

Alaska Electrical Health and Welfare Fund
SCHEDULE OF BENEFITS
Medical Plan 553

Annual Deductible	
Per Person	\$600
Per Family	\$1,200
Hospital Inpatient Deductible	
Alaska Regional Hospital Mat-Su Regional Hospital Alaska Hospitals (outside Anchorage) Aetna Preferred Hospitals (outside Alaska)	\$300
Non-Preferred Hospitals (inside Anchorage and outside Alaska)	\$600
Reimbursement Percentage	
Preferred Provider and Out-of-Area	85%
Non-Preferred Provider*	65%
Reimbursement Percentage After Out-of-Pocket Maximum is Reached	
90%	\$2,700 family Out-of-Pocket maximum
100%	\$5,400 family Out-of-Pocket maximum

* Applies to the first \$50,000 of Covered Charges; thereafter reimbursed at the Preferred Provider percentage