

## Benefit Rates 2025-2026

### Rates for Employees Paid Monthly (Sept - June; 10 pay periods)

\*The below rates reflect the cost of 12 months of coverage for employees indicated by the 1/10th rate. For mid-year hires, the rates are adjusted for the remaining pay periods and is indicated by the 1/12th rate.

ACE, APA, Exempt & Non-Represented								
Coverage	Aetna Medical CDHP w/HSA or HRA		Aetna Medical PPO		Dental		Vision	
	1/10th	1/12th	1/10th	1/12th	1/10th	1/12th	1/10th	1/12th
Employee Only	\$ 82.00	\$ 68.33	\$ 247.00	\$ 205.83	\$ 23.00	\$ 19.17	\$ 6.00	\$ 5.00
Employee + Spouse	\$ 164.00	\$ 136.67	\$ 324.00	\$ 270.00	\$ 45.00	\$ 37.50	\$ 12.00	\$ 10.00
Employee + Child(ren)	\$ 118.00	\$ 98.33	\$ 286.00	\$ 238.33	\$ 47.00	\$ 39.17	\$ 12.00	\$ 10.00
Employee + Family	\$ 200.00	\$ 166.67	\$ 356.00	\$ 296.67	\$ 70.00	\$ 58.33	\$ 18.00	\$ 15.00
Phone : 907-742-4200      Email: <a href="mailto:BenefitsDept@asdk12.org">BenefitsDept@asdk12.org</a>								

AEA							
Coverage	Medical/Dental Plan C/B		Medical/Dental Plan F/B		Medical/Dental Plan HDHP		
	1/10th	1/12th	1/10th	1/12th	1/10th	1/12th	
Employee Only	\$ 1,051.60	\$ 876.34	\$ 559.41	\$ 466.18	\$ 279.74	\$ 233.12	
Employee + Spouse	\$ 1,261.15	\$ 1,050.96	\$ 715.98	\$ 596.65	\$ 381.34	\$ 317.78	
Employee + Child(ren)	\$ 1,191.61	\$ 993.00	\$ 648.32	\$ 540.27	\$ 324.15	\$ 270.13	
Employee + Family	\$ 1,401.16	\$ 1,167.64	\$ 810.08	\$ 675.07	\$ 428.46	\$ 357.05	
Phone : 907-274-7526      Website: <a href="http://www.pehtak.com">www.pehtak.com</a>							

### Rates for Employees Paid Bi-Weekly (Sept - June; 20 pay periods)

\*The below rates reflect the cost of 12 months of coverage for employees indicated by the 1/20th rate. For mid-year hires, the rates are adjusted for the remaining pay periods and is indicated by the 1/24th rate.

Food, Maintenance/Warehouse & TOTEM								
Coverage	Aetna Medical CDHP w/HSA or HRA		Aetna Medical PPO		Dental		Vision	
	1/20th	1/24th	1/20th	1/24th	1/20th	1/24th	1/20th	1/24th
Employee Only	\$ 41.00	\$ 34.17	\$ 123.50	\$ 102.92	\$ 11.50	\$ 9.58	\$ 3.00	\$ 2.50
Employee + Spouse	\$ 82.00	\$ 68.33	\$ 162.00	\$ 135.00	\$ 22.50	\$ 18.75	\$ 6.00	\$ 5.00
Employee + Child(ren)	\$ 59.00	\$ 49.17	\$ 143.00	\$ 119.17	\$ 23.50	\$ 19.58	\$ 6.00	\$ 5.00
Employee + Family	\$ 100.00	\$ 83.33	\$ 178.00	\$ 148.33	\$ 35.00	\$ 29.17	\$ 9.00	\$ 7.50
Phone : 907-742-4200      Email: <a href="mailto:BenefitsDept@asdk12.org">BenefitsDept@asdk12.org</a>								

Local 71					
	Coverage	Medical Blue Plan		Medical Yellow Plan	
		1/20th	1/24th	1/20th	1/24th
	Employee	\$ 75.00	\$ 62.50	\$ -	\$ -
	Employee + Family	\$ 120.00	\$ 100.00	\$ 42.00	\$ 35.00
Phone : 907-276-7611      Email: <a href="mailto:trust@local71trust.org">trust@local71trust.org</a> Website: <a href="http://www.local71.com/benefits">www.local71.com/benefits</a>					

Bus		
*For benefit rates please contact Teamsters.		
Phone : 907-751-9700	Email: <a href="mailto:benefits@959trusts.com">benefits@959trusts.com</a>	Website: <a href="http://www.959trusts.com">www.959trusts.com</a>