

Alaska Electrical Health and Welfare Fund
SCHEDULE OF BENEFITS
Dental Plan 602

Annual Deductible	Part II & III Only
Per Person	\$25
Per Family	\$75
Reimbursement Percentage	
Part I – Routine and Preventive	100%
Part II – Basic Dental	80%
Part III – Major Dental	50%
Annual Maximum Benefit	
Per Person	\$2,000
Orthodontia Benefit	None