



PO Box 21548
Eagan, MN 67530
Questions? Call 1-888-277-9133

November 2025

ACTION REQUIRED: 2026 Premium Rates & Coverage Renewal

Dear ACHIA Member,

This notice contains important updates about your ACHIA coverage, including premium changes effective **January 1, 2026**, and instructions for renewing your plan. To continue your coverage, you must return the enclosed **Eligibility Verification Form by December 30, 2025**.

2026 ACHIA Premium Rates

Starting January 1, 2026, your monthly premium will change. Rates are determined by law and reflect what other insurers in the state charge for similar benefits. Please refer to the enclosed **Premium Rate Chart** to review your updated rate.

Premium Payments

Premiums must be paid by the due date or within a 31-day grace period. If payment is not received by the end of the grace period, your coverage will end on the last day of the paid period.

Eligibility Verification – Required to Renew

ACHIA requires annual verification of eligibility. To renew your coverage:

- Complete and return the enclosed **Eligibility Verification Form**
- Submit by **December 30, 2025**, using the enclosed return envelope

Coverage Options & Renewal Instructions

You may:

- Renew your current ACHIA plan
- Switch to a different ACHIA plan (restrictions may apply)
- Cancel your ACHIA coverage by contacting Customer Service

Note: If you do not request a plan change or cancellation, your current plan will be renewed upon receipt of your completed Eligibility Verification Form.

Important Deadline

December 30, 2025

Deadline to return your ACHIA Eligibility Verification Form to renew your ACHIA

Questions or Assistance

ACHIA Customer Service

Phone: **1-888-277-9133**

Enclosures

- 2026 ACHIA Premium Rate Chart
- 2026 ACHIA Plan Comparison Chart
- Eligibility Verification Form
- Return Envelope

Alaska Comprehensive Health Insurance Association (ACHIA)				
MEDICARE SUPPLEMENT - PREMIUM RATES				
2026 MONTHLY PREMIUM RATES				
Attained Age	Plan A	Plan F	Plan G	Plan I
0-64	\$391	\$653	\$480	\$532
65	\$194	\$324	\$238	\$276
66	\$199	\$333	\$248	\$282
67	\$207	\$348	\$258	\$297
68	\$216	\$363	\$272	\$308
69	\$225	\$377	\$289	\$321
70	\$236	\$393	\$293	\$336
71	\$242	\$407	\$303	\$347
72	\$250	\$422	\$313	\$358
73	\$260	\$434	\$324	\$374
74	\$267	\$447	\$336	\$380
75	\$276	\$460	\$348	\$393
76	\$285	\$475	\$363	\$405
77	\$291	\$489	\$376	\$418
78	\$302	\$502	\$389	\$427
79	\$310	\$515	\$401	\$440
80+	\$330	\$551	\$440	\$470

MEDICARE CARVE-OUT PLAN		
2026 Monthly Individual Premium Rates		
	Attained Age	Rates
	0-18	\$156
	19+	\$442



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ACHIA Plan Change & Eligibility Verification Form

Due by December 30, 2025

To maintain or update your ACHIA coverage for 2026, please complete and return this form by the deadline. A return envelope is enclosed. You may also email this form to achia_eligibility.t8@90degreebenefits.com.

Eligibility Questions

Please answer the following questions. Circle your response and provide dates where applicable.

1. **Are you currently a resident of the State of Alaska?**

Yes / No

2. **Have you become eligible for Medicaid, Denali Kid Care, or Indian Health Services?**

Yes / No

If yes, name the coverage and the eligibility/effective date: _____

3. **Have you been declared disabled by Social Security?**

Yes / No

If yes, eligibility date: _____

4. **Are you currently eligible for employer group insurance or any other health insurance?**

Yes / No

If yes, eligibility/effective date: _____

5. **Have you enrolled in Medicare Part D?**

Yes / No

If yes, effective date: _____

6. Social Security Number:

Address Verification

Please provide your current physical and mailing addresses.

Physical Address (Required):

- Name: _____
- Street Address: _____
- City: _____
- State & ZIP: _____

Mailing Address (if different):

- Name: _____
- Street Address: _____
- City: _____
- State & ZIP: _____

Contact Information

- Telephone Number: _____
- Cell Number: () _____
- Email Address: _____

Plan Change Request

If you wish to change your Plan effective **January 1, 2026**, please indicate your new plan selection below.

Note:

- Only members under age 65 may enroll in the Medicare Carveout Plan.

Requested Plan Change:

I hereby request a change to Plan: _____

Effective January 1, 2026

Signature & Submission

Signature: _____

Date of Birth: _____

Date: _____

Return by December 30, 2025

A return envelope is enclosed for your convenience or email to **achia_eligibility.t8@90degreebenefits.com**.

Questions?

Call ACHIA Customer Service at **1-888-277-9133**

Alaska Comprehensive Health Insurance Association

Health Insurance Policy Highlights and Comparison

The following table is NOT a complete summary or explanation of policy benefits.

Please refer to your policy for complete details of benefits.

Service/Benefit	Carveout (under 65 only)	Supplement PLAN A	Supplement PLAN F	Supplement PLAN G
ACHIA Deductible	\$1,000 per calendar year with 4th quarter carryover.	Not applicable	Not applicable	Not applicable
ACHIA Out of Pocket	Out of pocket Max- \$2,500 including Deductible	Not applicable	Not applicable	Not applicable
ACHIA Coinsurance	We pay 80% after Medicare pays on most eligible expenses after deductible and 100% after out of pocket has been met.	Not applicable	Not applicable	Not applicable
ACHIA Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Routine Expenses	We pay for certain Mammograms, Pap Smears & Prostate Exams. Refer to Policy.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Mental & Nervous	Outpatient pays at 50%, \$4,000 calendar year max. In patient pays at 50%, no out of pocket max. Payments made by you do not count toward out of pocket max & no out of pocket max applies to inpatient. Subject to deductible.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Outpatient Drug Abuse & Alcoholism	Limit of \$16,380 in 2 consecutive calendar years. Lifetime Limit is \$32,750.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Drugs	Not Covered	Not Covered	Covered only if covered by M/C Part B.	Covered only if covered by M/C Part B.
Foreign Travel Medical Emergency Care	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met. Other limitations & rules apply.	No coverage	We will pay 80% of the billed charges not covered by M/C incurred for medically necessary emergency care subject to limitations & \$50,000 lifetime max.	We will pay 80% of the billed charges not covered by M/C incurred for medically necessary emergency care subject to limitations & \$50,000 lifetime max.
Medicare Part A Inpatient Hospital, days 1-60	Covered at 80% after ACHIA \$1,000 annual deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met.	No coverage for Part A or Part B deductible. No Benefit.	We will pay the M/C Part A deductible amount per M/C Benefit period.	We will pay the M/C Part A deductible amount per M/C Benefit period.
Medicare Part A Inpatient Hospital, days 61 - 90	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.
¹Medicare Lifetime Reserve days used	We pay hospitalization to the extent not covered by M/C for each Lifetime Reserve Day used.			
Exhausted hospital inpatient coverage including Lifetime Reserve Days Used	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met.	Paid at the Diagnostic Related Group (DRG) outlier per diem or other appropriate standard of payment, subject to a lifetime payment, subject to a lifetime maximum benefit of an additional 365 days.		

Alaska Comprehensive Health Insurance Association

Health Insurance Policy Highlights and Comparison

The following table is NOT a complete summary or explanation of policy benefits.

Please refer to your policy for complete details of benefits.

Service/Benefit	Carveout (under 65 only)	Supplement PLAN A	Supplement PLAN F	Supplement PLAN G
² Part B Deductible	N/A	No coverage	We pay deductible amount per calendar year regardless of hospital confinement.	No coverage
Part B Medicare - Only Medicare Eligible expenses	We will pay coinsurance amount for eligible expenses under Part B regardless of hospitalization. M/C generally pays 80%; ACHIA's Carveout Plan Pays 80% of the 20% patient responsibility. ACHIA's Supplement Plans A & F usually pay 100% of the remaining 20% patient responsibility. Services may include physician services, inpatient or outpatient medical and surgical services and supplies, physical or speech therapy, diagnostic tests and durable medical equipment.			
Part B Excess Charges	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2500 which includes deductible has been met.	No coverage	We will pay the difference between the actual M/C Part B charge as legally billed, not to exceed any charge limitation established by M/C or state law, and the M/C approved Part B charge.	We will pay the difference between the actual M/C Part B charge as legally billed, not to exceed any charge limitation established by M/C or state law, and the M/C approved Part B charge.
Blood	We will pay benefits under M/C Parts A & B for the reasonable cost of the first 3 pints of blood for equivalent quantities of packed red blood cells as defined under federal regulations unless replaced in accordance with federal regulations.			
Home Health	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met. Max of 270 visits per calendar year. Other limitations & rules apply.	No coverage unless Medicare Pays as Primary	No coverage unless Medicare Pays as Primary	No coverage unless Medicare Pays as Primary
Skilled Nursing Facility	Covered at 80% after ACHIA \$1,000 deductible, and 100% after ACHIA out of pocket maximum of \$2,500 has been met. Pays up to 120 days per calendar year.	No coverage unless Medicare Pays as Primary	We pay coinsurance amount from 21st - 100th day, for post-hospital stay. Hospital & skilled nursing facility stay must begin after ACHIA policy is effective unless it occurs within 6 months of initial Part B eligibility.	We pay coinsurance amount from 21st - 100th day, for post-hospital stay. Hospital & skilled nursing facility stay must begin after ACHIA policy is effective unless it occurs within 6 months of initial Part B eligibility.

¹ You have a lifetime reserve of 60 days for Medicare Part A inpatient hospital care. These days may be used whenever more than 90 days of hospitalization occurs in a M/C Benefit period.

² This is the amount you pay each Calendar year before Part B of Medicare pays benefits for Part B Medicare eligible expenses.

Please note: This comparison chart is for reference only. In situations where this comparison and the Policy differ the Policy is the governing legal document. Benefits will be paid by ACHIA subject to all terms and conditions of the Plan.