

Alaska Electrical Health & Welfare Fund DENTAL PLANS 601-606

March 1, 2007

This spreadsheet is intended to be a general summary only. In case of a difference, actual Plan provisions will apply.

	Plan 601	Plan 602	Plan 603	Plan 604	Plan 605	Plan 606
<u>Annual Deductible:</u>	None	\$25/Individual \$75/Family (Parts II & III Only)	\$25/Individual \$75/Family	\$25/Individual \$75/Family (Parts II & III Only)	\$50/Individual \$150/Family	None
<u>% Payable:</u>						
Part I - Preventative	90%	100%	70%	70%		
Part II - General	90%	80%	70%	70%	60%	40%
Part III - Major	90%	50%	50%	50%		
<u>Annual Maximum:</u>	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,500
<u>ORTHODONTIA</u>						
<u>Coverage:</u>	Children Only	None	Children Only	None	None	Children Only
<u>% Payable:</u>	50%		50%			50%
<u>Lifetime Maximum:</u>	\$2,000		\$2,000			\$2,000