

**ALASKA LABORERS-CONSTRUCTION INDUSTRY HEALTH & SECURITY FUND  
RETIREE BENEFIT SUMMARY – 10K HOUR PLAN  
EFFECTIVE JANUARY 1, 2015**

DESCRIPTION	REGULAR PLAN			
<b>Medical &amp; Hospital Deductible</b> Per Calendar Year	\$2,000 Individual or \$4,000 Family			
<b>Maximum Benefit:</b> Per Calendar year per person	None			
<b>Medical &amp; Hospital Plan Pays:</b> (after deductible)	70% of Usual & Customary (U&C) covered expenses per calendar year to \$3,500 out-of-pocket, and then 100% of U&C will be paid for the balance of the calendar year.			
<b>Prescription Drugs:</b> Maximum Supply:	<b><u>Preferred Retail Pharmacy</u></b> 30 Day Maximum Supply Generic or Brand Name		<b><u>Mail Order*</u></b> 90 Day Maximum Supply Generic or Brand Name	
	*First fill and one refill will be allowed through a Retail Pharmacy; thereafter, all maintenance medication refills must go through Mail Order.			
	<i>Participants enrolled in Medicare Part D coverage cannot participate in the Trust mail order program.</i>			
<b>Plan Pays:</b>	80% of covered expenses up to \$3,000 per person per year out-of-pocket expenses, then 100% of covered expenses will be paid for the balance of the calendar year.			
<b>Monthly Contributions:</b> (Rates are subject to change at Board of Trustee discretion)				
<b>Regular Retiree Plan</b>	<b>Retirees Not Medicare Eligible</b>		<b>Retirees Medicare Eligible</b>	
	<b>Medical Only</b>	<b>Medical + Rx</b>	<b>Medical Only</b>	<b>Medical + Rx</b>
Member	\$ 922	\$1,051	\$ 631	\$ 760
Member & Dependent **	\$1,446	\$1,704	\$1,041	\$1,299
Each additional Dependent**	\$ 268	\$ 268	\$ 268	\$ 268

**This is only a summary. Please refer to the Summary Plan Description Booklet for complete benefit and cost containment information.**

**\*Mandatory for Maintenance Medications.**

**\*\*Definition of Dependent located in Summary Plan Description Booklet.**