

**Alaska Electrical Health and Welfare Fund**  
**SCHEDULE OF BENEFITS**  
**Dental Plan 601**

<b>Annual Deductible</b>	None
<b>Reimbursement Percentage</b>	
Part I – Routine and Preventive	90%
Part II – Basic Dental	90%
Part III – Major Dental	90%
Orthodontia	50%
<b>Annual Maximum Benefit (Part I, II, III)</b>	
Per Person	\$2,000
<b>Orthodontia Benefit</b>	
Dependent Children Only	\$2,000 lifetime maximum benefit