

**SHAPING
OUR WORLD**



2024 Annual Enrollment Guide

Salaried Employees

Enrollment dates:

October 19 — November 3, 2023

Welcome to the 2024 Alcoa USA Benefit Plan Annual Enrollment!

Alcoa is committed to offering a comprehensive total rewards package that supports employees and their families in managing their health, planning for retirement, and taking time to recharge.

Annual Enrollment is your once-a-year opportunity to review your existing coverage and make necessary changes. This enrollment guide will provide you with important information about your Alcoa benefit programs, including what's changing for 2024 and what you need to do between **October 19 – November 3, 2023** to ensure you have the benefits that you need for you and your family in 2024.

What's In This Guide

What's Changing, What's New	3
Benefits Basics	4
HEALTH	
Medical and Prescription Drug Plans.....	5
A Closer Look at the HDHP Medical Plan	7
Health Savings Account (HSA).....	7
Flexible Spending Accounts (FSAs)	8
Dental	9
Vision.....	9
Plan Pricing for 2024	10
INCOME PROTECTION	
Life, Accident, and Disability.....	11
ENROLLMENT	
How to Enroll	13
Making Changes to Coverage	13
OTHER BENEFITS	
Voluntary Added Benefits Program	14
Employee Assistance Program (EAP)	15
Focus on Well-being.....	15
CONTACT INFORMATION & LEGAL NOTICES	
Contact Information	18
Legal Notices	18



You will need to enroll between October 19 – November 3, 2023, to:

- Certify your (and your dependents, if applicable) tobacco-free status to receive tobacco-free credits.
- If your spouse/domestic partner is enrolled, confirm that they are not eligible for medical coverage through their employer to avoid the \$100 monthly spousal surcharge.
- Make changes to your health care, disability, life and/or accident insurance.
- Add or remove a dependent from coverage.
- Contribute to the Health Care FSA, Dependent Care FSA, or Health Savings Account.

What's Changing, What's New

Part of our Total Rewards Philosophy at Alcoa is **balancing value, risk, and what matters to our people to ensure our on-going success and sustainability**. With this in mind, we have made updates to our benefits programs for 2024 designed to continue providing you with the care that you need while also ensuring the most cost-effective and clinically appropriate means for receiving that care. A summary of changes follows:

Medical Benefits



CHANGE! Beginning in 2024, we will move from Teladoc to **Well360 Virtual Health**. The service will work the same – you can access care by phone, computer, or via the Well360 Virtual Health app – but **the services available to you will be expanded**. With Well360 Virtual Health, you will continue to have access to urgent care, behavioral health, and dermatology services. And in 2024, you will also have access to *virtual primary care* and *virtual women's health* which includes medical care for a variety of women's health conditions such as pregnancy and postpartum care, menopause care, behavioral health, and lactation consultation. Look for more information on how to access these services in the coming months.

We will also be implementing **medical utilization management programs** for outpatient medical procedures, musculoskeletal management, laboratory related genetic testing, and radiation oncology beginning in 2024. These programs are designed to ensure clinical appropriateness and quality, safety, and a seamless experience for members.

Prescription Drugs

NEW! For members that are **enrolled in the PPO** medical plan option, the **PrudentRx copay optimization program for specialty medications** will be implemented. This program is designed to lower your out-of-pocket costs by facilitating enrollment in drug manufacturers' copay assistance programs. When enrolled in PrudentRx, **your copay will be \$0** for medications included on the PrudentRx exclusive specialty drug list. Individuals who choose NOT to enroll in the PrudentRx program will be subject to a 30% coinsurance for specialty medications. Members who take specialty medications will be contacted directly by PrudentRx to enroll in the program.



NEW! You will now be able to receive CDC-recommended preventive vaccinations through the **CVS Pharmacy Vaccination Program** at CVS network pharmacy locations that administer vaccines. Vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Note: You can still receive vaccinations at your physician's office through your medical insurance. You now have the choice of where to receive your vaccinations.

We will also be implementing a few additional measures to help control your costs and Alcoa's costs for prescription drugs. These measures include an **update to the formulary** and **additional utilization management programs** on certain drugs and classes of drugs. If the formulary update impacts you, you and your prescribing physician will receive notification directly from CVS in November.

Disability Benefits

CHANGE! Short-term disability (STD) claims that begin on or after 1/1/2024 will be subject to a **reduced benefit waiting period (BWP)**, from 14 days to 7 days. Coverage will then be **100% of pay for 5 weeks** following the BWP. With this change, we will be eliminating the buy-up option.

CHANGE! Long-term disability (LTD) claims for disabilities that begin on or after 1/1/2024 will have a **basic benefit of 60% of your salary**, an increase from the current 50% benefit. You will still have the option to buy-up to 70%.

Benefits Basics

WHO IS ELIGIBLE?

You're eligible to enroll if you are a US full-time or part-time salaried employee as of your date of hire.

WHO CAN YOU COVER?

You can enroll yourself and your eligible family members, but **you will need to provide dependent verification**. This could include birth certificates, marriage license, or other supporting documentation. You will receive a packet in the mail advising you of the documentation that you will need to provide. Eligible Dependents are:

- Your Spouse or Domestic Partner of the same or opposite gender.
- Your Children under age 26
 - Eligible children include your biological children; legally adopted children; stepchildren; the children of a certified domestic partner; a child for whom you are the legal guardian; a grandchild born to your son or daughter while they are covered under the plan, provided they are principally supported by you; children for whom coverage is required by court order.
- Your unmarried child over 26 who is not capable of self-support due to disability that occurred before age 26, whose disability is continuous and who is principally supported by you.

What does "Principally supported by you" mean?

Principally supported by you means that the child is dependent on you for more than one-half of his or her support, as defined by the U.S. Internal Revenue Code; and was reported as a dependent on your most recent federal income tax return.

BENEFITS LINGO

Below are some words you should know to help you compare your plan options.

Deductible

The deductible is the amount you pay out of your own pocket for covered medical services before the plan begins to pay benefits. For certain services like preventive care, you do not have to pay the deductible amount before the plan begins to pay benefits.

Coinsurance

Once you pay the annual deductible, you and the plan share the cost of covered expenses, up to the out-of-pocket maximum. Coinsurance is usually expressed as a percentage; for example, if your insurance plan pays 70% of an eligible expense, you're responsible for paying the remaining 30%.

Copay

A fixed amount you pay for a covered health care service.

Out-of-Pocket Maximum

The annual out-of-pocket (OOP) maximum is the most that you have to pay for covered health care services (out of your pocket) in a calendar year before the plan starts to pay 100% of covered expenses. Deductibles and coinsurance count toward the OOP maximum.

Network

Our medical plans use a network of physicians and facilities contracted with Highmark BlueCross BlueShield to provide services within negotiated price boundaries. You and Alcoa both pay less when you choose in-network providers.

Formulary

A list of generic and brand-name drugs that are covered by an insurance plan. The lists are developed by medical directors and pharmacists, supported by medical evidence, validated for clinical appropriateness by external physician specialists, and approved by an independent national committee.

Alcoa's Plans are Self-Insured – What This Means

If you're covered by an Alcoa medical, dental or vision plan and you receive care, generally you pay part of the cost and Alcoa pays the rest. We hire Highmark, CVS Caremark, United Concordia, and Davis Vision to provide the networks and process the claims, but we reimburse these companies for what is spent on care (plus a fee for administrative services). Every dollar spent, or saved, on health care has a direct impact on our bottom line. The better we manage our costs, the more sustainable we are as a company.

Medical and Prescription Drug Plans



Alcoa offers two medical plan options, both administered by Highmark Blue Cross Blue Shield: a PPO and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Both medical plan options cover the same medical services and the same network of providers. **The differences between the plans are in the cost-sharing: deductibles, coinsurance amounts, out-of-pocket maximums, and payroll contributions.**

You have access to in-network and out-of-network providers. However, expenses apply separately toward the in-network and out-of-network deductibles and out-of-pocket maximums. **To receive the highest benefit, it is best to stay in-network.**

Both plan options include **Well360 Virtual Health**, which gives you access 24 hours a day, 7 days a week to U.S. board-certified doctors who can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more. There is also access to Behavioral Health specialists, virtual Primary Care, virtual Women's Health, and Dermatology. These services are all available through the convenience of phone, video, or mobile app visits.

Medical Plan Details		In-Network			
		PPO		HDHP w/HSA	
		You Only	You + Family	You Only	You + Family
Alcoa Contribution to HSA		N/A		\$500	\$1,000
Deductible		\$1,000	\$2,000	\$2,000	\$4,000*
Out-of-Pocket Maximum	Individual	\$3,000	\$3,000	\$4,250	\$8,150
	Family	N/A	\$6,000	N/A	\$8,500
Inpatient facility deductible, per admission		\$250		N/A	
Routine Preventive Care		Plan pays 100%, no deductible			
PCP Office Visits, Specialist Office Visits		Plan pays 70% no deductible		Plan pays 80% after deductible	
Emergency Room Care Other Services		Plan pays 70% after deductible		Plan pays 80% after deductible	
Well360 Virtual Health Consultations		\$8.00 copay, no deductible		\$8.00 copay after deductible	
		Out-of-Network			
		PPO		HDHP w/HSA	
		You Only	You + Family	You Only	You + Family
Deductible		\$2,000	\$4,000	\$4,000	\$8,000*
Out-of-Pocket Maximum	Individual	\$6,000	\$6,000	\$8,500	\$8,500
	Family	N/A	\$12,000	N/A	\$17,000
Inpatient facility deductible, per admission		\$250		N/A	
Routine Preventive Care		Not Covered			
PCP Office Visits, Specialist Office Visits		Plan pays 50% after deductible		Plan pays 60% after deductible	
Emergency Room Care		Plan pays 70% after In-Network deductible		Plan pays 80% after In-Network deductible	
Other Services		Plan pays 50% after deductible		Plan pays 60% after deductible	

*Under the HDHP Plan, if you have family coverage, you must meet the full family deductible before coinsurance applies.

Medical and Prescription Drug Plan, cont'd.



Prescription drug coverage is also included with both plan options, and is administered by CVS Caremark. Prescription drug coverage is primarily the same with the following exceptions:

- PPO Plan – exclusive specialty medications are available at \$0 if you participate in the Prudent Rx program.
- HDHP Plan – certain preventive therapy medications are available at \$0, before the deductible.

Prescription Drug Plan Details	PPO		HDHP w/HSA	
	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
	Must meet medical deductible before coinsurance/copay applies			
Generic Drugs	You pay 10%, max \$100	\$5 copay	You pay 10%, max \$100	\$5 copay
Preferred Brand Drugs Brand-name with no or few generic alternatives*	You pay 20%, max \$100	You pay 20%, max \$200	You pay 20%, max \$100	You pay 20%, max \$200
Non-Preferred Drugs Brand-name with appropriate generic alternatives*	Annual Deductible of \$50/\$100, retail and mail combined		You pay 50%, max \$100	You pay 50%, max \$200
	You pay 50%, max \$100	You pay 50%, max \$200		
Specialty Medications	PrudentRx <ul style="list-style-type: none"> • Eligible participants that opt-in to the program, \$0 cost share for all specialty medications on the Exclusive Specialty Drug List. • If you decline to participate in the program, you pay 30% coinsurance for any specialty medication on the Exclusive Specialty Drug List. • If a specialty medication is not on the Exclusive Specialty Drug List, the specialty medication will be subject to the coinsurance tiers above. 		Covered at percentages within categories above. No Prudent Rx.	
Preventive Therapy Medications**	Covered within categories above		Covered at 100%, you pay \$0	
Out-of-Pocket Maximum	Individual	\$3,000	Combined with medical out-of-pocket maximum	
	Family	\$6,000		

* Generic Alternative: A generic drug that is not the exact equivalent of the brand-name drug but can be used to treat that medical condition.

If a Preferred Brand drug or Non-Preferred Brand drug has a Generic Equivalent but you choose a Brand, you pay the difference in cost, and no max applies to the difference in cost. A Generic Equivalent is a generic drug that has the exact same active ingredients as the brand-name drug.

An additional 10% coinsurance will be applied for maintenance drugs filled at a retail pharmacy after three fills.

If you use an Out-of-Network retail pharmacy, you pay the full cost of the covered prescription at the time of purchase, and then submit a claim form and receipt to CVS Caremark. You will be reimbursed at the network retail level less the coinsurance amount and applicable deductible (if any). You also must pay any difference between the network negotiated rate and the pharmacy's actual charge.

** Applies to specific preventive therapy medications for specified conditions. The covered drug list is updated monthly by CVS Caremark.

Not all prescription drugs are covered by the Prescription Drug plan. CVS Caremark has created a list of covered prescription drugs called a **formulary**. Drugs that are not on the formulary will not be paid for by the Plan. The formulary may change from time to time, meaning that if a previously covered drug is removed from the formulary, it would no longer be covered under the Plan. **For the most up-to-date formulary list, contact CVS Caremark at 888.321.4284 or visit www.caremark.com.**

A Closer Look at the HDHP Medical Plan

By its name, the HDHP medical plan option has a higher deductible than the traditional PPO medical plan option. But the plan also has some advantages, as described below.

Access to a tax-advantaged savings account—the Health Savings Account (HSA)

To help you pay your deductible and other out-of-pocket costs, the HDHP lets you open a Health Savings Account (HSA) and make tax-free contributions directly from your paycheck. To get your savings started, Alcoa will also make a contribution to the account each year, \$500 for single coverage and \$1,000 for all other coverage tiers.



Lower payroll contributions

The amount you pay out of each paycheck, compared to the PPO plan, is less. Contributing the difference in payroll contributions between the HDHP and PPO plan options to the HSA each month will help cover the deductible or other out-of-pocket costs.

Free in-network preventive care

As with the PPO medical plan option, preventive care is fully covered under the HDHP—you pay nothing toward your deductible and no coinsurance as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings. **A full list of preventive care can be found on the Highmark website, www.highmarkbcbs.com.**



In addition to free in-network medical care, certain preventive therapy medications for conditions such as diabetes, coronary artery disease and hyperlipidemia are also fully covered—you pay \$0. The list of covered drugs is updated monthly by CVS Caremark.

Health Savings Account (HSA)

As noted above, an HSA is a tax-advantaged savings account that you can use to pay for your out-of-pocket medical expenses now or in the future. Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses*. Additionally, once you reach a balance over \$1,000 in your account, you can invest in a variety of mutual funds. Interest and earnings on your HSA balance build tax-free, too^.

Any money left in your HSA at the end of the year will roll over to the next year — you'll never lose your HSA dollars. If you leave Alcoa or retire, you take your HSA with you so you can continue to pay and save for eligible health care expenses.



* Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses. (For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov.) If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax.

Please review your state regulations as you may have to pay state taxes depending on your residency.

^The value of your invested funds is subject to market volatility, and fees may apply.

Health Savings Account (HSA), cont'd.

The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2024 include the Alcoa contribution you receive:

	Employee Only		Employee + Spouse, Child(ren) or Family	
	Under Age 55	Age 55+	Under Age 55	Age 55+
Annual IRS Limit	\$ 4,150	\$ 5,150	\$ 8,300	\$ 9,300
Alcoa Contribution	\$ 500	\$ 500	\$ 1,000	\$ 1,000
Your Max Contribution	\$ 3,650	\$ 4,650	\$ 7,300	\$ 8,300

In order to establish and contribute to an HSA, you:

- Must be enrolled in the High Deductible Health Plan (HDHP).
- Cannot be covered by any other medical plan that is not a qualified high deductible plan. This includes a spouse's medical coverage unless it's an HSA-qualified plan.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.
- Cannot be enrolled in a traditional Health Care FSA in 2024. You will only be eligible for a Limited Use Health Care FSA.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.

Flexible Spending Accounts (FSAs)



FSAs help you pay for eligible health care and dependent care costs using tax-free dollars. During annual enrollment, you decide how much pre-tax money you would like to contribute to each account. Oftentimes, the IRS does not release the maximum FSA contribution limit for the following year until after Annual Enrollment ends. *New this year*, if you elect the maximum annual deferral amount, you will have the option during the enrollment process to **elect to have your deferral increase** to the new IRS limit once it is confirmed by the IRS - you will not need to take any further action.

You have access to the following accounts:

Health Care FSA

- You can reimburse yourself for out-of-pocket expenses for you and your covered dependents, including your deductible, costs for prescription drugs, and eligible dental and vision expenses.
- Be sure to estimate your annual contribution carefully, because only a portion of unused balances can be carried over to the following year.
- The maximum amount that you can contribute, and carry-over to the following year, is set by the IRS. Below are the 2023 amounts, and the *expected 2024* amounts:
- 2023 max contribution: \$3,050 (*2024 expected \$3,200*)
- 2023 max carry-over: \$ 610 (*2024 expected \$640*)

Limited Use Health Care FSA

- Specifically for employees that are enrolled in the HDHP with HSA—this can only be used to reimburse eligible dental and vision expenses.
- The same maximum contribution and carry-over apply as the regular health care FSA.

	HSA	Health Care FSA
Available if you enroll in:	HDHP	PPO
Eligible for company contributions	Yes	No
Change contribution amount any time	Yes	No
Access entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
Use-it-or-lose-it at year end	No	Yes
Money and account are always yours to keep	Yes	No

How the Carry-over works

- Reimbursable expenses must be incurred between January 1—December 31.
- You have until March 31 of the following year to submit for reimbursement.
- Amounts up to the IRS maximum will carry over into the next plan year; amounts over will be forfeited.

Flexible Spending Accounts (FSAs), cont'd.

Dependent Care FSA

- You can reimburse yourself for eligible day care costs for children under age 13 or dependent parents. Day care expenses include nursery schools, day care centers, adult day care centers, in-home providers and before- and after-school care.
- Be sure to estimate your annual contribution carefully because unused balances *cannot* be carried over.
- The max that you can contribute is \$5,000 if single or married filing jointly, and \$2,500 if married filing separately.
- Unlike the Health Care FSA, you can only be reimbursed with money that is actually in your account during the year.

Please note: The IRS limits the amount highly compensated employees can contribute to the Dependent Care Fund. If your annual pay is \$135,000 or more, your contributions may be capped. Regardless of your income, consider consulting your tax advisor on how to get the full childcare tax credit on your tax return.

Dental



The dental plan is administered by United Concordia. The coinsurance percentage is the same for participating or non-participating providers. However, participating providers have agreed to accept the negotiated rates, or maximum allowable charge (MAC). Non-participating providers can charge the difference between what the plan pays and the dentist's actual charge. To get the most benefit, it is best to see a participating provider. **To find a participating provider, visit www.ucci.com. Select the 'Alcoa' Dental Network.**

Dental Plan Details	You Only	You & Family
Deductible	\$50	\$100
Preventive Care/Diagnostic Exams, cleaning, bitewing X-rays 2x/year	100%, no deductible*	
Basic Services Fillings, extractions, root canal therapy	Plan pays 80% You pay 20%	
Major Restorative Services Dental Implants, full or partial removable dentures	Plan pays 50% You pay 50%	
Oral Surgery Surgical removal of impacted tooth, dental root resection	Plan pays 80% You pay 20%	
Orthodontia (Separate \$1,500 lifetime maximum per child) Only for dependent children up to age 19	Plan pays 50%, no deductible You pay 50%	
Annual Maximum	\$2,000 per person	

*Except for sealants, which are paid at 80% for covered dependent children up to age 14 and are subject to the deductible.

Vision

The vision plan is administered by Davis Vision. There is in-network and out-of-network coverage, but you receive a higher level of coverage with in-network providers, and you don't need to file your own claims.



Vision Plan Details	In Network*	Out-of-Network
Annual Deductible	None	
Routine Vision Exam (once per calendar year)	100%	Up to \$35
Standard Lenses** (per set, once per calendar year)		
Single Vision	100%	Up to \$35
Bifocal	100%	Up to \$51
Trifocal	100%	Up to \$68
Lenticular	100%	Up to \$80
Frames (once every two calendar years)	100% up to \$100 retail	Up to \$30
Contact Lens Fitting (once per calendar year)	100%	Up to \$35
Contact Lenses (instead of standard lenses; once per calendar year)	100% up to \$105 retail	Up to \$68

*In-network providers are not obligated to accept these benefit amounts in special retail sales or packages

** Amounts shown are for standard lenses only. Lens options such as coatings, tints, and progressive bifocals are not covered. If you choose non-standard lens features, you pay the difference between their cost and the Plan allowance for standard features. In-network providers may offer a discount on non-standard lens features.

Plan Pricing for 2024

Monthly Medical Contributions

Coverage Tier	PPO		HDHP	
	Tobacco User Rate	Tobacco-free* Rate	Tobacco User Rate	Tobacco-free* Rate
Employee Only	\$175.58	\$102.25	\$133.92	\$60.58
Employee + Spouse/ Domestic Partner**	\$443.33	\$296.67	\$334.75	\$188.09
Employee + Child(ren)	\$386.33	\$239.67	\$294.51	\$147.84
Employee + Family**	\$562.17	\$415.50	\$424.42	\$277.75



***Tobacco-free Credits:** If you and/or your covered dependents are tobacco-free, you can save \$73.33/month on the cost of your medical coverage for yourself and an additional \$73.33/month if all your covered dependents are also tobacco-free. *You must certify your tobacco-free status during annual enrollment every year or you will not receive the credits.*



****Working Spouse/Domestic Partner Contribution:** Add \$100 per month if you cover your spouse/domestic partner AND he or she has coverage available through his or her employer. *You must certify that your spouse/domestic partner is not eligible for other coverage during annual enrollment every year, or you will be charged the \$100 monthly contribution.*

Money-saving Tip: If you enroll in the HDHP, put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.

Monthly Dental Contributions

Coverage Tier	Dental
Employee Only	\$ 13.25
Employee + Spouse/ Domestic Partner	\$ 31.67
Employee + Child(ren)	\$ 27.58
Employee + Family	\$ 46.00



Monthly Vision Contributions



Coverage Tier	Vision
Employee Only	\$ 3.08
Employee + Spouse/ Domestic Partner	\$ 7.17
Employee + Child(ren)	\$ 6.17
Employee + Family	\$ 11.33

Life, Accident, and Disability



Alcoa provides basic income protection to all benefits-eligible employees at no cost. You have the option to purchase additional coverage to protect what’s important to you and your family. Coverage and costs vary based on factors like your age, base pay and tobacco use. Learn more and see your personalized rates at <http://digital.alight.com/alcoausa> — **and be sure to name your beneficiaries!**

All plans except Business Travel Accident are provided by MetLife. Business Travel Accident is provided by the Chubb Group of Insurance Companies.

Evidence of insurability (EOI), also known as proof of good health, is an insurance term that means you must confirm your or your dependent’s physical fitness in writing, through a questionnaire or a medical examination. If you choose a coverage amount above the guarantee issue threshold or if you increase your coverage after your initial enrollment, EOI generally must be completed before your coverage is approved.

If you are not actively at work at the beginning of a calendar year (January 1), you will continue to be covered under the benefits in effect on the previous December 31 until you return to active work. Any elections you may have made during annual enrollment will not take effect until you return to active work. You will have an opportunity to make new elections when you return to active work.

	What Alcoa Provides at No Cost to You	What You Can Purchase
<p>Disability Insurance</p>	<p>Short Term Disability (STD)</p> <ul style="list-style-type: none"> • Replaces a portion of your pre-Disability income* while you are Disabled due to a non-work-related or a work-related disability. • After a 7-day Benefit Waiting Period (BWP)+, you are eligible for up to 5 weeks of coverage at 100% of pay, provided you satisfy the Plan’s definition of disability. • After the first 6 weeks of disability, you are then eligible for 60% of your pre-Disability income for the remainder of the STD period, provided you continue to meet the Plan’s definition of disability. <p>Basic Long-Term Disability (LTD)</p> <ul style="list-style-type: none"> • Replaces a portion of your pre-Disability income* (60%) while you are Disabled due to a serious non-work related or work-related illness or injury that extends beyond STD. • Part-time employees are not eligible. 	<p>Buy-Up Short-Term Disability (STD)</p> <ul style="list-style-type: none"> • Buy-up STD is eliminated for the 2024 plan year. <p>Buy-Up Long-Term Disability (LTD)</p> <ul style="list-style-type: none"> • Provides an additional amount of coverage from the base benefit provided by the company (additional 10% for a total of 70%). • If you did not elect Buy-up coverage at initial enrollment, you will be required to provide EOI. • Maximum Monthly Benefit is \$30,000
	<p>* Gross salary or wages you were earning from Alcoa USA as of your last day of active work before your disability began. It does not include commissions, awards, bonuses, OT pay or any other compensation.</p> <p>+ If your STD claim is approved, the 7-day BWP will be paid by salary continuation.</p>	

Life, Accident, and Disability, cont'd.

For purposes of company-paid and supplemental life and accident insurance, pay is defined as your annual base salary, or hourly rate times 2,080, as of September 1, 2023, for coverage effective January 1, 2024. If you experience a pay increase or decrease during 2024, your coverage amount will not change.

	What Alcoa Provides at No Cost to You	What You Can Purchase
Life Insurance	<p>Basic Employee Life</p> <ul style="list-style-type: none"> • 1x annual base pay, rounded to next higher \$5,000 • \$500,000 maximum • Amount in excess of \$50,000 is imputed income to you per IRS 	<p>Supplemental Employee Life</p> <ul style="list-style-type: none"> • Up to 8x annual base pay, rounded to next higher \$5,000; Guarantee Issue amount at initial enrollment is \$1.5M • If you did not elect Supplemental coverage at initial enrollment, you will be required to submit Evidence of Insurability (EOI) for any additional amount purchased at Annual Enrollment. • If you did elect Supplemental coverage at initial enrollment, you can increase your coverage an additional 1x salary at Annual Enrollment without providing EOI; higher amounts will require EOI. • Amounts over the Guarantee Issue always require EOI • \$3M overall maximum <p>Spouse/Domestic Partner Life</p> <ul style="list-style-type: none"> • \$25,000, \$50,000, or \$100,000 • \$25,000 is the Guarantee Issue amount; \$50,000 and \$100,000 require EOI <p>Child Life</p> <ul style="list-style-type: none"> • \$5,000 or \$10,000 • Coverage applies to each of your dependent children • No EOI required
Accident Insurance	<p>Accidental Death & Dismemberment</p> <ul style="list-style-type: none"> • 1x annual base pay, rounded to nearest \$5,000 • \$500,000 maximum <p>Business Travel Accident</p> <ul style="list-style-type: none"> • Pays a benefit if you die accidentally or suffer certain bodily losses while you are traveling on authorized Alcoa business. • Coverage is the greater of: <ul style="list-style-type: none"> • \$100,000, or • 3x annual base pay, up to \$1.5M 	<p>Supplemental Accidental Death & Dismemberment</p> <ul style="list-style-type: none"> • Up to 8x annual base pay, rounded to nearest \$5,000 • \$3 million maximum <p>Dependent Accidental Death & Dismemberment</p> <ul style="list-style-type: none"> • \$100,000, \$200,000, \$300,000, \$400,000, or \$500,000 • Applies to your spouse/domestic partner and eligible dependent children

Review Your Beneficiaries!

Even if you aren't making changes to your coverage this year, Annual Enrollment is a good time to **check that your beneficiary information is up to date**. The beneficiary will receive the benefit paid by the policy in the event of the policyholder's death. You can update your beneficiaries at <http://digital.alight.com/alcoausa>.

How to Enroll

Ready to make your benefit elections? Once you've reviewed your options in this guide, enroll for coverage between **October 19 – November 3, 2023**. In addition to the information contained in this guide, you can take advantage of the decision support tools that are available to you on Alight Worklife® online, including the *Health Care Cost Summary*, *Medical Expense Estimator*, and *Health Care Comparison Chart*. Your choices will take effect on January 1, 2024.

Enroll Online:



From a network computer, Log in to Alight Worklife® using SSO [here](#). If you are not using a network computer, access Alight Worklife® at <http://digital.alight.com/alcoausa>. The website is available 24 hours each day except Sunday, when it is available after 1 p.m. Eastern Time.

Enroll by Mobile App:



Enroll via the app on your smart phone or tablet. Complete your enrollment by downloading the Alight Mobile app, available now in the Android and Apple App stores.

Enroll by Phone:



If you are unable to enroll via the Alight Worklife® website or mobile app, you can enroll by calling 1-844-31ALCOA (1-844-312- 5262) weekdays between 9 a.m. and 5 p.m. Eastern Time. Refer to your Enrollment Worksheet for pricing info.

What if I don't enroll by November 3?

If you don't enroll by the enrollment deadline, your 2023 Medical, Dental, Vision, Life, Accident, and Disability elections **WILL** carry over into 2024. Health Care and Dependent Care FSAs, and HSA contributions **WILL NOT** carry over into 2024. In addition, you **WILL NOT** receive Tobacco-free credits; and if you have a spouse enrolled, you **WILL** pay the spousal surcharge.

United Way Donation



Making your 2024 United Way pledge is easy to do while you are making your benefit elections. At the end of the enrollment process, you will be asked to make your 2024 commitment. With the participation and

support of over 50,000 donors, advocates, and volunteers each year, the United Way is a force for good—helping to improve lives and build brighter futures for individuals, families, and communities locally. Participation is optional and 100% paid by you through payroll deduction.

Your 401(k) Savings Plan



Now is a great time to review your account and your investment strategy. Consider increasing your contribution or selecting the catch-up feature if you are age 50 or older. There are multiple tools available on Alight Worklife® to help you make decisions, including calculators to estimate your retirement income and articles on financial education. Take a few minutes to review the site and increase your financial knowledge to have confidence that you are taking full advantage of the opportunity that the Savings Plan provides.

Making Changes to Coverage

After Annual Enrollment ends, changes to coverage can only be made if you experience a qualifying event, such as:

- Your marriage, divorce, legal separation, or annulment,
- Birth, adoption or placement for adoption of a child,
- A change in dependent child's eligibility due to age or marital status,
- Death of a dependent,
- Change in your employment status or the employment status of your spouse/ domestic partner that affects benefits (such as gain or loss of other coverage).

Reminder

After Annual Enrollment closes, you can only change your benefits for 2024 if you experience a qualifying event.

Requested coverage changes must be consistent with the status change. You should report a status change as soon as possible, but no later than 31 days after the event occurs. If you miss this window, you will have to wait until the next Annual Enrollment period to make changes. For changes due to your marriage or divorce, or the birth or adoption of a child, you may go to the Alight Worklife® website to report the change. For other status changes or for additional assistance, call 1-844-31ALCOA (1-844-312-5262).

Voluntary Added Benefits Program

You are eligible to take advantage of special savings and discounts through the voluntary Added Benefits Program. Participation is optional, and premiums are 100% paid by you. Some programs are available at anytime during the year, and others are only available during the Annual Enrollment period.

You can enroll in the following plans at anytime:



Home & Auto Insurance through Farmers GroupSelectSM



Pet Insurance through Nationwide



Identity Theft Protection through Allstate

You must enroll in the following plans during Annual Enrollment:



Legal Plan through MetLife

The MetLife Legal Plan isn't just for the serious issues. It's for your everyday needs, too. Some things are planned, like creating a will, and others are more unexpected – like fighting a traffic ticket or getting your deposit back from a difficult landlord. With the MetLife Legal Plan, network attorney fees are 100% paid-in-full for most covered matters.



Critical Illness, Accident, and Hospital Indemnity Insurance through Aflac

The Critical Illness plan can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. What you need, when you need it. Group critical illness insurance pays cash benefits that you can use any way you see fit.

The Accident plan can help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better. It can help cover expenses for things such as ambulance rides, emergency room visits, surgery and anesthesia, and prescriptions.

The Hospital Indemnity plan provides a cash benefit for each day a covered participant is in a hospital for a covered illness or injury. You can use these benefits to help balance costs that medical insurance may not cover, such as co-pays, deductibles, or any other living expense.

For more information on any of these plans, visit the Added Benefits website at www.alcoausaaddedbenefits.com. **Questions regarding enrollment in these plans should be directed to Added Benefits either through email at addedbenefits@AlcoaUSAAddedBenefits.com or by calling 877.388.7884.**



Another program that is offered through Added Benefits, which is *free to all employees and their household members*, is the **LifeBalance discount program**. LifeBalance connects you with great

deals on the things you care about most, including family fun, travel, health, fitness, electronics, and more. Visit Alcoa.LifeBalanceProgram.com to create your free account with the email address of your choice and start saving today! Be sure to sign up for email updates to stay informed about new, seasonal, and time-sensitive discount offers.

Please note that the voluntary programs offered through Added Benefits are separate from your health care benefits and may have different enrollment dates. The Added Benefits program is not sponsored, administered, or endorsed by Alcoa USA. Alcoa USA makes this program available to employees for convenience of payroll deduction and potential cost savings.

Employee Assistance Program (EAP)



Alcoa provides access to the **Work Life and Employee Assistance Program (EAP)** through Cigna to all employees, whether enrolled in a medical plan or not. The EAP is a valuable resource for you and your household members. These services are all confidential and available at no additional cost to you.

Some of the Programs and services available to you and your household members are:

National Wellness Seminars: Live Seminars are available, as well as recorded, on-demand seminars on a variety of topics from financial health, stress management, grief and loss, and personal development. The webcasts can be accessed at www.cigna.com/EAPWebCasts.

Behavioral Awareness Series: Cigna offers free monthly behavioral health awareness seminars on autism, eating disorders, substance use and children's behavioral health issues. Military and Veteran Resources, Disaster Resources, LGBTQ+ Health Resources and many other topics can also be found by visiting: www.cigna.com/personal/health-and-well-being/behavioral-awareness-series/.

More interactive tools and educational materials on work and life topics are available when you establish an account online at www.mycigna.com. The first time you register, you will need to use the Employer ID: **alcoausa**.

You can also take advantage of unlimited, confidential 20 to 30-minute consultations by phone with licensed EAP clinicians at no cost to you, at 866.302.7613. You can also visit an EAP network provider in person, or schedule a video- based session, from 1 to 6 sessions per issue per year.

Visit the [US Benefits](#) site on MyAlcoa for more details on all of the resources available to you through the EAP.

Focus on Well-being

Well-being is the sum of an employee's experiences. At Alcoa, we aim to provide an overall experience that supports you in your physical, emotional, and financial wellness. Alcoa provides you with access to resources to help support you in all aspects of well-being. The following provides a summary of some of the programs that are available to you. Please note, some programs require your enrollment in an Alcoa Medical plan and they will be noted as such.

To support your **Financial** needs, all employees are automatically enrolled in the **Alcoa Retirement Savings Plan** after 60 days of employment. *The company contributes 3% of your eligible earnings whether you contribute or not.* In addition, Alcoa matches 100% of your contributions up to the first 6% of your pre-tax and Roth contributions to the plan.

You can access your retirement savings plan account at the Alight Worklife® website, <http://digital.alight.com/alcoausa>. Alight offers access to pre-recorded Financial Literacy Workshops on a variety of financial topics, and periodically hosts live webinars.

Financial resources are also offered through the **Work Life and Employee Assistance Program (EAP)**. You have access to a free 30-minute talk with a qualified financial services specialist. You can also take advantage of 25% off on tax preparation when you take advantage of this service. On-demand webcasts related to financial health are also offered.

Focus on Well-being, cont'd.

In support of your **Emotional** well-being, Alcoa offers the **Work Life and Employee Assistance Program (EAP)** as discussed on the prior page. Unlimited, confidential 20 to 30-minute consultations by phone are available with licensed EAP clinicians at no cost to you at 866.302.7613. Webcasts and other resources are available on topics such as eating disorders, grief and loss, substance abuse and personal development.

If you are enrolled in an Alcoa medical plan, you have access to wellness coaching programs through Highmark like *Time to Sleep Well* and *Daily Steps to Stress Less*. The medical plan also covers behavioral health visits and prescription medications. Well360 Virtual Health also provides access to mental health providers, and if you're enrolled in the PPO option, the copayment is just \$8.

Your **Physical** well-being is primarily addressed through programs that are available if you are enrolled in an Alcoa medical plan. **Highmark** offers a wide range of programs to help enrolled members take charge of their health and wellness. A few of these programs include:

Wellness Coaching

You can work with a personal health coach for help in managing a healthy lifestyle with access to programs such as smoking cessation, weight management, stress management, and improving sleep. Wellness coaches can help give you the guidance you need by:

- Connecting you to resources available through your health plan, your employer, and your community.
- Helping you to select the options that can have the greatest impact on your health.
- Giving you the push you need to get started.
- Empowering you to make healthy, sustainable lifestyle changes.

Lark Digital Coaching

If you prefer a digital resource, Lark is a text-based health coach that can help you with nutrition, weight loss, diabetes management, lowering blood pressure and physical activity.

Well360 Motion, in partnership with Sword Health, offers virtual physical therapy services for a variety of musculoskeletal conditions including low back, knee, hip, shoulder, neck, ankle, or elbow. From the convenience of your own home, a Doctor of Physical Therapy will prescribe a program of exercises that you can perform to improve your condition and/or lessen your pain.

Another program available, through **CVS Caremark**, is the *Next Generation Transform Diabetes Care* program. This is a program available to any member with a diabetes diagnosis at no cost. This program offers guidance to members based on their specific needs in order to keep their diabetes in check and help them live their healthiest lives. Through the program, members may receive a connected glucose meter, zero co-pay test strips, and/or a connected blood pressure cuff, depending on the member's condition and comorbidities.

Diabetes Prevention Program

For members that meet the criteria on the Centers for Disease Control and Prevention (CDC) tool for prediabetes, you can engage in the Diabetes Prevention Program at no cost to you. This comprehensive program is 12 months in length, and can help you feel better, have more energy, reduce stress, lose weight, and most importantly prevent diabetes. Log onto the member website at highmarkbcbs.com and click on Diabetes Prevention to learn more.

Wellness Discount Programs

Through the Blue365 and WholeHealth Living Savings discount programs, you can save on gym memberships, activity trackers, healthy cooking classes, nutrition counseling, personal trainers and massage therapy.

Baby Blueprints®

If you are pregnant, you can join the free Baby BluePrints® maternity education and support program. You'll be able to connect on all aspects of pregnancy and childbirth with support via online resources and a health coach

Focus on Well-being, cont'd.

Healthy Rewards Program

The Healthy Rewards Program to employees who are enrolled in an Alcoa medical plan. Look for information in early 2024 with details on how to earn your \$300 Healthy Rewards incentive and improve your overall well-being.

Alcoa also sponsors four Employee Resource Groups in support of **Social** well-being:

Alcoa Women's Network (AWN)

AWN promotes a culture of gender diversity and equality in which women can feel safe to be bold and meet their career desires.



Alcoans Working Actively for Racial-Ethnic Equality (AWARE)

AWARE's mission is to encourage dialogue, raise awareness and influence the organization to promote justice and ethnic-racial equity to effectively increase a sense of belonging, raise representation at all levels, discuss and overcome unconscious biases, and leverage a culture of appreciation for everyone at Alcoa.



Employees at Alcoa for LGBT+ Equality (EAGLE)

EAGLE serves to promote an inclusive and welcoming culture for the LGBT+ community based on respect, equality of opportunities and valuing diversity.



Alcoans Moving Beyond Limited Expectations (ABLE)

ABLE's mission is to create a working environment that promotes the genuine and sustainable inclusion of people with disabilities, raising the awareness of its employees and respecting the unique needs and talents of each individual to ensure that all feel accepted and treated fairly.



making a difference together

Alcoa also provides employees with Volunteering leave each year so that you can engage in activities to make your community a better place.

When it comes to **Work-Life** balance, Alcoa has introduced the Flexibility First work model. Flexibility First is a multi-phase journey that is available to salaried employees. It allows for flexibility in the where, when, and how we work. Alcoa believes that Flexibility First will help many employees improve their work-life harmonization while continuing to make Alcoa an even stronger company and better place to work.

Visit the [MyAlcoa HR page](#) for more information about the resource groups, the volunteer policy, and the Flexibility First work model.

Contact Information

If you have questions regarding a specific benefit, contact the appropriate provider listed below.

Plan	Provider	Phone Number	Website
Enrollment and Eligibility Questions	Alight	1-844-31ALCOA (1-844-312-5262)	http://digital.alight.com/alcoausa
Medical	Highmark	1-844-459-6456	www.highmarkbcbs.com
Telemedicine	Well360 Virtual Health		www.well360virtualhealth.com
Prescription Drug	CVS Caremark	1-888-321-4284	www.caremark.com
Dental	United Concordia	1-844-459-6456	https://www.unitedconcordia.com/benefits/clients-corner/Alcoa-Client-Corner-Dental-Benefits
Vision	Davis Vision	1-844-459-6456	www.davisvision.com
Flexible Spending Accounts Health Savings Account	Alight Smart-Choice	1-844-31ALCOA (1-844-312-5262)	http://digital.alight.com/alcoausa
Disability Life Insurance Accidental Death & Dismemberment	MetLife	Call 1-844-31ALCOA (1-844-312-5262) and select the option you need – Disability, Life and Accident, or Report a Death All other information— 1-888-842-2757	www.metlife.com/mybenefits
Employee Assistance Program	Cigna	1-866-302-7613	www.mycigna.com Employer ID: alcoausa
Voluntary Products	Added Benefits	1-877-388-7884	www.alcoausaaddedbenefits.com
Alcoa Retirement Savings Plan	Alight	1-844-31ALCOA (1-844-312-5262)	http://digital.alight.com/alcoausa

Legal Notices

Alcoa is required to provide the following information. For more information about these notices, call 1-844-31ALCOA (1-844-312-5262).

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for mastectomies to also provide reconstructive surgery and prostheses following mastectomies.

The law mandates that a participant or eligible dependent who is receiving benefits for a covered mastectomy and who elects breast reconstruction, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the plan's annual deductible, coinsurance, and/or copayments.

Medicaid and the Children’s Health Insurance Program (CHIP)

If you are eligible for health coverage from Alcoa, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you might be eligible for either of these programs, you can contact your state Medicaid or CHIP office, call **1-877-543-7669**, or log on to www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for Alcoa’s plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, Alcoa’s health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in coverage. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

Notice Regarding Wellness Program

Healthy Rewards and any other wellness program offered under the plan are voluntary wellness programs available to all active employees. These programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in Healthy Rewards or certain other wellness programs, you will be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for LDL Cholesterol, HDL Cholesterol and Glucose. You are not required to complete the health assessment or to participate in the blood test or other medical examinations.

However, eligible employees who choose to participate in Healthy Rewards will receive a \$300 taxable cash incentive for completing a health assessment, the Know Your Numbers biometric screening, and required additional activities. Although you are not required to complete the health assessment or participate in the biometric screening, only employees who do so will receive the \$300 taxable cash incentive under Healthy Rewards.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **ALCOA4U at 1-844-31ALCOA (1-844-312-5262).**

The information from your health assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Alcoa Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Rewards will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Notice Regarding Wellness Program, cont'd

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions regarding this notice, or about protections against discrimination or retaliation, contact **ALCOA4U** at **1-844-31ALCOA**.

A Reminder About Privacy

Alcoa's health care plans comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. Details are available in Alcoa's Notice of Privacy Practices. This notice explains how certain health information about you and your covered dependents may be used or released by Alcoa's health care plans.

To review the Notice of Privacy Practices, go to <http://digital.alight.com/alcoausa> and choose the "Health & Insurance" section. From the "Learn About" dropdown, choose "Reference Information." Or call **1-844-31ALCOA** (1-844-312-5262) to request a copy.

Summary of Benefits and Coverage

Plan sponsors are required by the Patient Protection and Affordable Care Act ("health care reform") to provide health care participants with a Summary of Benefits and Coverage (SBC) that accurately describes the benefits and coverage available under the plan and a uniform glossary of terms.

These documents applicable to your Alcoa benefits are available at <http://digital.alight.com/alcoausa> as part of your enrollment process. If you prefer printed copies of these documents, call **1-844-31ALCOA** (1-844-312-5262) and speak to a representative. If this enrollment information was mailed to you, the Summary of Benefits and Coverage and Glossary applicable to your benefits are enclosed.

Can We Help You?

If English is your second language, call **1-844-31ALCOA** to speak with a translator. More than 180 languages are available!

Se Habla Español

Llame a la línea de Alcoa 1-844-31ALCOA. Para español diga "español" y su llamada será transferida a un representante quien pueda ayudar con asistencia de un intérprete en español.

This booklet is for certain Alcoa employees covered under the Alcoa USA Benefits Plan. This enrollment guide is part of the Summary Plan Description (SPD). It also is a Summary of Material Modifications under federal law and should be kept with your SPD. It contains important information about the Group Benefits Plan for Salaried Employees of Alcoa USA Corp. and Group Benefits Plan for Hourly Employees of Alcoa USA Corp. Please read it carefully and keep it with your SPD for future reference. If there are any differences between this enrollment kit and the plan document, the plan document will govern. The Company may change the level of benefits provided under the plan or may terminate the plan at any time, in its sole discretion, subject to certain collective bargaining agreements that may exist for covered participants. If a change is made, benefits for claims incurred after the date the change takes effect will be paid according to the revised plan provisions. In other words, once a change is made, there are no rights to benefits based on earlier plan provisions.

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