

Covered Dental Services* (80%)

- Oral exams (4 times per calendar year) (85% covered)
- Dental Cleanings, Dental X-Rays
- Topical fluoride for children under 19 (2 per year)
- Dental sealant for children under 19
- Space Maintainers for children under 12
- Extractions and restorative fillings

Covered Dental Services* (50%)

- Dental implants, relining of dentures (every 2 years), inlays, onlays, gold fillings and crowns.
- Initial installation or replacement of fixed bridge work including inlays and crowns, to replace one or more natural teeth.
- Initial installation of partial or full dentures.

*Based on Reasonable and Customary Charges

To access your Plan Booklet, Online Claims Status, Printable Claim Forms and more, go to:

www.ibubenefits.org



Alaska Seafood Processors' Plan

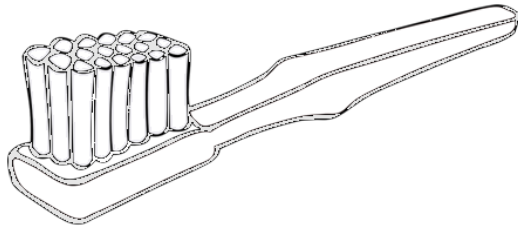
Sponsored by the Inlandboatmen's Union Health & Welfare Trust



Dental & Vision Benefits

Administered by BeneSys, Inc.
PMB #116, 5531 SW Macadam Ave., Suite 258
Portland OR 97239
(503) 224-0048 (800) 547-4457 Fax (503) 228-0149
www.ibubenefits.org

Dental Benefits



Highlights of the Plan:

- \$0 Deductible
- 85% covered: Dental cleanings* (up to 4 per year)
- 80% covered: Preventative/Basic Services*
- 50% covered: Other Dental Services*
- \$2,000: Calendar year maximum benefit**

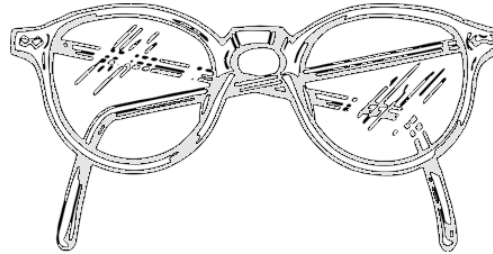
*Based on Reasonable and Customary Charges

** Maximum does not apply to Covered Individuals under age 18.

For a dental service to be covered, it must be performed by a Dentist, a licensed denturist or a licensed dental hygienist working under the direction of a Dentist or licensed denturist providing services within the scope of their license.

For a complete list of benefits and exclusions please see your Plan Booklet.

Vision Benefits



Highlights of the Plan:

- \$0 Deductible
- 80% covered*:
 - Eye Exam
 - Contacts
 - Frames
 - Lenses – Single Vision, Bi/Trifocal or Lenticular
- \$150: Annual maximum benefit

*Based on Reasonable and Customary Charges

For a complete list of benefits and exclusions please see your Plan Booklet.

This document is not a guarantee of benefits and not all benefits listed here are available to all Employees. In the event of conflict between this document and the Plan Document, the Plan Document will control. The type of benefits available to you and length of coverage is determined by your Collective Bargaining Agreement. The benefits provided by the Plan are provided on a month-to-month basis and are not vested. The Trustees reserve the right, in their sole discretion, to terminate, amend, or change, at anytime, the benefits provided by the Plan and the eligibility rules to participate in the Plan. If this occurs, you will be advised of any changes. To ensure notification, you must provide your current address (in writing) to the Trust Office.

If you have any questions about your benefits, eligibility or the filing of claims, please contact the Trust Office at 1-800-547-4457 where a representative will be happy to assist you.