

**ALASKA ELECTRICAL HEALTH & WELFARE FUND  
MEDICAL PLANS FOR ACTIVE PARTICIPANTS  
PLANS 551 - 553  
EFFECTIVE 3/1/2007**

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 551	PLAN 552	PLAN 553
<b>DEDUCTIBLE PER CALENDAR YEAR</b>	\$500/INDIVIDUAL \$1,000/FAMILY	\$500/INDIVIDUAL \$1,000/FAMILY	\$600/INDIVIDUAL \$1,200/FAMILY
<b>PER HOSPITAL CONFINEMENT</b>	1 <sup>ST</sup> DAY ROOM & BOARD	1 <sup>ST</sup> DAY ROOM & BOARD	1 <sup>ST</sup> DAY ROOM & BOARD
<b>REIMBURSEMENT PERCENTAGE (PERCENT PAYABLE BY THE PLAN)</b>	85% AT PPO 85% WHEN PPO IS AVAILABLE 65%* NON-PPO (WHEN PPO IS AVAIL)	85% AT PPO 85% WHEN PPO IS AVAILABLE 65%* NON-PPO (WHEN PPO IS AVAIL)	85% AT PPO 85% WHEN PPO IS AVAILABLE 65%* NON-PPO (WHEN PPO IS AVAIL)
<b>ANNUAL OUT-OF-POCKET LIMIT</b> @ 90% @ 100%	\$2,600 \$5,200	\$2,600 \$5,200	\$2,700 \$5,400
<b>CHIROPRACTIC SERVICES (PER PERSON, PER CALENDAR YEAR)</b>	MAXIMUM OF 24 VISITS MAXIMUM X-RAY \$100 MAXIMUM ALLOWABLE EXPENSE PER VISIT OF \$125, BENEFITS ARE PAID AT NORMAL PLAN %	MAXIMUM OF 24 VISITS MAXIMUM X-RAY \$100 MAXIMUM ALLOWABLE EXPENSE PER VISIT OF \$125, BENEFITS ARE PAID AT NORMAL PLAN %	MAXIMUM OF 24 VISITS MAXIMUM X-RAY \$100 MAXIMUM ALLOWABLE EXPENSE PER VISIT OF \$125, BENEFITS ARE PAID AT NORMAL PLAN %
<b>MECHANIZED SPINAL DISTRACTION THERAPY (PER PERSON, LIFETIME)</b>	MAXIMUM OF 20 VISITS MAXIMUM OF ALLOWABLE EXPENSE PER VISIT OF \$175, BENEFITS ARE PAID AT NORMAL PLAN %	MAXIMUM OF 20 VISITS MAXIMUM OF ALLOWABLE EXPENSE PER VISIT OF \$175, BENEFITS ARE PAID AT NORMAL PLAN %	MAXIMUM OF 20 VISITS MAXIMUM OF ALLOWABLE EXPENSE PER VISIT OF \$175, BENEFITS ARE PAID AT NORMAL PLAN %
<b>MENTAL OR NERVOUS DISORDERS (PER PERSON, PER CALENDAR YEAR)</b>	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)	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)	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)
<b>SUBSTANCE ABUSE TREATMENT (TREATMENT IS SUBJECT TO PLAN PPO PROVISIONS)</b>	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%	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%	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%

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<b>PRESCRIPTION DRUG BENEFITS MAXIMUM QUANTITY DISPENSED</b>	<u>RETAIL</u> <u>30-DAY</u>	<u>MAIL</u> <u>90-DAY</u>	<u>RETAIL</u> <u>30-DAY</u>	<u>MAIL</u> <u>90-DAY</u>	<u>RETAIL</u> <u>30-DAY</u>	<u>MAIL</u> <u>90-DAY</u>
<b>GENERIC</b>	\$15	\$30	\$15	\$30	\$15	\$30
<b>BRAND (GENERIC NOT                                   AVAILABLE)</b>	\$35	\$70	\$35	\$70	\$35	\$70
<b>BRAND (GENERIC AVAILABLE)</b>	NOT COVERED		NOT COVERED		NOT COVERED	
<b>PRESCRIPTION OUT-OF-POCKET LIMIT</b>	\$750 INDIVIDUAL \$1,500 FAMILY		\$750 INDIVIDUAL \$1,500 FAMILY		\$750 INDIVIDUAL \$1,500 FAMILY	
<b>AUDIO</b>	80% \$500 MAXIMUM IN 3 YEARS		NONE		NONE	
<b>LIFETIME MAXIMUM</b>	UNLIMITED		UNLIMITED		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.