

Alaska Electrical Health and Welfare Fund  
**SCHEDULE OF BENEFITS**  
 Dental Plan 500

<b>Annual Deductible</b>	None
<b>Reimbursement Percentage</b>	
Part I – Exams & Prevention	100%
Part II – Restorative Dentistry/Oral Surgery	80%
Part III – Major Dentistry/Prosthesis	50%
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