

**SUMMARY OF DENTAL BENEFITS
Plan 603**

Annual Deductible: Individual Family	\$25 \$75
Reimbursement Percentage: Part I – Routine and Preventative Part II – Restorative Dentistry, Oral Surgery Part III – Major Dentistry, Prosthetics	70% 70% 50%
Annual Maximum: Parts I, II, and III (in combination)	\$1,500
Orthodontia Benefits: Reimbursement Percentage Lifetime Maximum	Dependent Children Only 50% \$2,000

ORTHODONTIA BENEFITS

The orthodontia benefit is provided only for dependent children and is not available for you or your spouse.

Payment will be made at the percentage of Usual, Customary and Reasonable charges as shown in the Summary of Dental Benefits for services and supplies furnished by a Dentist in connection with orthodontic treatment rendered your dependent child while covered.

Orthodontic claims are paid as follows:

- Initial orthodontic appliances, evaluation, X-rays and treatment plan, exclusive of extractions will be paid as shown in the Summary of Dental Benefits provided they do not exceed 35% of the total orthodontic fee for the treatment.
- Payments for the monthly or quarterly charges are then made at the reimbursement percentage shown in the Summary of Dental Benefits.

Payment for orthodontic treatment is not automatic. The service must be provided (the child must be seen by the Dentist) and the provider must submit an invoice. The participant will only be reimbursed when the service is provided and the payment is made to the provider.

PREEXISTING LIMITATIONS FOR ORTHODONTIA

The Plan will not pay for orthodontia treatment for a period of 12 months if the initial orthodontic appliance was installed before the dependent became eligible or during a break in coverage. If you had credible coverage under another health plan with a break in coverage of less than 63 days before becoming covered under the Alaska Electrical Health and Welfare Plan, your period of credible coverage will be used to reduce the 12-month preexisting condition period.