

# Dependent Health Coverage

**EMPLOYEE INSURANCE BENEFITS ARE 100% PAID BY THE HOPI TRIBE**

Medical Coverage through a PPO (BCBSAZ)  
 Prescriptions (Rx)  
 Dental  
 Vision  
 Short Term & Long Term Disability  
 Life, Accidental Death & Dismemberment

## CALENDAR YEAR 2022 RATES

To add CHILDREN	MONTHLY RATE	BI-WEEKLY PAYROLL DEDUCTION
MEDICAL (1 Child)	\$54.00	\$27.00
MEDICAL (2 or more Children)	\$108.00	\$54.00
DENTAL (1 Child)	\$25.20	\$12.60
DENTAL (2 or more Children)	\$37.80	\$18.90
VISION (1 Child)	\$14.40	\$7.20
VISION (2 or more Children)	\$21.60	\$10.80

  

To add SPOUSE	MONTHLY RATE	BI-WEEKLY PAYROLL DEDUCTION
MEDICAL	\$126.00	\$63.00
DENTAL	\$25.20	\$12.60
VISION	\$14.40	\$7.20

  

To add SPOUSE & CHILD(REN)	MONTHLY RATE	BI-WEEKLY PAYROLL DEDUCTION
MEDICAL (spouse & 1 child)	\$180.00	\$90.00
MEDICAL (spouse & child(ren))	\$234.00	\$117.00
DENTAL (1 Child)	\$45.00	\$22.50
DENTAL (2 or more Children)	\$67.50	\$33.75
VISION (1 Child)	\$27.00	\$13.50
VISION (2 or more Children)	\$40.50	\$20.25