



# **Anchorage Education Association**

**Special Open Enrollment due to  
Contract Ratification**

**February 4-March 6, 2026**





# Collective Bargaining Agreement



**A ratified Contract Agreement opens a Special Enrollment Window**



AEA negotiated a \$200 per month increase in ASD contributions towards health insurance premiums. Retroactive to July 2025.



If making any changes, PEHT must receive your Special Open Enrollment form no later than 4:00pm March 6, 2026.



Any changes will go into effect the first of the month following the date PEHT receives the form. The form can only be received prior to the deadline.



Annual Open Enrollment for FY27 will be in May 2026.



**Anchorage Education Association negotiated an increase in employer contributions towards health insurance. These funds will be paid directly to the employee.**

An increase to the monthly employer health contribution to \$2100. The difference between the current contribution (\$1900/mo) and the increased contribution will be paid directly to employees to offset their employee health premium. Payment of the full amount will be prorated by the number of months an employee has coverage under the health plan for the year. Payment of the full amount will be paid in two lump sums—one following the final approval of the contract to capture the retroactive amount and the second following the final paycheck of the year, but no later than Monday, June 22, 2026.



# Payroll Deductions

## **Dropping Coverage**

## **Changing Tier Coverage**

## **Changing Plans**

## **Enrolling in Coverage**

ASD paid PEHT for July and August 2025 coverage. Beginning in September 2025 ASD deducted current month premium plus 1/10 of what was paid to PEHT for July and August. As of the February 2026 paychecks, ASD has collected 6/10 of what they were owed for July and August. Any changes effective March 1, ASD will deduct the 4/10 still owed plus current month premium of new plan. See next page for monthly premium vs payroll deductions.

Example 1) You were on Employee Family Plan F coverage July – February \$675.07 per month. You waive your coverage effective March 1. ASD will deduct the 4/10 still owed for July and August 2025 from March 2026 paychecks (\$540.04). April paychecks will not have a deduction.

Example 2) You were on Employee Family Plan HDHP coverage July – February \$357.05 per month. You remove your spouse but keep you and the children covered (\$270.13 per month). March paychecks, ASD will deduct 4/10 still owed for family coverage \$285.64 (July and August) plus the March premium for Employee Child coverage \$270.13 for a total of \$555.77. April paychecks will have the Employee Child coverage premium deducted \$270.13.

Example 3) You were on Employee Only Plan F coverage July-February \$466.18 per month. You switch to Employee only Plan HDHP \$233.12 per month effective March 1. ASD will deduct the 4/10 still owed for Plan F July and August \$372.88 plus the March premium for Plan HDHP \$233.12 for a total of \$606.00. April paychecks will have Plan HDHP premium deducted \$233.12

# School Year '25 – '26

12 Months - Coverage July 25- June 26	Plan C	Plan F	HDHP
Employee Only	\$876.34	\$466.18	\$233.12
Employee & Spouse	\$1,050.96	\$596.65	\$317.78
Employee & Children	\$993.00	\$540.27	\$270.13
Employee & Family	\$1,167.64	\$675.07	\$357.05

10 Months of Payroll Deductions	No Deductions taken from July '25 or August '25 Paychecks		
Employee Only	\$1,051.60	\$559.41	\$279.74
Employee & Spouse	\$1,261.15	\$715.98	\$381.34
Employee & Children	\$1,191.61	\$648.32	\$324.15
Employee & Family	\$1,401.16	\$810.08	\$428.46

**Special Enrollment**  
**February 4 – March 6,**  
**2026**

To Make Changes!  
Complete and Return to  
PEHT the Special  
Enrollment Form  
[info@pehtak.com](mailto:info@pehtak.com)

Don't Be Late

No Changes?

- If you are not making any changes to your plan selection you do not need to take any action



## Medical Plan Summary

Medical Plan Summary	Plan C	Plan F	HDHP
<b>Annual Deductible</b>	\$500/\$1,500	\$1,500/\$3,000	\$1,650/\$3,300*
<b>20% Co-Insurance Max (In-network)</b>	\$2,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000
<b>Primary Care office &amp; Telephonic Office Visits</b>	Subject to Deductible and Co-Insurance	\$25 (1 <sup>st</sup> 6 visits per calendar year) Then subject to deductible/co-insurance	Subject to Deductible and Co-Insurance
<b>Teladoc/Primary 360 Visits</b>	100%, no deductible	100%, no deductible	100%, <b>after</b> deductible
<b>Behavioral Health Tele-visits with Teladoc</b>	100%, no deductible	100%, no deductible	100%, <b>after</b> deductible
<b>Chiropractic or Massage Therapy</b>	Subject to Deductible and Co-Insurance; up to 20 visits each per calendar year	Subject to Deductible and Co-Insurance; up to 20 visits each per calendar year	Subject to Deductible and Co-Insurance; up to 20 visits each per calendar year
<b>Specialty Provider Office Visits</b>	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance	Subject to Deductible and Co-Insurance
<b>Preventive Care* In-network</b>	Paid at 100%	Paid at 100%	Paid at 100%
<b>Transcarent Surgery &amp; SWORD Physical Therapy</b>	100%, no deductible	100%, no deductible	100%, <b>after</b> deductible

\* Medical and RX Deductible. No Individual Deductible



## Dental & Vision Plan Summary

Dental and Vision Plan Summaries	Plan B
Dental Deductible (Individual/Family)	\$75/\$225
Annual Maximum	\$3,000 per person
Preventive/Basic/Major	100%/80%/50%
Preventive Services (In-Network)	100%
Vision Exam (In-Network w/VSP)	\$0
Vision Frames/Lenses	\$25 copay
Frames/Lenses Frequency	1 year/2 every other year. Up to \$225 allowance
Contacts	Up to \$170 allowance

# PEHT Staff



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# Questions?

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