

**Alaska Electrical Health and Welfare Fund**  
**SCHEDULE OF BENEFITS**  
**Medical Plan 554**

<b>Annual Deductible</b>	
Per Person	\$600
Per Family	\$1,800
<b>Hospital Inpatient Deductible</b>	
Alaska Regional Hospital Mat-Su Regional Hospital Alaska Hospitals (outside Anchorage) Aetna Preferred Hospitals (outside Alaska)	\$300
Non-Preferred Hospitals (inside Anchorage and outside Alaska)	\$600
<b>Reimbursement Percentage</b>	
Preferred Provider and Out-of-Area	80%
Non-Preferred Provider*	60%
<b>Reimbursement Percentage After Out-of-Pocket Maximum is Reached</b>	
90%	\$2,600 individual or \$5,200 family Out-of-Pocket maximum
100%	\$5,200 individual or \$10,400 family Out-of-Pocket maximum

\* Applies to the first \$50,000 of Covered Charges; thereafter reimbursed at the Preferred Provider percentage