



State of Alaska Political Subdivisions
Health Benefit Premiums Effective July 1, 2024 thru June 30, 2025
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	+	\$62.49 =	\$2,184.72
Employee + Spouse	\$4,784.67 +	\$31.88 =	\$4,816.55	+	\$117.71 =	\$4,934.26
Employee + Child(ren)	\$3,893.19 +	\$32.48 =	\$3,925.67	+	\$120.58 =	\$4,046.25
Employee + Family	\$6,571.59 +	\$47.48 =	\$6,619.07	+	\$175.53 =	\$6,794.60
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	+	\$62.49 =	\$1,706.74
Employee + Spouse	\$3,847.80 +	\$31.88 =	\$3,879.68	+	\$117.71 =	\$3,997.39
Employee + Child(ren)	\$3,114.72 +	\$32.48 =	\$3,147.20	+	\$120.58 =	\$3,267.78
Employee + Family	\$5,335.01 +	\$47.48 =	\$5,382.49	+	\$175.53 =	\$5,558.02
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	+	\$62.49 =	\$1,166.64
Employee + Spouse	\$2,557.57 +	\$31.88 =	\$2,589.45	+	\$117.71 =	\$2,707.16
Employee + Child(ren)	\$2,081.26 +	\$32.48 =	\$2,113.74	+	\$120.58 =	\$2,234.32
Employee + Family	\$3,551.34 +	\$47.48 =	\$3,598.82	+	\$175.53 =	\$3,774.35
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	+	\$62.49 =	\$1,110.11
Employee + Spouse	\$2,424.56 +	\$31.88 =	\$2,456.44	+	\$117.71 =	\$2,574.15
Employee + Child(ren)	\$1,973.03 +	\$32.48 =	\$2,005.51	+	\$120.58 =	\$2,126.09
Employee + Family	\$3,366.66 +	\$47.48 =	\$3,414.14	+	\$175.53 =	\$3,589.67

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