

**Alaska Electrical Health & Welfare Fund
Summary of Retiree Medical Plans
(Medical ONLY, No Dental or Vision)
Effective 01/01/2010**

This is intended to be a summary only. In case of a difference, Plan provisions will apply. Please see Summary Plan Description for details.

Plan Types							
Plan Number	521	522	523	524	525	526	520*
Coverage	Retiree Only	Retiree Only	Retiree & Spouse	Retiree & Spouse	Retiree & Spouse	Retiree & Spouse	Retiree Only OR Retiree & Spouse
Medicare Eligible?	No	Yes	No (Retiree) No (Spouse)	Yes (Retiree) Yes (Spouse)	No (Retiree) Yes (Spouse)	Yes (Retiree) No (Spouse)	N/A

Plan Coverage		
Plan Number	Plan 521-526	Plan 520*
Deductible	\$700/Individual \$1,400/Family	N/A
Reimbursement Percentage (Percent payable by the Plan)	75% at PPO 75% when PPO is not available 55% Non-PPO (when PPO is available)**	20%
Annual Out-of-Pocket Limit	\$3,200	None
Prescription Drug Benefits	<u>Retail</u> 30-day supply Generic \$15 Brand (generic not available) \$35 Brand (generic available) Not covered Prescription out-of-pocket limit \$750/Individual	<u>Mail Order</u> 90-day supply Generic \$30 Brand (generic not available) \$70 Brand (generic available) Not covered Prescription out-of-pocket limit \$750/Individual \$1,500/Family
Chiropractic Services (per person, per calendar year)	Maximum of 24 visits Maximum X-Ray \$100 Maximum allowable expense per visit of \$125 (Benefits paid at normal plan %)	Maximum of 24 visits Maximum X-Ray \$100 Maximum allowable expense per visit of \$125 (Benefits paid at 20%)
Mental or Nervous Disorders (per person, per calendar year)	Maximum of 30 inpatient days (Benefits paid at normal plan %) Maximum of 24 outpatient visits (Benefits paid at 50% & will remain at 50% after annual out-of-pocket has been met.)	Maximum of 30 inpatient days Maximum of 24 outpatient visits Benefits paid at 20%
Substance Abuse Treatment (subject to Plan PPO provisions)	Maximum \$8,300 (over 2 consecutive years) Lifetime maximum \$16,600 Recommended course of treatment must be completed in order for benefits to be paid. 1 st course of treatment paid at normal plan % 2 nd course of treatment paid at 50%	Maximum \$8,300 (over 2 consecutive years) Lifetime maximum \$16,600 Recommended course of treatment must be completed in order for benefits to be paid. 1 st course of treatment paid at 20% 2 nd course of treatment paid at 20%
Audio	None	None
Dental	None	None
Vision	None	None
Maximum Medical Benefit	Unlimited	\$10,000 per year
Monthly Cost	Rates are based on number of months in the plan and retiree/spouse age. Please contact our office for the current cost.	\$286

*Plan 520 became effective 7/1/2005 for eligible retirees with other group health coverage, excluding Medicare. See SPD for eligibility requirements.

**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.