

Alaska Electrical Health & Welfare Fund
Summary of Retiree Medical Plans
(Medical ONLY, No Dental or Vision)
Effective 05/01/2011

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	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Retail</u></td> <td style="text-align: center;"><u>Mail Order</u></td> </tr> <tr> <td style="text-align: center;">30-day supply</td> <td style="text-align: center;">90-day supply</td> </tr> <tr> <td style="text-align: center;">Generic</td> <td style="text-align: center;">Generic</td> </tr> <tr> <td style="text-align: center;">Brand (generic not available)</td> <td style="text-align: center;">Brand (generic not available)</td> </tr> <tr> <td style="text-align: center;">Brand (generic available)</td> <td style="text-align: center;">Brand (generic available)</td> </tr> <tr> <td style="text-align: center;">Prescription out-of-pocket limit</td> <td style="text-align: center;">Prescription out-of-pocket limit</td> </tr> </table>	<u>Retail</u>	<u>Mail Order</u>	30-day supply	90-day supply	Generic	Generic	Brand (generic not available)	Brand (generic not available)	Brand (generic available)	Brand (generic available)	Prescription out-of-pocket limit	Prescription out-of-pocket limit	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Retail/Mail Order</u></td> </tr> <tr> <td style="text-align: center;">30-day or 90-day supply</td> </tr> <tr> <td style="text-align: center;">Retiree pays 80% & Plan pays 20%</td> </tr> <tr> <td style="text-align: center;">Not covered</td> </tr> <tr> <td style="text-align: center;">None</td> </tr> </table>	<u>Retail/Mail Order</u>	30-day or 90-day supply	Retiree pays 80% & Plan pays 20%	Not covered	None
<u>Retail</u>	<u>Mail Order</u>																		
30-day supply	90-day supply																		
Generic	Generic																		
Brand (generic not available)	Brand (generic not available)																		
Brand (generic available)	Brand (generic available)																		
Prescription out-of-pocket limit	Prescription out-of-pocket limit																		
<u>Retail/Mail Order</u>																			
30-day or 90-day supply																			
Retiree pays 80% & Plan pays 20%																			
Not covered																			
None																			
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)	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%	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	\$750,000 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.	\$398																	

*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.