

**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 554	PLAN 555	PLAN 556
<b>DEDUCTIBLE PER CALENDAR YEAR</b>	\$600/INDIVIDUAL \$1,800/FAMILY	\$850/INDIVIDUAL \$1,700/FAMILY	\$1,100/INDIVIDUAL \$2,200/FAMILY
<b>PER HOSPITAL CONFINEMENT</b>	\$350 PER CONFINEMENT	\$350 PER CONFINEMENT	\$350 PER CONFINEMENT
<b>REIMBURSEMENT PERCENTAGE (PERCENT PAYABLE BY THE PLAN)</b>	80% AT PPO 80% WHEN PPO IS AVAILABLE 60%* NON-PPO (WHEN PPO IS AVAIL)	75% AT PPO 75% WHEN PPO IS AVAILABLE 55%* NON-PPO (WHEN PPO IS AVAIL)	70% AT PPO 70% WHEN PPO IS AVAILABLE 50%* NON-PPO (WHEN PPO IS AVAIL)
<b>ANNUAL OUT-OF-POCKET LIMIT</b> @ 90% @ 100%	\$2,600 IND / \$5,200 FAMILY \$5,200 IND / \$10,400 FAMILY	\$4,750 IND / \$9,500 FAMILY \$9,500 IND / \$19,000 FAMILY	\$5,000 IND / \$10,000 FAMILY \$10,000 IND / \$20,000 FAMILY
<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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	PLAN 554		PLAN 555		PLAN 556	
	<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>PRESCRIPTION DRUG BENEFITS</b>						
<b>MAXIMUM QUANTITY</b>						
<b>DISPENSED</b>						
GENERIC	\$15	\$30	\$15	\$30	\$15	\$30
BRAND (GENERIC NOT AVAILABLE)	\$35	\$70	\$35	\$70	\$35	\$70
BRAND (GENERIC AVAILABLE)	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>	NONE		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.