

## Benefit Rates 2024-2025

### 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
<b>Employee Only</b>	\$ 82.00	\$ 68.33	\$ 229.00	\$ 190.83	\$ 22.00	\$ 18.33	\$ 6.00	\$ 5.00
<b>Employee + Spouse</b>	\$ 164.00	\$ 136.67	\$ 300.00	\$ 250.00	\$ 44.00	\$ 36.67	\$ 12.00	\$ 10.00
<b>Employee + Child(ren)</b>	\$ 118.00	\$ 98.33	\$ 265.00	\$ 220.83	\$ 46.00	\$ 38.33	\$ 12.00	\$ 10.00
<b>Employee + Family</b>	\$ 200.00	\$ 166.67	\$ 330.00	\$ 275.00	\$ 68.00	\$ 56.67	\$ 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	
<b>Employee Only</b>	\$ 657.25	\$ 547.71	\$ 287.22	\$ 239.35	\$ 143.63	\$ 119.69	
<b>Employee + Spouse</b>	\$ 788.22	\$ 656.85	\$ 367.61	\$ 306.34	\$ 195.79	\$ 163.16	
<b>Employee + Child(ren)</b>	\$ 744.76	\$ 620.63	\$ 332.87	\$ 277.39	\$ 166.43	\$ 138.69	
<b>Employee + Family</b>	\$ 875.72	\$ 729.77	\$ 415.92	\$ 346.60	\$ 219.98	\$ 183.32	
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
<b>Employee Only</b>	\$ 41.00	\$ 34.17	\$ 114.50	\$ 95.42	\$ 11.00	\$ 9.17	\$ 3.00	\$ 2.50
<b>Employee + Spouse</b>	\$ 82.00	\$ 68.33	\$ 150.00	\$ 125.00	\$ 22.00	\$ 18.33	\$ 6.00	\$ 5.00
<b>Employee + Child(ren)</b>	\$ 59.00	\$ 49.17	\$ 132.50	\$ 110.42	\$ 23.00	\$ 19.17	\$ 6.00	\$ 5.00
<b>Employee + Family</b>	\$ 100.00	\$ 83.33	\$ 165.00	\$ 137.50	\$ 34.00	\$ 28.33	\$ 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	
<b>Employee</b>	\$ 75.00	\$ 62.50	\$ -	\$ -	
<b>Employee + Family</b>	\$ 150.00	\$ 125.00	\$ 45.00	\$ 37.50	
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>
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