

Salt River Pima-Maricopa Indian Community
Self-Funded Healthcare Plan

Price List

MEDICAL/DENTAL/VISION & RX

Employee \$ 54.00 per month (\$27.00 bi-weekly)

DEPENDENT MEDICAL/VISION & RX

Spouse \$ 160.00 per month (\$80.00 bi-weekly)
1 Child \$ 60.00 per month (\$30.00 bi-weekly)
2 Children \$ 120.00 per month (\$60.00 bi-weekly)
3 + Children \$ 210.00 per month (\$105.00 bi-weekly)

Spouse & Child(ren) or Three or more children (Family)
\$ 210.00 per month (\$105.00 bi-weekly)

DEPENDENT DENTAL COVERAGE

Spouse \$ 12.00 per month (\$6.00 bi-weekly)

One Dependent \$ 12.00 per month (\$ 6.00 bi-weekly)

Two or more Dependents
\$ 20.00 per month (\$ 10.00 bi-weekly)