

State of Alaska Political Subdivisions
Health Benefit Premiums Effective July 1, 2025 thru June 30, 2026
Medical Control-Group Number: 181162/ Dental Control-Group Number 181163

Plan Options	Medical/Rx, Vision and Audio coverages are bundled together		Combined Premium (without Dental)		Optional Dental	Combined Premium (with Dental)			
	If Employee Elects Medical Coverage, they also get Pharmacy, Vision and Audio coverage		Total Premium for Medical/Rx, Vision and Audio combined		Employee may elect Dental coverage separately from medical	Total Premium for Medical/Rx, Vision, Audio and Dental combined			
	Medical/Rx Cost Share	Vision/Audio Cost Share	Total Cost Share		Dental Cost Share	Total Cost Share			
PPO Plan Option II – Suffix 10 EE: \$500 ded, 80% coinsurance, \$1,500 out of pocket max FAM: \$1,500 ded, 80% coinsurance, \$4,500 out of pocket max									
Employee Only	\$2,105.33	+	\$16.90	=	\$2,122.23	+	\$51.03	=	\$2,173.26
Employee + Spouse	\$4,784.67	+	\$31.88	=	\$4,816.55	+	\$96.11	=	\$4,912.66
Employee + Child(ren)	\$3,893.19	+	\$32.48	=	\$3,925.67	+	\$98.46	=	\$4,024.13
Employee + Family	\$6,571.59	+	\$47.48	=	\$6,619.07	+	\$143.33	=	\$6,762.40
PPO Plan Option III – Suffix 11 EE: \$750 ded, 80% coinsurance, \$2,750 out of pocket max FAM: \$2,250, 80% coinsurance, \$8,250 out of pocket max									
Employee Only	\$1,627.35	+	\$16.90	=	\$1,644.25	+	\$51.03	=	\$1,695.28
Employee + Spouse	\$3,847.80	+	\$31.88	=	\$3,879.68	+	\$96.11	=	\$3,975.79
Employee + Child(ren)	\$3,114.72	+	\$32.48	=	\$3,147.20	+	\$98.46	=	\$3,245.66
Employee + Family	\$5,335.01	+	\$47.48	=	\$5,382.49	+	\$143.33	=	\$5,525.82
HDHP Plan Option IV – Suffix 12 EE: \$2k ded, 80% coinsurance, \$3k out of pocket max FAM: \$4k ded, 80% coinsurance, \$6k out of pocket max									
Employee Only	\$1,087.25	+	\$16.90	=	\$1,104.15	+	\$51.03	=	\$1,155.18
Employee + Spouse	\$2,557.57	+	\$31.88	=	\$2,589.45	+	\$96.11	=	\$2,707.16
Employee + Child(ren)	\$2,081.26	+	\$32.48	=	\$2,113.74	+	\$98.46	=	\$2,212.20
Employee + Family	\$3,551.34	+	\$47.48	=	\$3,598.82	+	\$143.33	=	\$3,742.15
HDHP Plan Option V – Suffix 13 EE: \$1,600 ded, 80% coinsurance, \$7,000 out of pocket max FAM: \$8,550 ded, 80% coinsurance, \$14k out of pocket max									
Employee Only	\$1,030.72	+	\$16.90	=	\$1,047.62	+	\$51.03	=	\$1,098.65
Employee + Spouse	\$2,424.56	+	\$31.88	=	\$2,456.44	+	\$96.11	=	\$2,552.55
Employee + Child(ren)	\$1,973.03	+	\$32.48	=	\$2,005.51	+	\$98.46	=	\$2,103.97
Employee + Family	\$3,366.66	+	\$47.48	=	\$3,414.14	+	\$143.33	=	\$3,557.47

Notes:
 EE and FAM represent in network benefits
 Employee coverage is mandatory for all permanent employees that includes medical, pharmacy, vision and audio coverage
 Dental coverage is optional
 Health insurance premiums are paid directly to Aetna