

Benefit Rates 2021-2022

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

	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	\$ 60.00	\$ 50.00	\$ 170.00	\$ 141.67	\$ 20.00	\$ 16.67	\$ 6.00	\$ 5.00
Employee + Spouse	\$ 130.00	\$ 108.33	\$ 230.00	\$ 191.67	\$ 40.00	\$ 33.33	\$ 12.00	\$ 10.00
Employee + Child(ren)	\$ 90.00	\$ 75.00	\$ 200.00	\$ 166.67	\$ 42.00	\$ 35.00	\$ 12.00	\$ 10.00
Employee + Family	\$ 160.00	\$ 133.33	\$ 270.00	\$ 225.00	\$ 62.00	\$ 51.67	\$ 18.00	\$ 15.00

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

AEA

	Medical/Dental Plan C/B		Medical/Dental Plan F/B	
	1/10th	1/12th	1/10th	1/12th
Employee Only	\$ 454.85	\$ 379.04	\$ 182.28	\$ 151.90
Employee + Spouse	\$ 528.86	\$ 440.72	\$ 218.05	\$ 181.71
Employee + Child(ren)	\$ 515.41	\$ 429.51	\$ 211.24	\$ 176.03
Employee + Family	\$ 589.43	\$ 491.19	\$ 248.72	\$ 207.27

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

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

	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	\$ 30.00	\$ 25.00	\$ 85.00	\$ 70.83	\$ 10.00	\$ 8.33	\$ 3.00	\$ 2.50
Employee + Spouse	\$ 65.00	\$ 54.17	\$ 115.00	\$ 95.83	\$ 20.00	\$ 16.67	\$ 6.00	\$ 5.00
Employee + Child(ren)	\$ 45.00	\$ 37.50	\$ 100.00	\$ 83.33	\$ 21.00	\$ 17.50	\$ 6.00	\$ 5.00
Employee + Family	\$ 80.00	\$ 66.67	\$ 135.00	\$ 112.50	\$ 31.00	\$ 25.83	\$ 9.00	\$ 7.50

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Local 71

	Medical Blue Plan		Medical Yellow Plan	
	1/20th	1/24th	1/20th	1/24th
Employee	\$ 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

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**For benefit rates please contact Teamsters.*

Phone: 907-751-9700 **Email:** benefits@959trusts.com **Website:** www.959trusts.com