

BENEFIT RATES 2023-2024

Rates for Employees Paid Monthly (September - 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 and Non-Represented

Coverage	Aetna Medical CDHP with 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	\$ 70.00	\$ 58.33	\$ 199.00	\$ 165.83	\$ 21.00	\$ 17.50	\$ 6.00	\$ 5.00
Employee + Spouse	\$ 152.00	\$ 126.67	\$ 270.00	\$ 225.00	\$ 43.00	\$ 35.83	\$ 12.00	\$ 10.00
Employee + Child(ren)	\$ 106.00	\$ 88.33	\$ 235.00	\$ 195.83	\$ 45.00	\$ 37.50	\$ 12.00	\$ 10.00
Employee + Family	\$ 188.00	\$ 156.67	\$ 300.00	\$ 250.00	\$ 66.00	\$ 55.00	\$ 18.00	\$ 15.00

Phone: 907-742-4200 ☺ Email: BenefitsDept@asdk12.org

Anchorage Education Association (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	\$ 625.96	\$ 521.63	\$ 250.85	\$ 209.04	\$ 125.43
Employee + Spouse	\$ 727.82	\$ 606.52	\$ 300.09	\$ 250.08	\$ 150.04	\$ 125.03
Employee + Child(ren)	\$ 709.30	\$ 591.08	\$ 290.71	\$ 242.26	\$ 145.36	\$ 121.13
Employee + Family	\$ 811.16	\$ 675.97	\$ 342.29	\$ 285.24	\$ 171.15	\$ 142.63

Phone: 907-274-7526 ☺ Website: www.pehtak.com

Rates for Employees Paid Bi-Weekly (September - June; 20 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. ★

Food, Maintenance/Warehouse & TOTEM

Coverage	Aetna Medical CDHP with 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	\$ 35.00	\$ 29.17	\$ 99.50	\$ 82.92	\$ 10.50	\$ 8.75	\$ 3.00	\$ 2.50
Employee + Spouse	\$ 76.00	\$ 63.33	\$ 135.00	\$ 112.50	\$ 21.50	\$ 17.92	\$ 6.00	\$ 5.00
Employee + Child(ren)	\$ 53.00	\$ 44.17	\$ 117.50	\$ 97.92	\$ 22.50	\$ 18.75	\$ 6.00	\$ 5.00
Employee + Family	\$ 94.00	\$ 78.33	\$ 150.00	\$ 125.00	\$ 33.00	\$ 27.50	\$ 9.00	\$ 7.50

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Local 71

Coverage	Medical Blue Plan		Medical Yellow Plan	
	1/20th	1/24th	1/20th	1/24th
Employee Only	\$ 75.00	\$ 62.50	\$ -	\$ -
Employee + Family	\$ 150.00	\$ 125.00	\$ 45.00	\$ 37.50

Phone: 907-276-7611 ☺ Email: trust@local71trust.org ☺ Website: www.local71.com/benefits

Bus

★ For benefit rates please contact Teamster. ★

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