

Alaska Electrical Health and Welfare Fund
SCHEDULE OF BENEFITS
Dental Plan 604

Annual Deductible	Part II & III Only
Per Person	\$25
Per Family	\$75
Reimbursement Percentage	
Part I – Routine and Preventive	70%
Part II – Basic Dental	70%
Part III – Major Dental	50%
Annual Maximum Benefit	
Per Person	\$1,500
Orthodontia Benefit	None