

Covered Expenses

The following chart provides a partial list of services and supplies covered under Medicare. It also shows the amount or percentage of Medicare-approved services or supplies that will be paid by the Alcoa Medicare Supplement Plan and/or the Alcoa MedOption Plan.

To be covered under an Alcoa plan, a service or supply must be considered a covered expense under Medicare. For more information on Medicare benefits, contact your local Medicare or Social Security office. For more information on the Alcoa Medicare Supplement Plan and/or the Alcoa MedOption Plan, call your medical claims administrator (see page 58).

Benefits for Medicare-Eligible Retirees			
Services	Medicare <i>(up to Medicare-approved amount after Part A & B deductibles are met)</i>	Alcoa Medicare Supplement Plan <i>(up to Medicare-approved amount)</i>	Alcoa MedOption Plan <i>(up to Medicare-approved amount)</i>
Ambulance Service	80%	No coverage	20%
Ambulatory Surgical Facility	80%	No coverage	20%
Assistant Surgery	80%	No coverage	20%
Bone Mass Measurement	80%	No coverage	20%
Cardiac Rehabilitation	80%	No coverage	20%
Chemotherapy (provided by licensed professional)	80%	No coverage	20%
Diabetes Monitoring	80%	No coverage	20%
Doctor Visits (includes skilled nursing facility, inpatient, office, or home visits)	80%	No coverage	20%
Durable Medical Equipment and Prosthetic Devices	80%	No coverage	20%
Eyeglasses after Cataract Surgery (one pair)	80%	20%	No coverage
Hemodialysis Outpatient Hospital	80%	No coverage	20%
Home Health Care	100%	No coverage	No coverage
Hospice	80%	20%	No coverage
Immunizations If administered in a doctor's office or health care facility (excludes immunizations for the sole purpose of travel outside the U.S.)	Limited coverage	20% for immunizations covered by Medicare; otherwise 80%	No coverage
Inpatient Hospital	100% after inpatient deductibles and daily copayments	Medicare Part A inpatient deductibles and daily copayments (if applicable)	No coverage

Chart continued on next page.

Benefits for Medicare-Eligible Retirees (continued)

Services	Medicare <i>(up to Medicare-approved amount after Part A & B deductibles are met)</i>	Alcoa Medicare Supplement Plan <i>(up to Medicare-approved amount)</i>	Alcoa MedOption Plan <i>(up to Medicare-approved amount)</i>
Outpatient Hospital Physical Rehabilitation	80%	No coverage	20%
Outpatient Mental Health/Substance Abuse Treatment	50%	50%	No coverage
Outpatient Surgery			
■ Surgeon	80%	20%	No coverage
■ Anesthesia	80%	20%	No coverage
■ Facility	80%	No coverage	20%
Pap Smear and Pelvic Exam	80%	No coverage	20%
Physical or Occupational Therapy	80%	No coverage	20%
Prescription Drugs	No coverage	Retail networks and mail-order programs*	No coverage
Radiation Therapy <i>(doctor's fees only)</i>			
■ Inpatient	80%	20%	No coverage
■ Outpatient	80%	No coverage	20%
Screening for:			
■ Prostate cancer (digital rectal exam)	80%	No coverage	20%
■ Colorectal cancer	80%	No coverage	20%
Skilled Nursing Facility**	100% for first 20 days; copayment required from day 21 through day 100	100% of copayment for days 21 through 100; then 100% beyond day 100	No coverage
Visiting Nurse Services of a registered nurse (R.N.), or a licensed practical nurse (L.P.N.) if an R.N. is not available	No coverage	80%	No coverage
X-ray/Laboratory			
■ Inpatient	80%	20%	No coverage
■ Outpatient	80%	No coverage	20%

* Under the Alcoa Medicare Supplement Plan, you have the same prescription drug benefits as pre-Medicare retirees. See "Prescription Drug Benefits" on pages 37-43.

** Contact the claims administrator before Medicare benefits end for this service to see if coverage may continue under the Alcoa Medicare Supplement Plan.