

**Alaska Electrical Health and Welfare Fund**  
**SCHEDULE OF BENEFITS**  
**Dental Plan 606**

|   |                                  |
|---|----------------------------------|
| <b>Annual Deductible</b>                        | None                             |
|   |                                  |
| <b>Reimbursement Percentage</b>                 |                                  |
| Part I – Routine and Preventive                 | 40%                              |
| Part II – Basic Dental                          | 40%                              |
| Part III – Major Dental                         | 40%                              |
| Orthodontia                                     | 50%                              |
|   |                                  |
| <b>Annual Maximum Benefit (Part I, II, III)</b> |                                  |
| Per Person                                      | \$1,500                          |
|   |                                  |
| <b>Orthodontia Benefit</b>                      |                                  |
| Dependent Children Only                         | \$2,000 lifetime maximum benefit |