

	<b>Basic</b>	<b>Comprehensive</b>	<b>HRA</b>	<b>HSA</b>
<b>ANNUAL HRA/HSA CONTRIBUTION AMOUNT</b>				
ALCOA'S CONTRIBUTION	N/A	N/A	\$750/employee only \$1,500/two or more people	\$400/employee only* \$800/two or more people*
ANNUAL EMPLOYEE CONTRIBUTION	N/A	N/A	N/A	Up to \$2,650/person* Up to \$5,350/family*
<b>IN-NETWORK</b>				
ANNUAL DEDUCTIBLE	\$1,000/person \$2,000/family	\$250/person \$500/family	\$1,500/person \$3,000/family	\$1,500/employee only \$2,500/two or more people (Medical + Drug)
COINSURANCE Routine Preventive Care	Alcoa pays 100% no deductible	Alcoa pays 100% no deductible	Alcoa pays 100% no deductible	Alcoa pays 100% no deductible
PCP Office Visits	Alcoa pays 90% no deductible	Alcoa pays 90% no deductible	Alcoa pays 90% after deductible	Alcoa pays 90% after deductible
Specialist Office Visits and ER Care	Alcoa pays 70% no deductible	Alcoa pays 80% after deductible	Alcoa pays 90% after deductible	Alcoa pays 90% after deductible
Other Services	Alcoa pays 70% after deductible	Alcoa pays 80% after deductible	Alcoa pays 90% after deductible	Alcoa pays 90% after deductible
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000/person \$4,500/family	\$2,500/person \$3,750/family	\$3,000/person \$6,000/family	\$3,000/employee only \$4,500/two or more people (Medical + Drug)