

ALASKA ELECTRICAL HEALTH & WELFARE FUND

THIS IS INTENDED TO BE A SUMMARY ONLY. IN CASE OF A DIFFERENCE, ACTUAL PLAN PROVISIONS WILL APPLY. SEE YOUR PLAN BOOKLET FOR DETAILS.

PLAN 500																
DEDUCTIBLE PER CALENDAR YEAR	\$500/INDIVIDUAL \$1,500/FAMILY															
PER HOSPITAL CONFINEMENT	\$350 PER CONFINEMENT															
REIMBURSEMENT PERCENTAGE (PERCENT PAYABLE BY THE PLAN)	80% AT PPO 80% WHEN NO PPO IS AVAILABLE 60%* NON-PPO (WHEN PPO IS AVAIL)															
ANNUAL OUT-OF-POCKET LIMIT																
@ 90%	\$2,500 IND / \$5,000 FAMILY															
@ 100%	\$5,000 IND / \$10,000 FAMILY															
CHIROPRACTIC SERVICES (PER PERSON, PER CALENDAR YEAR)	MAXIMUM OF 24 VISITS MAXIMUM X-RAY \$100 MAXIMUM ALLOWABLE EXPENSE PER VISIT OF \$125, BENEFITS ARE PAID AT NORMAL PLAN %															
MECHANIZED SPINAL DISTRACTION THERAPY (PER PERSON, LIFETIME)	MAXIMUM OF 20 VISITS MAXIMUM OF ALLOWABLE EXPENSE PER VISIT OF \$175, BENEFITS ARE PAID AT NORMAL PLAN %															
MENTAL OR NERVOUS DISORDERS (PER PERSON, PER CALENDAR YEAR)	MAXIMUM OF 30 INPATIENT DAYS MAXIMUM OF 24 OUTPATIENT VISITS (THESE WILL BE PAID AT 50% AND WILL REMAIN AT 50% AFTER ANNUAL OUT-OF-POCKET LIMIT HAS BEEN MET)															
SUBSTANCE ABUSE TREATMENT (TREATMENT IS SUBJECT TO PLAN PPO PROVISIONS)	MAXIMUM PER 2 CONSECUTIVE YEARS IS \$8,300 LIFETIME MAXIMUM IS \$16,600 RECOMMENDED COURSE TREATMENT MUST BE COMPLETED IN ORDER FOR BENEFITS TO BE PAID. FIRST COURSE OF TREATMENT IS PAID AT NORMAL PLAN %. SECOND COURSE OF TREATMENT IS PAID AT 50%															
PRESCRIPTION DRUG BENEFITS MAXIMUM QUANTITY DISPENSED	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>RETAIL</u></td> <td style="text-align: center;"><u>MAIL ORDER</u></td> </tr> <tr> <td></td> <td style="text-align: center;">30-DAY SUPPLY</td> <td style="text-align: center;">90-DAY SUPPLY</td> </tr> <tr> <td style="text-align: center;">GENERIC</td> <td style="text-align: center;">\$15</td> <td style="text-align: center;">\$30</td> </tr> <tr> <td style="text-align: center;">BRAND (GENERIC NOT AVAILABLE)</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td style="text-align: center;">BRAND (GENERIC AVAILABLE)</td> <td style="text-align: center;">NOT COVERED</td> <td></td> </tr> </table>		<u>RETAIL</u>	<u>MAIL ORDER</u>		30-DAY SUPPLY	90-DAY SUPPLY	GENERIC	\$15	\$30	BRAND (GENERIC NOT AVAILABLE)	\$35	\$70	BRAND (GENERIC AVAILABLE)	NOT COVERED	
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	30-DAY SUPPLY	90-DAY SUPPLY														
GENERIC	\$15	\$30														
BRAND (GENERIC NOT AVAILABLE)	\$35	\$70														
BRAND (GENERIC AVAILABLE)	NOT COVERED															
PRESCRIPTION OUT-OF-POCKET LIMIT	\$750 INDIVIDUAL \$1,500 FAMILY															
AUDIO	NONE															
LIFETIME MAXIMUM	UNLIMITED															

*THE 20% REDUCTION IN REIMBURSEMENT RATES IS APPLIED ON THE FIRST \$50,000 IN COVERED CHARGES. THE REDUCTION IS NOT APPLIED TO THE OUT-OF-POCKET LIMIT. FOR THE ANCHORAGE HOSPITAL PPO, THE COVERED CHARGES WILL NOT EXCEED THE CONTRACTED RATE AT THE PPO FACILITY.