PA 19182-9160 Federal EIN: 46-395
ACH/EFT Payment Information:
Account Name: Gannett Fleming Companies ABA:
Account No:
Send Remit Info: AccountsReceivable@gfnet.com
Send Audit Inquiries: GovtContractAudit@gfnet.com
All Other Inquires Contact the Project Team

Attention: Accounts Payable
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101
UNITED STATES

Invoice : 0000019860
Invoice Date : 2/27/2023
Project : 073804
Project Name : Kentucky Power Company-
Depreciation
Bill Term : 01

For Professional Services Rendered For 1/1/2023 Through 1/27/2023

Depreciation Study

000 - Depreciation Study

Total :

Table with 2 columns: Description, Amount. Rows include Current Billings (8,040.00), Total (8,040.00), Current Billings (8,040.00), and Amount Due This Bill (US 8,040.00).

John J Spanos

000 - Depreciation Study

Commission Staff's First Set of Data Requests
Dated May 31, 2023

Rate Labor Class	Hours	Rate	Item Amount
Associate Analyst	28.50	180.000	5,130.00
John J Spanos	7.50	310.000	2,325.00
Senior Technician	4.00	130.000	520.00
Support Staff	0.50	130.000	65.00
Total Rate Labor	40.50		8,040.00
Total Bill Task : 000 - Depreciation Study			8,040.00

Total Project : 073804 - Kentucky Power Company-Depreciation

8,040.00

Kentucky Power Company
Gannett Fleming Invoice No. 0000019860 dated February 27, 2023

Breakdown of Labor Charges January 1 Through January 27, 2023

Date	Classification	Description of Work Performed	Hours	Rate	Amount
1/1/2023	John J. Spanos	Data review and analysis	1.50	\$310.00	\$465.00
1/3/2023	John J. Spanos	Client call	1.00	\$310.00	\$310.00
1/4/2023	John J. Spanos	Data review and analysis	0.50	\$310.00	\$155.00
1/11/2023	John J. Spanos	Data review and analysis	1.00	\$310.00	\$310.00
1/17/2023	John J. Spanos	Data review and analysis	1.00	\$310.00	\$310.00
1/19/2023	John J. Spanos	Data review and analysis	0.50	\$310.00	\$155.00
1/23/2023	John J. Spanos	Data review and analysis	1.00	\$310.00	\$310.00
1/25/2023	John J. Spanos	Data review and analysis	1.00	\$310.00	\$310.00
		Subtotal	7.50		\$2,325.00
1/3/2023	Associate Analyst	Data review and analysis	4.00	\$180.00	\$720.00
1/4/2023	Associate Analyst	Data review and analysis	2.50	\$180.00	\$450.00
1/5/2023	Associate Analyst	Data review and analysis	1.00	\$180.00	\$180.00
1/6/2023	Associate Analyst	Data review and analysis	2.00	\$180.00	\$360.00
1/10/2023	Associate Analyst	Data review and analysis	0.50	\$180.00	\$90.00
1/12/2023	Associate Analyst	Data review and analysis	1.50	\$180.00	\$270.00
1/13/2023	Associate Analyst	Data review and analysis	4.50	\$180.00	\$810.00
1/17/2023	Associate Analyst	Data review and analysis	3.00	\$180.00	\$540.00
1/19/2023	Associate Analyst	Data review and analysis	3.00	\$180.00	\$540.00
1/20/2023	Associate Analyst	Data review and analysis	3.50	\$180.00	\$630.00
1/23/2023	Associate Analyst	Data review and analysis	3.00	\$180.00	\$540.00
		Subtotal	28.50		\$5,130.00
1/4/2023	Senior Technician	Data review and analysis	2.00	\$130.00	\$260.00
1/5/2023	Senior Technician	Data review and analysis	2.00	\$130.00	\$260.00
		Subtotal	4.00		\$520.00
1/16/2023	Support Staff	Project administration	0.50	\$130.00	\$65.00
			0.50		\$65.00
		Total Invoiced Labor Charges			\$8,040.00



Attention: Accounts Payable
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101
UNITED STATES

Invoice : 0000021215
Invoice Date : 3/30/2023
Project : 073804
Project Name : Kentucky Power Company-
Depreciation
Bill Term : 01

For Professional Services Rendered For 1/28/2023 Through 2/24/2023

Depreciation Study

000 - Depreciation Study

Total :

Current

Billings

19,410.00

19,410.00

Current Billings

19,410.00

Amount Due This Bill

US

19,410.00

John J Spanos

000 - Depreciation Study

Commission Staff's First Set of Data Requests
 Dated May 31, 2023

Rate Labor Class	<i>Hours</i>	<i>Rate</i>	<i>Item Amount</i>
Associate Analyst	64.00	180.000	11,520.00
John J Spanos	20.00	310.000	6,200.00
Senior Technician	8.00	130.000	1,040.00
Support Staff	5.00	130.000	650.00
Total Rate Labor	97.00		19,410.00
Total Bill Task : 000 - Depreciation Study			19,410.00

Total Project : 073804 - Kentucky Power Company-Depreciation

19,410.00

Kentucky Power Company					
Gannett Fleming Invoice No. 000021215 dated March 30, 2023					
Breakdown of Labor Charges January 28 Through February 24, 2023					
Date		Description of Work Performed	Hours	Rate	Amount
1/30/2023	John J. Spanos	Data analysis	1.00	\$310.00	\$310.00
2/1/2023	John J. Spanos	Data analysis	0.50	\$310.00	\$155.00
2/6/2023	John J. Spanos	Life and net salvage analysis	0.50	\$310.00	\$155.00
2/9/2023	John J. Spanos	Life and net salvage analysis	1.00	\$310.00	\$310.00
2/15/2023	John J. Spanos	Life and net salvage analysis	0.50	\$310.00	\$155.00
2/21/2023	John J. Spanos	Site visit	4.00	\$310.00	\$1,240.00
2/22/2023	John J. Spanos	Site visit	8.00	\$310.00	\$2,480.00
2/23/2023	John J. Spanos	Site visit	4.00	\$310.00	\$1,240.00
2/24/2023	John J. Spanos	Data corrections	0.50	\$310.00	\$155.00
		Subtotal	20.00		\$6,200.00
1/31/2023	Associate Analyst	Data assembly and review	9.00	\$180.00	\$1,620.00
2/1/2023	Associate Analyst	Data assembly and review	8.00	\$180.00	\$1,440.00
2/2/2023	Associate Analyst	Data assembly and review	1.50	\$180.00	\$270.00
2/3/2023	Associate Analyst	Life and net salvage analysis	3.00	\$180.00	\$540.00
2/6/2023	Associate Analyst	Life and net salvage analysis	2.00	\$180.00	\$360.00
2/8/2023	Associate Analyst	Life and net salvage analysis	1.50	\$180.00	\$270.00
2/9/2023	Associate Analyst	Life and net salvage analysis	6.50	\$180.00	\$1,170.00
2/10/2023	Associate Analyst	Life and net salvage analysis	2.50	\$180.00	\$450.00
2/14/2023	Associate Analyst	Life and net salvage analysis	2.50	\$180.00	\$450.00
2/15/2023	Associate Analyst	Life and net salvage analysis	1.00	\$180.00	\$180.00
2/16/2023	Associate Analyst	Life and net salvage analysis	1.00	\$180.00	\$180.00
2/20/2023	Associate Analyst	Life and net salvage analysis	4.00	\$180.00	\$720.00
2/21/2023	Associate Analyst	Site visit	5.50	\$180.00	\$990.00
2/22/2023	Associate Analyst	Site visit	8.00	\$180.00	\$1,440.00
2/23/2023	Associate Analyst	Site visit	5.50	\$180.00	\$990.00
2/24/2023	Associate Analyst	Data corrections	2.50	\$180.00	\$450.00
		Subtotal	64.00		\$11,520.00
2/3/2023	Senior Technician	Data assembly and review	2.00	\$130.00	\$260.00
2/6/2023	Senior Technician	Data assembly and review	2.00	\$130.00	\$260.00
2/22/2023	Senior Technician	Life and net salvage analysis	2.00	\$130.00	\$260.00
2/23/2023	Senior Technician	Life and net salvage analysis	2.00	\$130.00	\$260.00
		Subtotal	8.00		\$1,040.00
2/1/2023	Support Staff	Administrative tasks	0.50	\$130.00	\$65.00
2/7/2023	Support Staff	Administrative tasks	1.50	\$130.00	\$195.00
2/8/2023	Support Staff	Administrative tasks	1.00	\$130.00	\$130.00
2/9/2023	Support Staff	Site visit preparation	1.00	\$130.00	\$130.00
2/15/2023	Support Staff	Site visit preparation	0.50	\$130.00	\$65.00
2/16/2023	Support Staff	Administrative tasks	0.50	\$130.00	\$65.00
			5.00		\$650.00
		Total Invoiced Labor Charges			\$19,410.00



Voucher 00335825

KPSC Case No. 2023-00159

Commission Staff's First Set of Data Requests

Gannett Fleming Valuation and Rate Consultants, LLC
PO Box 829160, Philadelphia, PA 19182-9160 Federal EIN: 46-395

Account Name: Gannett Fleming Companies ABA: [REDACTED]
Account No: [REDACTED]

Send Remit Info: AccountsReceivable@gfnet.com
Send Audit Inquiries: GovtContractAudit@gfnet.com
All Other Inquires Contact the Project Team

Attention: Accounts Payable
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101
UNITED STATES

Invoice : 0000022270
Invoice Date : 5/3/2023
Due Date : 6/2/2023
Project : 073804
Project Name : Kentucky Power Company-
Depreciation
Bill Term : 01

For Professional Services Rendered For 2/25/2023 Through 3/31/2023

Depreciation Study

000 - Depreciation Study

Total :

	<u>Current</u> <u>Billings</u>
	8,455.55
	8,455.55
Current Billings	<u>8,455.55</u>
Amount Due This Bill	US <u><u>8,455.55</u></u>

John J Spanos

000 - Depreciation Study

Commission Staff's First Set of Data Requests
 Dated May 31, 2023

Rate Labor				
<i>Class</i>	<i>Hours</i>	<i>Rate</i>	<i>Item</i>	<i>Amount</i>
Associate Analyst	17.00	180.000	Attachment 002	3,060.00
John J Spanos	2.50	310.000	Page 64 of 92	775.00
Senior Technician	10.00	130.000		1,300.00
Support Staff	4.50	130.000		585.00
Total Rate Labor				5,720.00

Expenses				
<i>Account / Vendor</i>		<i>Cost</i>	<i>Multiplier</i>	<i>Amount</i>
Lodging				
Jason A Powery		299.89	1.0000	299.89
John J Spanos		299.89	1.0000	299.89
Meals and Meals Per Diem				
John J Spanos		173.94	1.0000	173.94
Other Transportation				
John J Spanos		73.00	1.0000	73.00
Transportation - Airfare				
M & T BANK, N.A.		1,755.40	1.0000	1,755.40
Transportation - Rental Car				
EAN SERVICES LLC		133.43	1.0000	133.43
Total Expenses				2,735.55

Total Bill Task : 000 - Depreciation Study **8,455.55**

Total Project : 073804 - Kentucky Power Company-Depreciation **8,455.55**

Kentucky Power Company					
Gannett Fleming Invoice No. 0000022270 dated May 3, 2023					
Breakdown of Labor Charges February 25 Through March 31, 2023					
Date		Description of Work Performed	Hours	Rate	Amount
3/21/2023	John J. Spanos	Review of life and salvage analysis	1.00	\$310.00	\$310.00
3/29/2023	John J. Spanos	Depreciation Calculations	1.00	\$310.00	\$310.00
3/30/2023	John J. Spanos	Depreciation Calculations	0.50	\$310.00	\$155.00
		Subtotal	2.50		\$775.00
2/27/2023	Associate Analyst	Data issues/life analysis	0.50	\$180.00	\$90.00
2/28/2023	Associate Analyst	Data issues/life analysis	1.50	\$180.00	\$270.00
3/2/2023	Associate Analyst	Data issues/life analysis	1.00	\$180.00	\$180.00
3/10/2023	Associate Analyst	Life and net salvage analysis	1.00	\$180.00	\$180.00
3/14/2023	Associate Analyst	Life and net salvage analysis	3.00	\$180.00	\$540.00
3/15/2023	Associate Analyst	Life and net salvage analysis	2.00	\$180.00	\$360.00
3/29/2023	Associate Analyst	Depreciation Calculations	1.50	\$180.00	\$270.00
3/30/2023	Associate Analyst	Depreciation Calculations	2.50	\$180.00	\$450.00
3/31/2023	Associate Analyst	Depreciation Calculations	4.00	\$180.00	\$720.00
		Subtotal	17.00		\$3,060.00
3/7/2023	Senior Technician	Life and net salvage analysis	2.00	\$130.00	\$260.00
3/8/2023	Senior Technician	Life and net salvage analysis	2.00	\$130.00	\$260.00
3/21/2023	Senior Technician	Depreciation Calculations	2.00	\$130.00	\$260.00
3/22/2023	Senior Technician	Depreciation Calculations	2.00	\$130.00	\$260.00
3/30/2023	Senior Technician	Depreciation Calculations	2.00	\$130.00	\$260.00
		Subtotal	10.00		\$1,300.00
3/1/2023	Support Staff	Administrative	1.50	\$130.00	\$195.00
3/2/2023	Support Staff	Administrative	1.50	\$130.00	\$195.00
3/3/2023	Support Staff	Administrative	1.00	\$130.00	\$130.00
3/30/2023	Support Staff	Administrative	0.50	\$130.00	\$65.00
			4.50		\$585.00
		Total Invoiced Labor Charges			\$5,720.00

Air Travel Charges - John Spanos and Jason Powery - GF Project No. 073804 - Kentucky Power Company - Depreciation Study - Field Review and Management Meeting

AccountId	Posting Date	Issue Date	Traveler	Invoice Number	Ticket	Carrier	Itinerary	Depart Date	Destination	Destination City	Amount
120072100	17-Feb-23	08-Feb-23	POWERY/JASON ALEXANDER	215433063	7860982868	AA	MDT-CLT-CRW-CLT-MDT	21-Feb-23	CRW	Charleston	\$384.60
120072100	10-Feb-23	08-Feb-23	POWERY/JASON ALEXANDER	215433063	0835137794		Service Fee	21-Feb-23	CRW	Charleston	\$25.00
120072100	13-Feb-23	09-Feb-23	SPANOS/JOHN J	215437828	7860985898	AA	MDT-CLT-CRW-CLT-MDT	21-Feb-23	CLT	Charlotte	\$1,320.80
120072100	13-Feb-23	09-Feb-23	SPANOS/JOHN J	215437828	0835140525		Service Fee	21-Feb-23	CLT	Charlotte	\$25.00
										Total	\$1,755.40

Item 39
 Attachment 2
 Page 66 of 92



Renter Information

Renter Name
 JOHN J SPANOS

Renter Address
 MECHANICSBURG, PA 17055
 USA

Contract
 GANNETT FLEMING

Trip Information

Pickup	Return
📅 Tuesday, February 21, 2023 ⌚ 5:38 PM	📅 Thursday, February 23, 2023 ⌚ 7:25 AM
CRW NATIONAL (CRW) ✈️	CRW NATIONAL (CRW) ✈️
171 AIRPORT RD CHARLESTON, WV 25311-1056 USA	171 AIRPORT RD CHARLESTON, WV 25311-1056 USA

Vehicle Information

4DR FRONT-WHEEL DRIVE

License #: WGE715

State/Province: SC

Unit #: 8DQFH6

Vehicle #: ND527680

Vehicle Class Driven
 Midsize SUV 4 door/Automatic/Air

Vehicle Class Charged
 Midsize 2/4 door/Automatic/Air

Odometer Mileage/Kilometers
Starting: 6,650 **Ending:** 6,845

Total: 195

Fuel
Starting: Full **Ending:** Full

Bill-To: GANNETT FLEMING

Rental Rate	Time & Distance 2 Day at \$49.50 / Day	\$99.00
Coverages	Loss Damage Waiver Full (\$0.00 / Day)	Included
Taxes and Fees	Customer Facility Charge 6.00/day (\$6.00 / Day)	\$12.00
	Veh Lic Cost Recov Fee \$1.05/day (\$1.05 / Day)	\$2.10
	Wv Rental Car Tax 1.00 Usd/day (\$1.00 / Day)	\$2.00
	Airport Recovery Fee 11 Pct (11.00%)	\$10.89
	Wv Sales Tax (6.00%)	\$7.44
Subtotal		\$133.43
Total		\$133.43
	(Subject to audit)	
	Amount charged to BUSINESS ACCOUNT-APPLICANT	(\$133.43)
Amount Due		\$0.00

Thank you for renting with National Car Rental

We appreciate your business!

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If you have any questions about your rental, please view our Frequently



Employee Expense Report Backup

KPSC Case No. 2023-00159
 Commission Staff's First Set of Data Requests
 Dated May 31, 2023
 Item 39

Employee: 26894 - Jason A Powery
Expense Report: 371537 - Kentucky Power Field Visit
Project: 073804 - Kentucky Power Company-Depreciation
Backup For: 000 - Depreciation Study

Expense Report Dates: 2/21/2023 - 2/22/2023
Posting Date: 2/24/2023
Client: 36424491 - Kentucky Power Company

Attachment 2
 Page 68 of 92

Transaction Details

Sequence	Date	Category	Project	Task Hierarchy	Location	Receipt	Currency	Quantity	Amount
1	2/21/2023	Project- Lodging	073804	000	Camp Hill PA (West Building)	1	US		131.08
				Kentucky Power field review re depreciation study with John Spanos (GF), Ashland, KY					
1	2/22/2023	Project- Lodging	073804	000	Camp Hill PA (West Building)	2	US		168.81
				Kentucky Power field review re depreciation study with John Spanos (GF), Ashland, KY					
								Total	299.89



Fairfield by Marriott® Huntington

536 Kinetic Drive, Huntington, WV 25701 P 304.696.8777

Fairfield.Marriott.com

Jason Powery 810 Charlotte Way Unit 30 Enola PA 17025-1519		Room: 222 Room Type: KING Number of Guests: 1 Rate: \$116.00	Clerk: SYS
Arrive: 21Feb23	Time: 06:40PM	Depart: 22Feb23	Time: 07:35AM
			Folio Number: 60619

DATE	DESCRIPTION	CHARGES	CREDITS
21Feb23	Room Charge	116.00	
21Feb23	City Tax	1.16	
21Feb23	State Sales Tax	6.96	
21Feb23	Occupancy Tax	6.96	
22Feb23	Visa		131.08

Card #: VXXXXXXXXXXXXXXXX8099/XXXX
Amount: 131.08 Auth: 01272C

BALANCE:	0.00
-----------------	-------------

Marriott Bonvoy Account # XXXXX2334. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

073804 | Field Visit to Kentucky Power
Ashland, KY



EMBASSY SUITES CHARLESTON
EMBASSY SUITES CHARLESTON, 300 COURT ST
CHARLESTON, WV 25301
Commission Staff's First Set of Data Requests
United States of America
Dated May 31, 2023
TELEPHONE 304-347-8700 • FAX 304-347-8737
Reservations
www.embassysuites.com or 1 800 EMBASSY
Attachment 2
Page 70 of 92

POWERY, JASON ALEXANDER

810 CHARLOTTE WAY UNIT 301

ENOLA PA 17025-1519

UNITED STATES OF AMERICA

Room No: 933/KNGN
Arrival Date: 2/22/2023 5:50:00 PM
Departure Date: 2/23/2023 11:36:00 AM
Adult/Child: 1/0
Cashier ID: BTUCKER25
Room Rate: 148.08
AL:
HH # 1154687519 SILVER
VAT #
Folio No/Che 1301791 A

Confirmation Number: 54896613

EMBASSY SUITES CHARLESTON 2/23/2023 11:36:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
2/10/2023	7041420	Advance Deposit VS *8099	(\$168.81)
2/22/2023	7049647	GUEST ROOM	\$148.08
2/22/2023	7049647	WV SALES TAX 7%	\$10.37
2/22/2023	7049647	CITY OCCUPANCY TAX 6%	\$8.88
2/22/2023	7049647	CITY B&O TAX 1%	\$1.48
BALANCE			\$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

Thank you for staying with us. Visit embassysuites.com for more information on hotel packages, subscribe to our E-announcements newsletter, or plan your next stay at close to 200 destinations.

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CREDIT CARD DETAIL

APPR CODE	00584C	MERCHANT ID	6061968
CARD NUMBER	VS *8099	EXP DATE	09/27
TRANSACTION ID	7041420	TRANS TYPE	Sale



Employee Expense Report Backup

KPSC Case No. 2023-00159
 Commission Staff's First Set of Data Requests
 Dated May 31, 2023
 Item 39

Employee: 07249 - John J Spanos
Expense Report: 372981 - FebMar23expenses
Project: 073804 - Kentucky Power Company-Depreciation
Backup For: 000 - Depreciation Study

Expense Report Dates: 2/21/2023 - 3/14/2023
Posting Date: 3/31/2023
Client: 36424491 - Kentucky Power Company

Transaction Details

Sequence	Date	Category	Project	Task Hierarchy	Location	Receipt	Currency	Quantity	Amount
1	2/21/2023	Project- Lunch	073804	000	Camp Hill PA (West Building)	1	US		42.12
		Field Visit for Kentucky Power Company - Ashland, KY - lunch for John Spanos and Jason Powery(GF)							
1	2/23/2023	Project- Lunch	073804	000	Camp Hill PA (West Building)	5	US		27.26
		Field Visit for Kentucky Power Company - Ashland, KY - lunch for John Spanos and Jason Powery(GF)							
2	2/21/2023	Project- Dinner	073804	000	Camp Hill PA (West Building)	2	US		57.81
		Field Visit for Kentucky Power Company - Ashland, KY - dinner for John Spanos and Jason Powery(GF)							
2	2/22/2023	Project- Dinner	073804	000	Camp Hill PA (West Building)	6	US		37.22
		Field Visit for Kentucky Power Company - Ashland, KY - dinner for John Spanos and Jason Powery(GF)							
3	2/22/2023	Project- Rental Car Gas	073804	000	Camp Hill PA (West Building)	3	US		32.00
		Field Visit for Kentucky Power Company - Ashland, KY							
4	2/23/2023	Project- Breakfast	073804	000	Camp Hill PA (West Building)	NR	US		9.53
		Field Visit for Kentucky Power Company - Ashland, KY - breakfast for John Spanos and Jason Powery(GF)							
5	2/23/2023	Project- Parking	073804	000	Camp Hill PA (West Building)	4	US		41.00
		Field Visit for Kentucky Power Company - Ashland, KY							
6	2/21/2023	Project- Lodging	073804	000	Camp Hill PA (West Building)	7	US		131.08
		Field Visit for Kentucky Power Company - Ashland, KY							
6	2/22/2023	Project- Lodging	073804	000	Camp Hill PA (West Building)	8	US		168.81
		Field Visit for Kentucky Power Company - Ashland, KY							
Total									546.83

WHISEEYR RIVER
CHARLOTTE INTERNATIONAL AIRPORT

Merchant ID :
Terminal ID : 793922
Check No : F183
Table No : 122/1
Server : 310271 Crystal
Name on Card : SPANOS/JOHN J
Acct Num : XXXXXXXXXXXXX0308
Expiry Date : **/**
Card Type : DISCOVER
Trans Type : AUTHORIZE
Trans Date : 22/2211/220223
Trans Time : 2:22 PM
Entry Mode : Contactless
Auth Code : 0221055R
Resp Code : 00
Mode : Issuer
App Label : DISCOVER CREDIT
AID : A00000001523010
ARC : 00
TVR : 0000000000
TSI : 5300
IAD : 010560800380000000
00

00 APPROVED - THANK YOU 000

SUBTOTAL : USD\$ 34.62

TIP: 7.50

ROUND UP 4% CHARGE (TAX):

TOTAL: 42.12

XX *John J. Spanos*

I AGREE ETC. FAXYTHB: AB00KEAMNDNT
IT AB00RANCENWTHHTHECCADD
ISSUBRS. AGREEMNTI



REGONNDUPPEWRFHMNDG06IF0NDIAI0N
AMNDIT9SEIC0HTAGSPNFTP00VETYY
WWW.H13F05TH0UNDAPEI0N006



Black Sheep Burrito & Brews
27709th St
Huntington, WA 98201
(360) 523-1155

2/21/23, 8:00 PM Ticket: R118
Server: Craig T
Bar Room Table 31
Invoice: 230221-01-118

1 Water	:00
1 Water	:00
1	8
1	9 5
1 Nashville Hot	12.95
1 California Hummitte	13.95
Subtotal	45.15
Sales Tax	3.16
Total	48.31

Tip 9.50

Suggested Tips

20% 9 90 3222499994230111299

2

TOTAL 57.81

Sheetz 68122
1004 Lakeside Drive
Ozark, Missouri
MW 2558133

Pump No.: 100
Unattended @ \$3.199/G
Volume: 100.002 Gal

Gas Total: \$32.00
Total \$32.00
Approval: 02257R
CAPTURE

Discover
XXXXXXXXXXXX0308
Contactless
Payment Network:
DISCOVER

USD\$ 32.00
Discover Credit
Mode: Issuer
AID: A00000001523010
TVR: 000000000000
IAD:
01152000000000000000000000000000
01000000000000000000000000000000
TSSI: 000000
ARC:
41-13AA2002AA740005E

3

0212212023 17:24:12

**HARRISBURG
INTERNATIONAL
RECEIPT A27**

ENTRY TIME : 10:51
02/21/23
EXIT TIME : 11:26
02/23/23
PARK-DUR. : HRS:MIN
2:00:35

AMOUNT : USD 41.00

<KIND OF PAYMENT :

**HARRISBURG INTERNATIONAL
TERMINAL DRIVE STE 000**

-----EFTPOS-----*

TERMINAL **2393**

23 Feb 23 11:24

DISCOVER CONTACTLESS

IID A0000001523010

APP LABEL Discover Credit

CARD ***0308**

TRAN SEQ Number 02

TRN 000339451312

AUTHORISATION 02377R

REFERENCE 047660

PURCHASE USD41.00

TOTAL USD41.00

APPROVED

NO CARDHOLDER VERIFICATION

**THANK YOU FOR YOUR
VISIT**

4



Simply Turkey - Camp Hill
30 Erford RD
Camp Hill, PA 17011
(717) 730-9805

Server: Peter K
Check #37
Ordered: 2/23/23 11:49 AM

Small Caesar Salad	\$10.25
Small Chef Salad	\$10.75
Bottled Drinks	\$2.50
Subtotal	\$23.50
Tax	\$1.41
Tip	\$2.35
Total	\$27.26

Credit Card Contactless
Discover xxxxxxxxxxxx0308

Transaction Type	Sale
Authorization	Approved
Approval Code	02326R
Payment ID	yRSHTdthqNWCH
Application ID	#0000001523010
Application Label	Discover
Card Reader	BBPOS

5

From: [Chili's - Charleston \(10050078\)](#)
To: [Spanos, John J.](#)
Subject: Chili's - Your Receipt
Date: Wednesday, February 22, 2023 7:38:02 PM

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



S -101 Charleston Town Center Charleston, WV 25389

Your Receipt

February 22nd, 2023

Item	Price	Qty	Line Total
WATER	\$0.00	2	0.00
RANCHER BURGER	\$16.49	1	\$16.49
SIDE FRIES	\$0.00	1	0.00
PINK	\$0.00	1	0.00
BUFFALO SALAD	\$12.49	1	\$12.49
Subtotal			\$28.98
Tax			\$2.03
Tip			\$6.21
Total			\$37.22
Payment			\$37.22

Payment Credit

Time: 07:37 PM
 Check: 3020168
 Table: 23
 Auth: 02262R
 Card: XXXXXXXXXXXX0308
 AID: A0000001523010
 CVM: NO_CVM
 IAD: 0105A0800380000000000000000000
 TSI: E800
 TVR: 0080008000
 Appl Preferred Name: Discover Credit
 Cryptogram: 2293A5ED1CFFD3BA

Chili's - Charleston (10050078)
 S -101 Charleston Town Center
 Charleston, WV 25389
 304-346-7275
www.chilis.com



Fairfield by Marriott® Huntington
 536 Kinetic Drive, Huntington, WV 25701 P 304.696.8777
Fairfield.Marriott.com

John/Mr Spanos		Room: 319	
8 Grandview Ct		Room Type: KING	
Mechanicsburg PA 17055-5598		Number of Guests: 1	
		Rate: \$116.00	Clerk: AGG
Arrive: 21Feb23	Time: 06:39PM	Depart: 22Feb23	Time: 07:27AM
			Folio Number: 60618

DATE	DESCRIPTION	CHARGES	CREDITS
21Feb23	Room Charge	116.00	
21Feb23	City Tax	1.16	
21Feb23	State Sales Tax	6.96	
21Feb23	Occupancy Tax	6.96	
22Feb23	Visa		131.08
<i>Card #: VXXXXXXXXXXXX0857XXXX</i>			
<i>Amount: 131.08 Auth: 08046D</i>			

BALANCE:	0.00
-----------------	-------------

Marriott Bonvoy Account # XXXXX8090. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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Expense #7



EMBASSY SUITES CHARLESTON
 EMBASSY SUITES CHARLESTON, 300 COURT ST
 CHARLESTON, WV 25301
 Commission Staff's First Set of Data Requests
 United States of America
 Dated May 31, 2023
 TELEPHONE 304-347-8700 • FAX 304-347-8737
 Reservations
 www.embassysuites.com or 1 800 EMBASSY
 Attachment 2
 Page 19 of 92

SPANOS, JOHN J
 8 GRANDVIEW COURT
 MECHANICSBURG PA 17055
 UNITED STATES OF AMERICA

Room No: 928/KNGN
 Arrival Date: 2/22/2023 5:49:00 PM
 Departure Date: 2/23/2023 5:26:00 AM
 Adult/Child: 1/0
 Cashier ID: JMOORE189
 Room Rate: 148.08
 AL:
 HH # 885305666 DIAMOND
 VAT #
 Folio No/Che 1301789 A

Confirmation Number: 54898021

EMBASSY SUITES CHARLESTON 2/23/2023 5:25:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
2/10/2023	7041418	Advance Deposit VS *0857	(\$168.81)
2/22/2023	7049642	GUEST ROOM	\$148.08
2/22/2023	7049642	WV SALES TAX 7%	\$10.37
2/22/2023	7049642	CITY OCCUPANCY TAX 6%	\$8.88
2/22/2023	7049642	CITY B&O TAX 1%	\$1.48
BALANCE			\$0.00

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CREDIT CARD DETAIL

APPR CODE	09373D	MERCHANT ID	6061968
CARD NUMBER	VS *0857	EXP DATE	06/23
TRANSACTION ID	7041418	TRANS TYPE	Sale

Expense #8



Voucher 00335961

KPSC Case No. 2023-00159
Commission Staff's First Set of Data Requests
Check Payment Information:
Gannett Fleming Valuation and Rate Consultants, LLC
PO Box 829160, Philadelphia, PA 19182-9160 Federal EIN: 46-395
ACH/EFT Payment Information:
Account Name: Gannett Fleming Companies ABA:
Account No:
Send Remit Info: AccountsReceivable@gfnet.com
Send Audit Inquiries: GovtContractAudit@gfnet.com
All Other Inquires Contact the Project Team

Attention: Accounts Payable
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101
UNITED STATES

Invoice : 0000022791
Invoice Date : 5/19/2023
Due Date : 6/18/2023
Project : 073804
Project Name : Kentucky Power Company-
Depreciation
Bill Term : 01

For Professional Services Rendered For 4/1/2023 Through 5/5/2023

Depreciation Study

000 - Depreciation Study

Total :

Table with 2 columns: Description, Amount. Rows include Current Billings (2,955.00), Total (2,955.00), Current Billings (2,955.00), and Amount Due This Bill (US 2,955.00).

John J Spanos

000 - Depreciation Study

Commission Staff's First Set of Data Requests
 Dated May 31, 2023

Rate Labor Class	<i>Hours</i>	<i>Rate</i>	<i>Item Amount</i>
Analyst	10.50	190.000	1995.00
John J Spanos	1.00	310.000	310.00
Senior Technician	4.00	130.000	520.00
Support Staff	1.00	130.000	130.00
Total Rate Labor	16.50		2,955.00
Total Bill Task : 000 - Depreciation Study			2,955.00

Total Project : 073804 - Kentucky Power Company-Depreciation

2,955.00

Kentucky Power Company
Gannett Fleming Invoice No. 0000022791 dated May 19, 2023

Breakdown of Labor Charges April 1 Through May 5, 2023

Date	Description of Work Performed	Hours	Rate	Amount	
4/10/2023	John J. Spanos	Calculation update	0.50	\$310.00	\$155.00
4/28/2023	John J. Spanos	Calculation update	0.50	\$310.00	\$155.00
		Subtotal	1.00		\$310.00
4/11/2023	Analyst	Calculation update	0.50	\$190.00	\$95.00
4/12/2023	Analyst	Calculation update	4.00	\$190.00	\$760.00
4/18/2023	Analyst	Calculation update	3.00	\$190.00	\$570.00
4/19/2023	Analyst	Calculation update	2.00	\$190.00	\$380.00
4/27/2023	Analyst	Calculation update	1.00	\$190.00	\$190.00
		Subtotal	10.50		\$1,995.00
4/13/2023	Senior Technician	Calculation update	2.00	\$130.00	\$260.00
4/21/2023	Senior Technician	Calculation update	2.00	\$130.00	\$260.00
		Subtotal	4.00		\$520.00
4/27/2023	Support Staff	Administrative	0.50	\$130.00	\$65.00
5/3/2023	Support Staff	Administrative	0.50	\$130.00	\$65.00
		Subtotal	1.00		\$130.00
		Total Invoiced Labor Charges			\$2,955.00



Smart. Focused. Done Right.

KPSC Case No. 2023-00159
Commission Staff's First Set of Data Requests
Dated May 31, 2023
ScottMadden, Inc.
2626 Glenwood Avenue
Suite 480
Raleigh, NC 27608
919-781-4191
scottmadden.com
Item 39
Attachment 2
Page 83 of 92

Voucher 00334767

January 30, 2023

Invoice Number: 022292

Brian West
Kentucky Power Company
1645 Winchester Avenue
Ashland, KY 41101

In Reference To: Professional services provided in December 2022 for project 634-037
Kentucky Power Company Rate Design Testimony

	<i>Amount</i>
Professional Fees	\$ 6,085.00
Total Fees and Expenses	<u>\$ 6,085.00</u>
Total Due	<u><u>\$ 6,085.00</u></u>

If you have any questions regarding this invoice, please let me know. Please remit payment in U.S. funds to: ScottMadden, PO Box 935955, Atlanta, GA 31193-5955. Thank you for retaining ScottMadden.

Sincerely,

Timothy Lyons
Partner

ScottMadden, Inc.
Tax ID: [REDACTED]



Project **Kentucky Power Company Rate Design Testimony**
 In Reference to: **Professional services provided in December 2022 for project 634-037**

		<u>Current Hours</u>	<u>Rate</u>	<u>Current Amount</u>
Professional Fees				
Timothy Lyons	12/7/2022	1.00	475.00	475.00
Research, analysis, preparation of work product				
Timothy Lyons	12/8/2022	2.50	475.00	1,187.50
Research, analysis, preparation of work product				
Timothy Lyons	12/9/2022	2.00	475.00	950.00
Research, analysis, preparation of work product				
Timothy Lyons	12/14/2022	1.50	475.00	712.50
Research, analysis, preparation of work product				
Colin MacDonald	12/5/2022	3.00	160.00	480.00
Research, analysis, preparation of work product				
Colin MacDonald	12/6/2022	2.00	160.00	320.00
Research, analysis, preparation of work product				
Colin MacDonald	12/7/2022	2.50	160.00	400.00
Research, analysis, preparation of work product				
Colin MacDonald	12/8/2022	2.50	160.00	400.00
Research, analysis, preparation of work product				
Colin MacDonald	12/9/2022	2.50	160.00	400.00
Research, analysis, preparation of work product				
Colin MacDonald	12/15/2022	1.50	160.00	240.00
Research, analysis, preparation of work product				
Colin MacDonald	12/16/2022	3.25	160.00	520.00
Research, analysis, preparation of work product				
Professional Fees		24.25		6,085.00

FINANCIAL CONCEPTS AND APPLICATIONS, INC.
3907 RED RIVER
AUSTIN, TEXAS 78751

(512) 458-4644 (O)
(512) 217-2701 (C)

BHFairchild@gmail.com

May 31, 2023

Kentucky Power Company
c/o Mr. Brian West
1645 Winchester Avenue
Ashland, Kentucky 41101

DUE ON RECEIPT

bkwest@aep.com

Reference No.: 01988 -16

Taxpayer ID No.: [REDACTED]

Consulting Services:

Research, Analysis, and Testimony
Preparation in Connection with Rate of Return
on Equity for Kentucky Power before the
Kentucky Public Service Commission.

For the Period:
May 1 through May 31, 2023

Professional Time:

Adrien M. McKenzie			
19.0 hours @	\$ 450	\$	8,550
John S. Thompson			
6.0 hours @	\$ 250		1,500
			<hr/>

Total

\$ 10,050



Bruce H. Fairchild



LEXINGTON MARRIOTT CITY CENTER

GUEST FOLIO

314	WEST/BRIAN	207.00	12/09/22	DUPLICATE 20:41	52912
ROOM	NAME	RATE	DEPART	TIME	ACCT#
QQ	2400 HOLT ST		12/07/22		
TYPE	ASHLAND KY		ARRIVE	TIME	
	411013832				
ROOM		MCXXXXXXXXXXXX8364			MB#: 412861169
CLERK	ADDRESS	PAYMENT			
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
12/07	SELPARK #5291224	15.00			
12/07	ROOM 314, 1	207.00			
12/07	ROOM TAX 314, 1	13.60			
12/07	CITYTAX 314, 1	17.60			
12/07	STOCCTAX 314, 1	2.07			
12/08	GREAT RM 1957 314	21.01			
12/08	ROOM 314, 1	207.00			
12/08	ROOM TAX 314, 1	13.60			
12/08	CITYTAX 314, 1	17.60			
12/08	STOCCTAX 314, 1	2.07			
12/08	SELPARK #5291224	15.00			
12/09	CCARD-MC		531.55		
	MCXXXXXXXXXXXX8364				.00



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 121 WEST VINE STREET
 LEXINGTON KY 40507
 P: 859-253-1000 F: 859-253-1005

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Signature X



LEXINGTON MARRIOTT CITY CENTER

GUEST FOLIO

422 WISEMAN/RICHARD/MR 224.00 12/09/22 11:52 51529
ROOM NAME RATE DEPART TIME ACCT#
GKA 61 MILL CREEK XING 12/07/22 17:42
TYPE HURRICANE WV 255268702 ARRIVE TIME
16
ROOM MCXXXXXXXXXXXX7326 MRW#: 972042550
CLERK ADDRESS PAYMENT

Table with columns: DATE, REFERENCES, CHARGES, CREDITS, BALANCES DUE. Rows include charges for 12/07 and 12/08 (ROOM, ROOM TAX, CITYTAX, STOCCTAX, VALET) and a credit for 12/09 (CCARD-MC).

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LEXINGTON KY 40507
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Courtyard by Marriott[®] Columbus Downtown
35 West Spring Street, Columbus, Oh 43215 P 614.228.3200
Marriott.com/CMHCY

Ashley Livingood 1116 3rd St W Huntington WV 25701-3035 Mobile		Room: 331 Room Type: GENR Number of Guests: 1 Rate: \$211.00	Clerk:
Arrive: 20Jun23	Time: 11:30AM	Depart: 22Jun23	Time: 07:52AM
			Folio Number: 51723

DATE	DESCRIPTION	CHARGES	CREDITS
20Jun23	Advance Deposit		433.58
20Jun23	Room Charge	158.00	
20Jun23	Sales Tax	11.85	
20Jun23	City Bed Tax	15.80	
21Jun23	Room Charge	211.00	
21Jun23	Sales Tax	15.83	
21Jun23	City Bed Tax	21.10	

BALANCE:	0.00
-----------------	-------------

Marriott Bonvoy Account # XXXXX3957. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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Courtyard by Marriott[®] Columbus Downtown
35 West Spring Street, Columbus, Oh 43215 P 614.228.3200
Marriott.com/CMHCY

Brian West		Room: 327		
2400 Holt St		Room Type: QNQN		
Ashland KY 41101-3832		Number of Guests: 1		
Work		Rate: \$264.00		Clerk: ARM
Arrive: 20Jun23	Time: 05:15PM	Depart: 22Jun23	Time: 07:51AM	Folio Number: 51511

DATE	DESCRIPTION	CHARGES	CREDITS
20Jun23	Room Charge	156.00	
20Jun23	Sales Tax	11.70	
20Jun23	City Bed Tax	15.60	
21Jun23	Room Charge	264.00	
21Jun23	Sales Tax	19.80	
21Jun23	City Bed Tax	26.40	
22Jun23	Master Card		493.50
<i>Card #: MCXXXXXXXXXXXX8364/XXXXX Amount: 493.50 Auth: 043597 This card was electronically swiped on 20Jun23</i>			

BALANCE:	0.00
-----------------	-------------

Marriott Bonvoy Account # XXXXX1169. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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Courtyard by Marriott[®] Columbus Downtown
35 West Spring Street, Columbus, Oh 43215 P 614.228.3200
Marriott.com/CMHCY

Brian West		Room: 327		
2400 Holt St		Room Type: QNQN		
Ashland KY 41101-3832		Number of Guests: 1		
Work		Rate: \$264.00		Clerk: ARM
Arrive: 20Jun23	Time: 05:15PM	Depart: 22Jun23	Time: 07:51AM	Folio Number: 51511

DATE	DESCRIPTION	CHARGES	CREDITS
20Jun23	Overnight Valet Parking	35.00	
21Jun23	Overnight Valet Parking	35.00	
22Jun23	Master Card		70.00
<i>Card #: MCXXXXXXXXXXXX8364/XXXX Amount: 70.00 Auth: 043597 This card was electronically swiped on 20Jun23</i>			

BALANCE:	0.00
-----------------	-------------

Marriott Bonvoy Account # XXXXX1169. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

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Courtyard by Marriott[®] Columbus Downtown
35 West Spring Street, Columbus, Oh 43215 P 614.228.3200
Marriott.com/CMHCY

Scott/E Bishop Work		Room: 411 Room Type: QNQN Number of Guests: 1 Rate: \$127.00			Clerk: ARM
Arrive: 20Jun23	Time: 05:16PM	Depart: 22Jun23	Time: 07:33AM	Folio Number: 51565	

DATE	DESCRIPTION	CHARGES	CREDITS
20Jun23	Room Charge	127.00	
20Jun23	Sales Tax	9.53	
20Jun23	City Bed Tax	12.70	
21Jun23	Room Charge	127.00	
21Jun23	Sales Tax	9.53	
21Jun23	City Bed Tax	12.70	
22Jun23	Master Card		298.46
<i>Card #: MCXXXXXXXXXXXX1083XXXX Amount: 298.46 Auth: 066115 This card was electronically swiped on 20Jun23</i>			

BALANCE:	0.00
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Lerah/M Kahn		Room: 438		
Business		Room Type: GENR		
		Number of Guests: 1		
		Rate: \$127.00		Clerk: ARM
Arrive: 20Jun23	Time: 05:13PM	Depart: 22Jun23	Time: 07:52AM	Folio Number: 51882

DATE	DESCRIPTION	CHARGES	CREDITS
20Jun23	Room Charge	127.00	
20Jun23	Sales Tax	9.53	
20Jun23	City Bed Tax	12.70	
21Jun23	Room Charge	127.00	
21Jun23	Sales Tax	9.53	
21Jun23	City Bed Tax	12.70	
22Jun23	Master Card		298.46
		Card #: MCXXXXXXXXXXXX9613XXXX Amount: 298.46 Auth: 088214 This card was electronically swiped on 20Jun23	

BALANCE:	0.00
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Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

- KPSC 1_40** Provide the following information for the most recent calendar year concerning Kentucky Power and any affiliated service corporation or corporate service division/unit:
- a. A schedule detailing the costs charged, either directly or those allocated by Kentucky Power to the service company. Indicate Kentucky Power's accounts where these costs were originally recorded. For costs that are allocated, include a description of the allocation factors utilized.
 - b. A schedule detailing the costs charged, either directly or allocated, by the service company to Kentucky Power. Indicate Kentucky Power's accounts where these costs were recorded. For costs that are allocated, include a description of the allocation factors utilized.

RESPONSE

- a. During the test year, Kentucky Power billed \$885,287 to AEP Service Corporation for costs related to Kentucky Power buildings partially occupied by AEPSC employees. Kentucky Power recorded the original transactions in various accounts, including (but not limited to) depreciation, property tax and building maintenance. When the costs are billed, Kentucky Power records revenue in Account 4540 (Rent from Electric Property, Affiliated) and AEPSC records expense to Account 9310 (Rents – Real Property, Associated).
- b. Please refer to Section II, Exhibits U for costs directly charged to and costs allocated by AEPSC to Kentucky Power for the requested information.

Witness: Brian K. West

Kentucky Power Company
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DATA REQUEST

- KPSC 1_41** Provide the following information for the most recent calendar year concerning all affiliate-related activities not identified in response to Item 40:
- a. Provide the names of affiliates that provided some form of service to Kentucky Power and the type of service Kentucky Power received from each affiliate.
 - b. Provide the names of affiliates to whom Kentucky Power provided some form of service and the type of service Kentucky Power provided to each affiliate.
 - c. Identify the service agreement with each affiliate, state whether the service agreement has been previously filed with the Commission, and identify the proceeding in which it was filed. Provide each service agreement that has not been previously filed with the Commission.

RESPONSE

Please note that the response below represent test year amounts. Per discussion with Staff in Case No. 2020-00174, the Company understood this question to be for the test year, not the most recent calendar year.

- a. Please refer to Section II, Exhibits V for costs directly charged to and costs allocated by Other Affiliates to Kentucky Power for the requested information.

Additional services to Kentucky Power included the following from these affiliates:

\$40,684,7009 from Wheeling Power Company for Jointly Owned Facility Services of Mitchell (Sept 2022 through Mar 2023)

\$4,011,481 from Indiana Michigan Power Company for Barging.

\$(232,198) from AEP Credit, Inc. for Customer Factoring.

\$845,011 from Appalachian Power Company for Central Machine Shop.

\$55,443 from Wheeling Power Company for Electric Service.

\$18,436 from Appalachian Power Company for Simulator Learning Center.

\$5,761 from Appalachian Power Company for Building and Property Leases.

\$4,893 from Indiana Michigan Power Company for Building and Property Leases.

\$1,702 from AEP Kentucky Transmission Company, Inc for Building and Property Leases.

- b. Reference KPCO_R_KPSC_1_41(b)_Attachment 1 for Kentucky Power Costs billed to other AEP affiliates.

Additional services provided to AEP Affiliates by Kentucky Power included the following:

\$28,294,294 to Wheeling Power Company for Jointly Owned Facility Services of

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Mitchell (April 2022 through Aug 2022)

\$555,701 to AEP Kentucky Transmission Company, Inc for Use of Jointly Owned Assets

\$10,243 to Appalachian Power Company for Building and Property Leases.

\$2,211 to Ohio Power Company for Building and Property Leases.

c. The following list of agreements were filed in March 2023 in accordance with annual 807 KAR 5:080 filings. All service agreements have been filed with the Public Service Commission.

Affiliated Transactions Agreement For Sharing Transmission Assets

Affiliated Transactions Agreement For Sharing Materials, Equipment, Supplies, And Capitalized Spare Parts

Witness: Brian K. West

Kentucky Power Company
 Charges to Affiliates by FERC Account, Allocation Factor and Allocation Type
 Test Year Ended March 2023

Kentucky Power has a variety of transactions with affiliates on a normal basis. Transactions with affiliates generally fall into two categories. The first category, service payments, is a billing made when an affiliate provides a service to Kentucky Power, such as Appalachian Power providing assistance in distribution maintenance, generation engineering, or other affiliates providing assistance during storm recovery efforts. The second category, convenience payments, occur when an affiliate company receives an invoice and the cost of that invoice should be borne by multiple AEP companies. For example, a legal invoice for a system-wide issue may be paid by one affiliate company, and that company then bills the other affiliates who benefit from the service.

Charges to/from affiliates are accumulated using a work order system. All affiliate services and convenience payments are billed through Kentucky Power at cost, per FERC affiliate requirements.

Affiliate	FERC Account	Allocation Factor	TEST YEAR			
			12 MONTHS ENDED MARCH 2023			
			Direct	Allocated	Total	
American Electric Power Company	1630 - Stores Expense Undistributed	39 - 100% to One Company	1,647		1,647	
	4264 - Civic & Political Activities	39 - 100% to One Company	6,644		6,644	
	5880 - Miscellaneous Distribution Exp	39 - 100% to One Company	30,116		30,116	
	5900 - Maint Sgwp & Engineering	39 - 100% to One Company	619		619	
	9000 - Information & Instruction Advertis	39 - 100% to One Company	55,519		55,519	
	9200 - Administrative & Gen Salaries	39 - 100% to One Company	1,478,172		1,478,172	
	40 - Equal Share Ratio			10	10	
	9210 - Office Supplies and Expenses	39 - 100% to One Company	31,145		31,145	
	40 - Equal Share Ratio			5	5	
	9230 - Outside Services Employed	39 - 100% to One Company	29,094		29,094	
	9260 - Employee Pensions & Benefits	39 - 100% to One Company	347		347	
	9280 - Regulatory Commission Exp	39 - 100% to One Company	(363)		(363)	
	9310 - Rents	39 - 100% to One Company	73		73	
American Electric Power Company Total			1,633,012	16	1,633,028	
Kingsport Power Company	1070 - Construction Work In Progress	39 - 100% to One Company	223,534		223,534	
	1840 - Clearing Accounts	08 - Number of Electric Retail Cust		2	2	
	5930 - Maintenance of Overhead Lines	39 - 100% to One Company	310,612		310,612	
	9120 - Demonstrating & Selling Exp	08 - Number of Electric Retail Cust		313	313	
	9200 - Administrative & Gen Salaries	58 - Total Assets		7	7	
	9210 - Office Supplies and Expenses	58 - Total Assets		1	1	
9230 - Outside Services Employed	61 - Total Fixed Assets		27	27		
Kingsport Power Company Total			534,146	351	534,497	
Appalachian Power Company	1070 - Construction Work In Progress	39 - 100% to One Company	82,950		82,950	
	1080 - Accum Prov For Deprec of Plant	39 - 100% to One Company	3,488		3,488	
	1630 - Stores Expense Undistributed	39 - 100% to One Company	172,945		172,945	
	1840 - Clearing Accounts	08 - Number of Electric Retail Cust		47	47	
	39 - 100% to One Company		3,624		3,624	
	1860 - MDD-Internal Billing Only	39 - 100% to One Company	460		460	
	5000 - Oper Supervision & Engineering	39 - 100% to One Company	8,103		8,103	
	5130 - Maintenance of Electric Plant	39 - 100% to One Company	11,988		11,988	
	5140 - Maintenance of Misc Steam Pft	39 - 100% to One Company	46,274		46,274	
	5660 - Misc Transmission Expenses	09 - Number of Employees		1	1	
	5860 - Meter Expenses	39 - 100% to One Company	65		65	
	5880 - Miscellaneous Distribution Exp	39 - 100% to One Company	378		378	
	5930 - Maintenance of Overhead Lines	39 - 100% to One Company	55,600		55,600	
	5940 - Maint of Underground Lines	39 - 100% to One Company	(1)		(1)	
	5950 - Maint of Lne Trnf,Reglators&Dvi	39 - 100% to One Company	224		224	
	5960 - Maint of Strt Lighting & Signal S	39 - 100% to One Company	2,123		2,123	
	9120 - Demonstrating & Selling Exp	08 - Number of Electric Retail Cust		6,179	6,179	
	9200 - Administrative & Gen Salaries	58 - Total Assets		374	374	
	9210 - Office Supplies and Expenses	58 - Total Assets		22	22	
	58 - Total Assets			68	68	
	61 - Total Fixed Assets			698	698	
	9230 - Outside Services Employed	61 - Total Fixed Assets		4,137	4,137	
	9250 - Injuries and Damages	39 - 100% to One Company	1,194		1,194	
	9310 - Rents	2 - 2			2	
	9350 - Maintenance of General Plant	39 - 100% to One Company	8,352		8,352	
	Appalachian Power Company Total			395,191	11,505	407,296
	Indiana Michigan Power Company	1070 - Construction Work In Progress	39 - 100% to One Company	6,370		6,370
1080 - Accum Prov For Deprec of Plant		39 - 100% to One Company	774		774	
1840 - Clearing Accounts		08 - Number of Electric Retail Cust		30	30	
1850 - Temporary Facilities		39 - 100% to One Company	192		192	
5550 - Purchased Power		39 - 100% to One Company	117,012		117,012	
5660 - Misc Transmission Expenses		09 - Number of Employees		20	20	
5830 - Overhead Line Expenses		39 - 100% to One Company	216		216	
5860 - Meter Expenses		39 - 100% to One Company	739		739	
5930 - Maintenance of Overhead Lines		39 - 100% to One Company	12,609		12,609	
5940 - Maint of Underground Lines		39 - 100% to One Company	(3)		(3)	
9120 - Demonstrating & Selling Exp		08 - Number of Electric Retail Cust		3,899	3,899	
9200 - Administrative & Gen Salaries		58 - Total Assets		340	340	
9210 - Office Supplies and Expenses		39 - 100% to One Company		18	18	
58 - Total Assets				66	66	
61 - Total Fixed Assets				444	444	
9230 - Outside Services Employed		61 - Total Fixed Assets				
Indiana Michigan Power Company Total				138,127	4,798	142,924
AEP Kentucky Transmission Company, Inc.		1070 - Construction Work In Progress	39 - 100% to One Company	63,319		63,319
		1840 - Clearing Accounts	39 - 100% to One Company	9,722		9,722
		5600 - Oper Supervision & Engineering	58 - Total Assets		112,227	112,227
	5620 - Station Expenses	58 - Total Assets		16,299	16,299	
	5630 - Overhead Line Expenses	58 - Total Assets		1,111	1,111	
	5660 - Misc Transmission Expenses	58 - Total Assets		18,223	18,223	
	5690 - Maintenance of Structures	58 - Total Assets		19	19	
	5700 - Maint of Station Equipment	58 - Total Assets		2,879	2,879	
	5710 - Maintenance of Overhead Lines	58 - Total Assets		162	162	
	9200 - Administrative & Gen Salaries	58 - Total Assets		4	4	
	9210 - Office Supplies and Expenses	58 - Total Assets		1	1	
	9350 - Maintenance of General Plant	39 - 100% to One Company	2,011		2,011	
	AEP Kentucky Transmission Company, Inc. Total			75,062	150,925	225,987
Ohio Power Company	1070 - Construction Work In Progress	39 - 100% to One Company	688		688	
	1080 - Accum Prov For Deprec of Plant	39 - 100% to One Company	104		104	
	1840 - Clearing Accounts	08 - Number of Electric Retail Cust		75	75	

Kentucky Power Company
 Charges to Affiliates by FERC Account, Allocation Factor and Allocation Type
 Test Year Ended March 2023

Kentucky Power has a variety of transactions with affiliates on a normal basis. Transactions with affiliates generally fall into two categories. The first category, service payments, is a billing made when an affiliate provides a service to Kentucky Power, such as Appalachian Power providing assistance in distribution maintenance, generation engineering, or other affiliates providing assistance during storm recovery efforts. The second category, convenience payments, occur when an affiliate company receives an invoice and the cost of that invoice should be borne by multiple AEP companies. For example, a legal invoice for a system-wide issue may be paid by one affiliate company, and that company then bills the other affiliates who benefit from the service.

Charges to/from affiliates are accumulated using a work order system. All affiliate services and convenience payments are billed through Kentucky Power at cost, per FERC affiliate requirements.

Affiliate	FERC Account	Allocation Factor	TEST YEAR		
			12 MONTHS ENDED MARCH 2023		
			Direct	Allocated	Total
	1860 - MDO Internal Billing Only	39 - 100% to One Company	(1)		(1)
	5060 - Misc Steam Power Expenses	39 - 100% to One Company	152		152
	5660 - Misc Transmission Expenses	09 - Number of Employees		5	5
	5670 - Rents	39 - 100% to One Company	2,112		2,112
	5710 - Maintenance of Overhead Lines	39 - 100% to One Company			69,638
	5860 - Meter Expenses	39 - 100% to One Company	4,036		4,036
	5870 - Customer Installations Exp	39 - 100% to One Company	81		81
	5880 - Miscellaneous Distribution Exp	39 - 100% to One Company	16		16
	5930 - Maintenance of Overhead Lines	39 - 100% to One Company	7,309		7,309
	5940 - Maint of Underground Lines	39 - 100% to One Company	34		34
	5950 - Maint of Lne Trnf Regulators&Dvi	39 - 100% to One Company	60		60
	5960 - Maint of Strt Lighting & Signal S	39 - 100% to One Company	5		5
	9120 - Demonstrating & Selling Exp	08 - Number of Electric Retail Cust		9,751	9,751
	9200 - Administrative & Gen Salaries	58 - Total Assets		245	245
	9210 - Office Supplies and Expenses	58 - Total Assets		45	45
	9230 - Outside Services Employed	61 - Total Fixed Assets		949	949
	9302 - Misc General Expenses	39 - 100% to One Company	0		0
	9310 - Rents	39 - 100% to One Company	6		6
Ohio Power Company Total			84,240	11,069	95,308
AEP West Virginia Transmission Company, Inc.			60,667		60,667
	1070 - Construction Work In Progress	39 - 100% to One Company			59
	9200 - Administrative & Gen Salaries	58 - Total Assets			11
	9210 - Office Supplies and Expenses	58 - Total Assets			59
AEP West Virginia Transmission Company, Inc. Total			60,667	70	60,737
AEP Texas Company			3,889		3,889
	1080 - Accum Prov for Deprec of Plant	39 - 100% to One Company	810		810
	1840 - Clearing Accounts	08 - Number of Electric Retail Cust		53	53
	5600 - Oper Supervision & Engineering	58 - Total Assets		2,095	2,095
	5660 - Misc Transmission Expenses	09 - Number of Employees		38	38
	5830 - Overhead Line Expenses	39 - 100% to One Company	147		147
	5860 - Meter Expenses	39 - 100% to One Company	1,567		1,567
	5880 - Miscellaneous Distribution Exp	39 - 100% to One Company	11,104		11,104
	5930 - Maintenance of Overhead Lines	39 - 100% to One Company	1,468		1,468
	5960 - Maint of Strt Lighting & Signal S	39 - 100% to One Company	240		240
	9120 - Demonstrating & Selling Exp	08 - Number of Electric Retail Cust		6,990	6,990
	9200 - Administrative & Gen Salaries	58 - Total Assets		296	296
	9210 - Office Supplies and Expenses	58 - Total Assets		54	54
	9230 - Outside Services Employed	61 - Total Fixed Assets		813	813
AEP Texas Company Total			19,225	10,340	29,564
Other - Affiliates Grand Total Billings less than \$25K			182		182
	1080 - Accum Prov for Deprec of Plant	39 - 100% to One Company	19		19
	1840 - Clearing Accounts	08 - Number of Electric Retail Cust		55	55
	5100 - Maint Supv & Engineering	39 - 100% to One Company	104		104
	5110 - Maintenance of Structures	39 - 100% to One Company	755		755
	5120 - Maintenance of Boiler Plant	39 - 100% to One Company	2,646		2,646
	5400 - Oper Supervision & Engineering	58 - Total Assets		2,667	2,667
	5660 - Misc Transmission Expenses	09 - Number of Employees		31	31
	5710 - Maintenance of Overhead Lines	39 - 100% to One Company	10,690		10,690
	5860 - Meter Expenses	39 - 100% to One Company	212		212
	5870 - Customer Installations Exp	39 - 100% to One Company	218		218
	5930 - Maintenance of Overhead Lines	39 - 100% to One Company	1,101		1,101
	5940 - Maint of Underground Lines	39 - 100% to One Company	(3)		(3)
	9030 - Cust Records & Collection Exp	39 - 100% to One Company	471		471
	9120 - Demonstrating & Selling Exp	08 - Number of Electric Retail Cust		7,203	7,203
	9200 - Administrative & Gen Salaries	39 - 100% to One Company	2,370		2,370
	40 - Equal Share Ratio			12	12
	58 - Total Assets			955	955
	39 - 100% to One Company		13		13
	40 - Equal Share Ratio			2	2
	58 - Total Assets			175	175
	61 - Total Fixed Assets			861	861
	61 - Total Fixed Assets			44	44
	39 - 100% to One Company			0	0
	9350 - Maintenance of General Plant	39 - 100% to One Company	1,265		1,265
Other - Affiliates Grand Total Billings less than \$25K Total			20,143	12,006	32,149
Grand Total			2,960,413	207,078	3,167,491

Kentucky Power Company
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DATA REQUEST

KPSC 1_42 Describe Kentucky Power's lobbying activities and provide a schedule showing the name, salary, and job title of each individual whose job function involves lobbying on the local, state, or national level.

RESPONSE

Kentucky Power Company engages in state and local legislative issues that may affect Kentucky Power or its customers. Amy Elliott, External Affairs manager and lobbyist, monitors the activities at the state level. AEP has a Federal Affairs office in Washington, D.C. that is responsible for lobbying activities at the national level, and Kentucky Power receives an allocation of those expenses.

The portion of her salary that was attributable to lobbying during the test year was \$5,133. This amount along with any associated lobbying expenditures have all been recorded in 426.4 and have been excluded from the rate calculation.

Approximately 3.85% of the costs associated with the AEPSC Federal Affairs office in Washington, D.C. or \$78,256 (includes \$61,282 in labor costs) were allocated to Kentucky Power by AEPSC for federal lobbying activities. The costs were allocated using the total asset allocation factor established in the Company's Cost Allocation Manual.

Witness: Cynthia G. Wiseman

Kentucky Power Company
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DATA REQUEST

KPSC 1_43 Regarding demand-side management, conservation, and energy-efficiency programs, provide the following:

- a. A list of all programs currently offered by Kentucky Power.
- b. The total cost incurred for these programs by Kentucky Power in each of the three most recent calendar years.
- c. The total energy and demand reductions realized through these programs in each of the three most recent calendar years.
- d. The total cost for these programs included in the historical test period and expected energy reductions to be realized from these programs.

RESPONSE

a. Kentucky Power currently has one demand-side management program, the Targeted Energy Efficiency (TEE) program.

b.-c.

	2022	2021	2020
Program Costs	\$281,000.00	\$253,189.39	\$199,959.95
Energy Savings (kWh)	216,012	193,857	131,958
Peak Emand Reduction (kW)			
Summer	34	30	21
Winter	68	61	42

d.

	Test year
Program Costs	\$ 251,472.37
Energy Savings (kWh)	198,991
Peak Emand Reduction (kW)	
Summer	31
Winter	63

Witness: Scott E. Bishop

Kentucky Power Company
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DATA REQUEST

- KPSC 1_44** Provide the following tax data for the most recent calendar year:
- a. Income taxes;
 - (1) Federal operating income taxes deferred – accelerated tax depreciation;
 - (2) Federal operating income taxes deferred other (explain); (3) Federal income taxes – operating;
 - (4) Income credits resulting from prior deferrals of federal income taxes;
 - (5) Investment tax credit net;
 - (a) Investment credit realized;
 - (b) Investment credit amortized – Revenue Act of 1971;
 - (6) The information in Item 44(a)(1–5) for state income taxes;
 - (7) A reconciliation of book to taxable income as shown in Schedule M1 and a calculation of the book federal and state income tax expense for the test year using book taxable income as the starting point;
 - (8) A reconciliation of book to taxable income as shown in Schedule M2 and a calculation of the book federal and state income tax expense for the test year using book taxable income as the starting point;
 - (9) A copy of federal and state income tax returns for the taxable year ended during the test year, including supporting schedules; and
 - (10) A schedule of franchise fees paid to cities, towns, or municipalities, including the basis of these fees.
 - b. An analysis of other operating taxes as shown in Schedule J.

RESPONSE

- a. Income taxes;
 - (1) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab DIT Schedule for the requested 2022 calendar year information.
 - (2) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab DIT Schedule for the requested 2022 calendar year information.
 - (3) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab CFIT Schedule for the requested 2022 calendar year information.
 - (4) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab DIT Schedule for the requested 2022 calendar year information.

Kentucky Power Company
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(5)

(a) There were no investment tax credits available or realized during the 2022 calendar year.

(b) There were no investment tax credits amortized during the 2022 calendar year.

(6) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab DIT Schedule and tab SIT Schedule for the requested 2022 calendar year information.

(7) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab CFIT Schedule and tab SIT Schedule for the requested 2022 calendar year information.

(8) Please refer to KPCO_R_KPSC_1_44_Attachment1.xlsx, tab Schedule M-2 for the requested 2022 calendar year information.

(9) Federal and state income tax returns for the 2022 taxable year are not yet available as they will not be filed until the last quarter of 2023. Please refer to KPCO_R_KPSC_1_44_ConfidentialAttachment2.pdf for the requested 2021 Federal Tax Return and KPCO_R_KPSC_1_44_ConfidentialAttachment3.pdf for the requested 2021 Kentucky State Tax Return.

(10) Please refer to KPCO_R_KPSC_1_44_Attachment4.xls for the requested 2022 calendar year information.

b. Please refer to KPCO_R_KPSC_1_44_Attachment5.xlsx for the requested 2022 calendar year information.

Witness: Linda M. Schlessman

KPCO_R_KPSC_1_44_ConfidentialAttachment2 has been redacted in its entirety.

KPCO_R_KPSC_1_44_ConfidentialAttachment3 has been redacted in its entirety.

Kentucky Power Company
KPSC Case No. 2023-00159
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Dated May 31, 2023

DATA REQUEST

- KPSC 1_45** Provide the following information with regard to uncollectible accounts for the test year and three preceding calendar years (taxable year acceptable):
- a. Reserve account balance at the beginning of the year;
 - b. Charges to reserve account (accounts charged off);
 - c. Credits to reserve account;
 - d. Current year provision;
 - e. Reserve account balance at the end of the year; and f. Percent of provision to total revenue.

RESPONSE

a.-e.) Please refer to KPCO_R_KPSC_1_45_Attachment1 for the requested information.

Witness: Heather M. Whitney

Kentucky Power Company
KPSC Case No. 2023-00159
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Dated May 31, 2023

DATA REQUEST

KPSC 1_46 Provide a detailed analysis of expenses incurred during the test year for professional services, as shown in Schedule K, and all workpapers supporting the analysis. At a minimum, the workpapers should show the payee, dollar amount, reference (i.e., voucher no., etc.), account charged, hourly rates and time charged to the company according to each invoice, and a description of the services provided.

RESPONSE

Please refer to KPCO_R_KPSC_1_46_Attachment1 for the requested information. See also Section II, Exhibit U, included in the Company's Application.

Witness: Brian K. West

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

- KPSC 1_47** Provide the following information for Kentucky Power. If any amounts were allocated, show a calculation of the factor used to allocate each amount.
- a. A detailed analysis of all charges booked during the test year for advertising expenditures. Include a complete breakdown of Account No. 913 – Advertising Expenses and any other advertising expenditures included in any other expense accounts, as shown in Schedule L1. The analysis should specify the purpose of the expenditure and the expected benefit to be derived.
 - b. An analysis of Account No. 930 – Miscellaneous General expenses for the test year. Include a complete breakdown of this account as shown in Schedule 30b and provide detailed workpapers supporting this analysis. At a minimum, the workpapers should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and brief description of each expenditure of \$500 or more, provided that lesser items are grouped by classes as shown in Schedule L2.
 - c. An analysis of Account No. 426 – Other Income Deductions for the test year. Include a complete breakdown of this account as shown in Schedule 30c, and provide detailed workpapers supporting this analysis. At a minimum, the workpapers should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and brief description of each expenditure of \$500 or more provided that lesser items are grouped by classes as shown in Schedule L3.

RESPONSE

- a. The Company did not have charges booked to the account during the test year.
- b. See KPCO_R_KPSC_1_47_Attachment1 for the requested information.
- c. See KPCO_R_KPSC_1_47_Attachment2 for the requested information. Kentucky Power has not requested recovery of amounts recorded in Account No. 426 in this proceeding.

Witness: Scott E. Bishop

Witness: Heather M. Whitney

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

KPSC 1_48 Provide any information, when known, that would have a material effect on net operating income, rate base, or cost of capital that have occurred after the test year but were not incorporated in the filed testimony and exhibits.

RESPONSE

The Company remarketed a \$65 million pollution control revenue bond in June 2023 with a coupon of 4.70%. The same bond had a coupon of 2.35% on March 31, 2023. The Company also issued a new \$25 million intercompany note from AEP to Kentucky Power in June 2023 with a coupon of 5.29%.

Kentucky Power will update this response if any information responsive to this request becomes known to it in the future.

Witness: Brian K. West

Witness: Franz D. Messner

Kentucky Power Company
KPSC Case No. 2023-00159
Staff's First Set of Data Responses
Dated May 31, 2023

DATA REQUEST

- KPSC 1_49** For the historical test year and the five preceding calendar years, provide a schedule detailing all nonrecurring charges by customer class which includes:
- a. Type of charge;
 - b. Account billed;
 - c. Amount recovered; and
 - d. Number of times the charge was assessed.

RESPONSE

Please see the KPCO_R_KPSC_1_49_Attachment1 for the requested information. Please note that the Company's computer system retains complete customer detailed information only for the previous 36 months (through July 2020). Please also note that the Company understood the request in subpart (b) to mean the "Amount billed" instead of "Account billed."

Additionally, per the Commission's January 13, 2021 Order in Case No. 2020-00174, the Company ceased charging the Delayed Payment Charge ("DPC") to residential customers as of that date. On September 6, 2022, the Company discovered that some residential customers were still inadvertently being charged the DPC. The Company determined there was a computer coding issue related to residential customers' outdoor lights. The computer issue was corrected on September 22, 2022, and the Company credited all applicable DPC amounts to residential customers back to January 13, 2021.

Witness: Scott E. Bishop

MISC FEES CODES	Test Year 04/2022 to 03/2023			2022			2021			2020 July through December		
	Amount Billed	No. of times	Amount recovered	Amount Billed	No. of times	Amount recovered	Amount Billed	No. of times	Amount recovered	Amount Billed	No. of times	Amount recovered
	CKCHG (FERC Account 4510001)											
Residential	\$ 52,227.25	3,565	\$ 50,075.70	\$ 50,791.55	3,467	\$ 48,377.67	\$ 38,671.00	2,612	\$ 37,381.56	\$ 23,436.00	1,302	\$ 22,747.59
Commercial	\$ 5,156.80	352	\$ 4,893.10	\$ 5,230.05	357	\$ 4,937.05	\$ 4,694.30	317	\$ 4,609.76	\$ 2,574.00	143	\$ 2,448.00
Industrial	\$ 629.95	43	\$ 512.75	\$ 703.20	48	\$ 586.00	\$ 161.15	11	\$ 161.15	\$ 90.00	5	\$ 90.00
ENDIV (FERC Account 4510001)												
Residential	\$ 74,733.22	349	\$ 4,228.75	\$ 72,003.28	339	\$ 1,919.51	\$ 86,044.39	398	\$ 6,060.71	\$ 9,515.54	34	\$ 1,095.00
Commercial	\$ 563.75	3	\$ 138.55	\$ 277.10	2	\$ 138.55	\$ 1,138.30	5	\$ 68.07	\$ 403.11	2	\$ 129.39
Industrial	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
MTEST (FERC Account 4510001)												
Residential	\$ 1,248.00	26	\$ 1,200.00	\$ 1,056.00	22	\$ 1,008.00	\$ 1,056.00	22	\$ 960.00	\$ 48.00	1	\$ 48.00
Commercial	\$ 240.00	5	\$ 240.00	\$ 96.00	2	\$ 96.00	\$ 192.00	4	\$ 192.00	\$ -	-	\$ -
Industrial	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
ONPRM (FERC Account 4510001)												
Residential	\$ 60,940.20	12,966	\$ 46,100.62	\$ 66,932.70	14,241	\$ 50,274.64	\$ 112,485.30	19,723	\$ 85,351.30	\$ 884.00	68	\$ 533.00
Commercial	\$ 6,288.60	1,338	\$ 5,076.00	\$ 6,866.70	1,461	\$ 5,594.72	\$ 7,833.20	1,430	\$ 6,734.22	\$ 2,821.00	217	\$ 2,171.00
Industrial	\$ 192.70	41	\$ 173.90	\$ 188.00	40	\$ 178.60	\$ 384.50	73	\$ 348.10	\$ 52.00	4	\$ 52.00
RECON (FERC Account 4510001)												
Residential	\$ 43,661.40	3,752	\$ 42,593.13	\$ 40,175.30	3,553	\$ 39,600.40	\$ 68,878.50	4,968	\$ 65,783.17	\$ 471.00	22	\$ 450.00
Commercial	\$ 2,859.90	228	\$ 2,716.10	\$ 3,015.40	248	\$ 2,976.00	\$ 4,300.50	289	\$ 4,189.73	\$ 2,061.00	72	\$ 1,937.00
Industrial	\$ 232.30	11	\$ 227.60	\$ 227.60	10	\$ 227.60	\$ 44.50	6	\$ 44.50	\$ 42.00	2	\$ 42.00
TEMP (FERC Account 4510001)												
Residential	\$ 375.00	15	\$ 400.00	\$ 375.00	15	\$ 400.00	\$ 313.70	14	\$ 313.70	\$ 325.00	13	\$ 325.00
Commercial	\$ 16,200.00	570	\$ 14,374.12	\$ 14,500.00	502	\$ 13,374.12	\$ 9,625.00	370	\$ 9,550.00	\$ 4,550.00	167	\$ 4,525.00
Industrial	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
MRCHK (FERC Account 4510001)												
Residential	\$ 4.70	1	\$ 4.70	\$ -	-	\$ -	\$ 21.00	1	\$ 21.00	\$ -	-	\$ -
Commercial	\$ -	-	\$ -	\$ -	-	\$ -	\$ 4.70	1	\$ 4.70	\$ -	-	\$ -
Industrial	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -

DPC		(FERC Account 4500000)										
Residential	\$ 17,849.81	20,453	\$ 17,676.51	\$ 25,577.94	30,039	\$ 25,468.12	\$ 128,125.09	54,406	\$ 114,866.98	\$ 1,482.67	252	\$ 8,751.98
Commercial	\$ 1,828,616.22	96,334	\$ 1,824,499.88	\$ 1,805,273.03	101,375	\$ 1,790,830.38	\$ 1,097,310.35	90,687	\$ 1,104,970.08	\$ 182,860.42	17,803	\$ 192,133.19
Industrial	\$ 960,671.93	2,790	\$ 965,165.05	\$ 1,192,150.44	3,034	\$ 1,188,328.78	\$ 963,099.67	3,022	\$ 966,025.44	\$ 113,636.20	601	\$ 114,003.35

- CKCHG BAD CHECK
- ENDIV ENERGY DIVERSION
- MTEST METER TEST
- ONPRM ON PREMISE FEE (TRIP CHARGE)
- RECON RECONNECT
- TEMP TEMP SERVICE FEE
- MRCHK METER READ
- DPC DELAYED PAYMENT CHARGE



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E-Signature Summary

E-Signature 1: Katharine I Walsh (KIW)

July 11, 2023 10:16:55 -8:00 [EA72F3043D8F] [167.239.221.104]
 kiwalsh@aep.com (Principal) (Personally Known)

E-Signature Notary: Marilyn Michelle Caldwell (MMC)

July 11, 2023 10:16:55 -8:00 [972D098CD655] [167.239.221.103]
 mmcaldwell@aep.com

I, Marilyn Michelle Caldwell, did witness the participants named above electronically sign this document.



VERIFICATION

The undersigned, Scott E. Bishop, being duly sworn, deposes and says he is the Regulatory Consultant Senior for Kentucky Power, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of her information, knowledge, and belief.

Scott E. Bishop
Scott E. Bishop

Commonwealth of Kentucky)
County of Boyd)

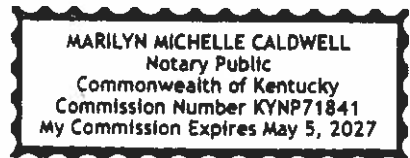
Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Scott E. Bishop, on July 10, 2023.

Marilyn Michelle Caldwell
Notary Public

My Commission Expires 5/5/2027

Notary ID Number KYNP71841



VERIFICATION

The undersigned, Cynthia G. Wiseman, being duly sworn, deposes and says she is the President and Chief Operating Officer for Kentucky Power, that she has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of her information, knowledge, and belief.



Cynthia G. Wiseman

Commonwealth of Kentucky)
)
County of Boyd)

Case No. 2023-00159

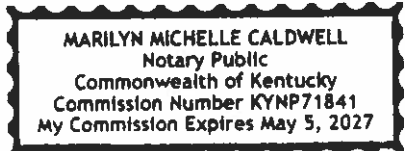
Subscribed and sworn to before me, a Notary Public in and before said County and State, by Cynthia G. Wiseman, on July 11, 2023.



Marilyn Michelle Caldwell
Notary Public

My Commission Expires 5/5/2027

Notary ID Number KYNP71841





Schlessman Verification Form.doc

DocVerify ID: D6138D1C-83C5-4900-A619-E87897F52178
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E-Signature Summary

E-Signature 1: Linda M Schlessman (LMS)

July 11, 2023 13:08:02 -8:00 [86A67D9C5C9B] [167.239.221.102]
 lmschlessman@aep.com (Principal) (Personally Known)

E-Signature Notary: Marilyn Michelle Caldwell (MMC)

July 11, 2023 13:08:02 -8:00 [0D2968262F32] [167.239.221.103]
 mmcaldwell@aep.com

I, Marilyn Michelle Caldwell, did witness the participants named above electronically sign this document.



VERIFICATION

The undersigned, Linda M. Schlessman, being duly sworn, deposes and says she is the Tax Accounting and Regulatory Support Manager for American Electric Power Service Corporation, that she has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of her information, knowledge, and belief.

Linda M Schlessman

Linda M. Schlessman

Commonwealth of Kentucky)
)
County of Boyd)

Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Linda M. Schlessman, on July 11, 2023.

Marilyn Caldwell
Signed on 2023/07/11 13:08:02 -8:00

Notary Public

MARILYN MICHELLE CALDWELL
ONLINE NOTARY PUBLIC
STATE AT LARGE KENTUCKY
Commission # KYNP71841
My Commission Expires May 05, 2027

Notarial act performed by audio-visual communication

My Commission Expires 5/5/2027

Notary ID Number KYNP71841

D6138D1C-83C5-4900-A619-E87897F52178 --- 2023/07/11 12:19:45 -8:00 --- Remote Notary



VERIFICATION

The undersigned, Michael M. Spaeth, being duly sworn, deposes and says he is the Regulatory Pricing and Analysis Manager for American Electric Power Service Corporation, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of his information, knowledge, and belief.



Michael M. Spaeth

Franklin County)
Ohio)

Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Michael M. Spaeth, on July 13, 2023.



Notary Public



Paul D. Flory
Attorney At Law
Notary Public, State of Ohio
My commission has no expiration date
Sec. 147.03 R.C.

My Commission Expires Never

Notary ID Number No ID

VERIFICATION

The undersigned, Franz D. Messner, being duly sworn, deposes and says he is the Managing Director of Corporate Finance for American Electric Power Service Corporation, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of his information, knowledge, and belief.

[Handwritten signature]

Franz D. Messner

State of Ohio)
County of Franklin)

Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Franz D. Messner, on 7/16/2023.

[Handwritten signature]

Notary Public

My Commission Expires NA

Notary ID Number NA



VERIFICATION

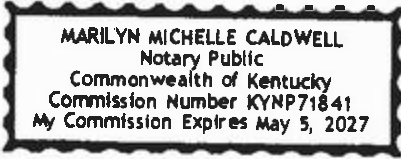
The undersigned, Lerah M. Kahn, being duly sworn, deposes and says she is the Regulatory Case Manager for Kentucky Power, that she has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of her information, knowledge, and belief.

Lerah M. Kahn
Lerah M. Kahn

Commonwealth of Kentucky)
)
County of Boyd) Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Lerah M. Kahn, on July 11, 2023.

Marilyn Michelle Caldwell
Notary Public

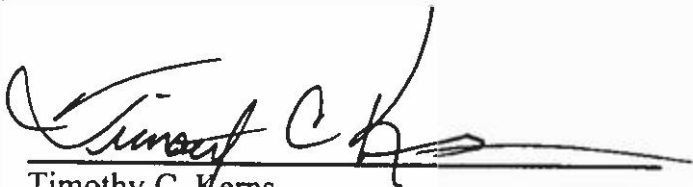


My Commission Expires 5/5/2027

Notary ID Number KYNP71841

VERIFICATION


The undersigned, Timothy C. Kerns, being duly sworn, deposes and says he is the Vice President of Generating Assets, for Appalachian Power Company and Wheeling Power Company, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of his information, knowledge, and belief.

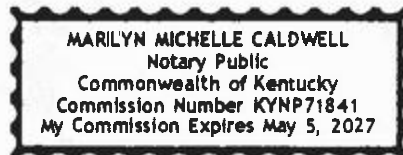

Timothy C. Kerns

Commonwealth of Kentucky)
)
County of Boyd)

Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Timothy C. Kerns, on July 11, 2023.


Notary Public



My Commission Expires 5/5/2027

Notary ID Number KYNP71841

VERIFICATION

The undersigned, Kamran Ali, being duly sworn, deposes and says he is the Vice President of Transmission Planning and Analysis for American Electric Power Service Corporation, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of his information, knowledge, and belief.

Kamran Ali

Kamran Ali

State of Ohio)

Case No. 2023-00159

County of Franklin)

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Kamran Ali, on July 11, 2023.

Brittany Henry

Notary Public

My Commission Expires 09/07/25

Notary ID Number 2020-RE-819525





Whitney Verification Form.doc

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E-Signature Summary

E-Signature 1: Heather M. Whitney (HMW)

July 11, 2023 07:33:48 -8:00 [4D2F8C01AF61] [167.239.221.105]
 hmwhitney@aep.com (Principal) (Personally Known)

E-Signature Notary: Marilyn Michelle Caldwell (MMC)

July 11, 2023 07:33:48 -8:00 [45F733DE35CA] [167.239.221.103]
 mmcaldwell@aep.com

I, Marilyn Michelle Caldwell, did witness the participants named above electronically sign this document.



VERIFICATION

The undersigned, Heather M. Whitney, being duly sworn, deposes and says she is a Director in Regulatory Accounting Services for American Electric Power Service Corporation, that she has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of her information, knowledge, and belief.

Heather M. Whitney
Signed on 2023/07/11 07:33:48 -8:00

Heather M. Whitney

Commonwealth of Kentucky)
)
County of Boyd)

Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Heather M. Whitney, on July 11, 2023.

Notary Public

Marilyn Michelle Caldwell
Signed on 2023/07/11 07:33:48 -8:00

MARILYN MICHELLE CALDWELL
ONLINE NOTARY PUBLIC
STATE AT LARGE KENTUCKY
Commission # KYNP71841
My Commission Expires May 05, 2027

Notary Stamp 2023/07/11 07:33:48 PST 45F733D6E35CA

Notarial act performed by audio-visual communication

My Commission Expires May 5, 2027

Notary ID Number KYNP71841

A50E6ADF-BA4C-428E-9527-4097114F35D0 --- 2023/07/11 07:19:14 -8:00 --- Remote Notary



VERIFICATION

The undersigned, Andrew R. Carlin, being duly sworn, deposes and says he is the Director of Compensation and Executive Benefits, for American Electric Power Service Corporation, that he has personal knowledge of the matters set forth in the foregoing responses and the information contained therein is true and correct to the best of his information, knowledge, and belief.

Andrew R. Carlin
Andrew R. Carlin

State of Ohio)

County of Franklin)

) Case No. 2023-00159

Subscribed and sworn to before me, a Notary Public in and before said County and State, by Andrew R. Carlin, on the 11th day of July 2023.

Martin Rosenthal
Notary Public



MARTIN ROSENTHAL
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

My Commission Expires _____

Notary ID Number _____

