



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)
- Explore other coverage options through the **Marketplace** or directly from an insurance company or agent

Note: ACHIA premiums are typically higher than other plans. We encourage you to compare options at [HealthCare.gov](https://www.healthcare.gov) or consult with a licensed agent.

Key Enrollment Deadlines:

- **December 15, 2025:** Last day to enroll for Marketplace or private coverage effective January 1, 2026
- **January 15, 2026:** Final deadline to enroll for Marketplace or private coverage for an effective date in 2026.
- **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) 2026 PREMIUM RATES | | | | | |
|--|------------------------|---------|---------|------------------------|----------|
| Plan Type | Traditional Non-PPO | PPO | PPO | Traditional Non-PPO | PPO |
| Deductible | \$1,000 | \$1,000 | \$2,500 | \$5,000 | \$5,000 |
| Coinsurance - In Network | 80% | 80% | 80% | 80% | 80% |
| Out-of-Pocket Limit | \$2,500 | \$2,500 | \$5,000 | \$10,000 | \$10,000 |
| Attained Age | | | | | |
| 0-18 | \$613 | \$558 | \$446 | \$395 | \$359 |
| 19 | \$971 | \$883 | \$706 | \$626 | \$569 |
| 20 | \$981 | \$892 | \$713 | \$632 | \$575 |
| 21 | \$991 | \$902 | \$721 | \$639 | \$581 |
| 22 | \$1002 | \$911 | \$728 | \$646 | \$587 |
| 23 | \$1019 | \$927 | \$740 | \$657 | \$597 |
| 24 | \$1036 | \$942 | \$753 | \$668 | \$607 |
| 25 | \$1053 | \$958 | \$765 | \$679 | \$617 |
| 26 | \$1070 | \$973 | \$778 | \$690 | \$627 |
| 27 | \$1087 | \$989 | \$790 | \$701 | \$637 |
| 28 | \$1111 | \$1010 | \$807 | \$716 | \$651 |
| 29 | \$1135 | \$1032 | \$825 | \$731 | \$665 |
| 30 | \$1160 | \$1055 | \$843 | \$748 | \$680 |
| 31 | \$1186 | \$1078 | \$862 | \$764 | \$695 |
| 32 | \$1211 | \$1102 | \$880 | \$781 | \$710 |
| 33 | \$1249 | \$1136 | \$908 | \$805 | \$732 |
| 34 | \$1288 | \$1171 | \$936 | \$830 | \$755 |
| 35 | \$1329 | \$1209 | \$966 | \$857 | \$779 |
| 36 | \$1372 | \$1247 | \$997 | \$884 | \$804 |
| 37 | \$1414 | \$1286 | \$1028 | \$912 | \$829 |
| 38 | \$1469 | \$1336 | \$1067 | \$947 | \$861 |
| 39 | \$1523 | \$1385 | \$1107 | \$982 | \$893 |
| 40 | \$1581 | \$1438 | \$1149 | \$1019 | \$927 |
| 41 | \$1641 | \$1492 | \$1193 | \$1058 | \$962 |
| 42 | \$1704 | \$1550 | \$1238 | \$1098 | \$999 |
| 43 | \$1772 | \$1612 | \$1288 | \$1142 | \$1039 |
| 44 | \$1844 | \$1677 | \$1340 | \$1188 | \$1081 |
| 45 | \$1917 | \$1744 | \$1393 | \$1236 | \$1124 |
| 46 | \$1994 | \$1813 | \$1449 | \$1285 | \$1169 |
| 47 | \$2074 | \$1886 | \$1507 | \$1337 | \$1216 |
| 48 | \$2176 | \$1979 | \$1582 | \$1403 | \$1276 |
| 49 | \$2285 | \$2078 | \$1661 | \$1473 | \$1340 |
| 50 | \$2398 | \$2181 | \$1743 | \$1546 | \$1405 |
| 51 | \$2517 | \$2289 | \$1829 | \$1623 | \$1475 |
| 52 | \$2641 | \$2402 | \$1920 | \$1703 | \$1548 |
| 53 | \$2755 | \$2506 | \$2003 | \$1776 | \$1615 |
| 54 | \$2875 | \$2615 | \$2090 | \$1853 | \$1685 |
| 55 | \$2999 | \$2728 | \$2180 | \$1934 | \$1758 |
| 56 | \$3129 | \$2846 | \$2274 | \$2017 | \$1834 |
| 57 | \$3263 | \$2968 | \$2372 | \$2104 | \$1913 |
| 58 | \$3384 | \$3078 | \$2460 | \$2182 | \$1984 |
| 59 | \$3509 | \$3191 | \$2551 | \$2262 | \$2057 |
| 60 | \$3638 | \$3309 | \$2645 | \$2346 | \$2133 |
| 61 | \$3771 | \$3430 | \$2741 | \$2431 | \$2211 |
| 62 | \$3911 | \$3557 | \$2843 | \$2521 | \$2293 |
| 63 | \$4035 | \$3671 | \$2933 | \$2602 | \$2366 |
| 64+ | \$4134 | \$3760 | \$3005 | \$2665 | \$2424 |



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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:

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 Medicare?**

Yes / No

If yes, please provide:

- Medicare Part A effective date: _____

- Medicare Part B effective date: _____

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

Yes / No

If yes, name the coverage and the 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 date: _____

5. 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 deductible effective **January 1, 2026**, please indicate your new plan selection below.

Note:

- You may increase your deductible to any level.
- You may only decrease your deductible by **one level**.

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 to:

ACHIA

PO Box 21548

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

Alaska Comprehensive Health Insurance Association

Policy Highlights and Comparisons

The following table is not a complete summary or explanation of policy benefits.
Please refer to your policy for complete details of benefits.

| Benefits | Non-PPO Traditional Plan \$1,000 | Non-PPO Traditional Plan \$5,000 | PPO Plan \$1,000 | PPO Plan \$2,500 | PPO Plan \$5,000 |
|---|--|--|--|--|--|
| Deductible, per Calendar Year | \$1,000 | \$5,000 | \$1,000 | \$2,500 | \$5,000 |
| In Network Co- Insurance | 20% | 20% | 20% | 20% | 20% |
| Out of Pocket Max | \$2,500 | \$6,500 | \$2,500 | \$5,000 | \$10,000 |
| Out of Network Co- Insurance | 20% | 20% | 40% | 40% | 40% |
| Benefit % payable After Ded & Co-ins | 100% | 100% | 100% | 100% | 100% |
| Individual lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Prescriptions | 20% after Deductible 100% after OOP |