

Alaska Electrical Health and Welfare Fund
SCHEDULE OF BENEFITS
Dental Plan 605

Annual Deductible	
Per Person	\$50
Per Family	\$150
Reimbursement Percentage	
Part I – Routine and Preventive	60%
Part II – Basic Dental	60%
Part III – Major Dental	60%
Annual Maximum Benefit	
Per Person	\$1,000
Orthodontia Benefit	None