

Cost of Coverage



Below is your per pay period cost of coverage for the medical, dental and vision plans. It is your responsibility to confirm that the benefit premiums are correctly deducted from your paycheck. Please contact HR if the deductions did not take place or were not accurate. In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes.

EMPLOYEE ONLY	2024 NATION			2024 MONTESORRI SCHOOLS PAYROLL DEDUCTIONS	
	Weekly	Bi-weekly	Monthly	43 Pay Periods	22 Pay Periods
Medical—Summit	\$35.24	\$70.48	\$152.70	\$42.61	\$83.29
Dental—Delta Dental	\$1.44	\$2.88	\$6.24	\$1.74	\$3.40
Vision—VSP	\$0.35	\$0.70	\$1.53	\$0.43	\$0.83
TOTAL PREMIUM	\$37.03	\$74.06	\$160.47	\$44.78	\$87.53

EMPLOYEE & SPOUSE	2024 NATION			2024 MONTESORRI SCHOOLS PAYROLL DEDUCTIONS	
	Weekly	Bi-weekly	Monthly	43 Pay Periods	22 Pay Periods
Medical—Summit	\$77.49	\$154.98	\$335.79	\$93.71	\$183.15
Dental—Delta Dental	\$2.95	\$5.91	\$12.80	\$3.57	\$6.98
Vision—VSP	\$0.56	\$1.13	\$2.44	\$0.68	\$1.33
TOTAL PREMIUM	\$81.00	\$162.01	\$351.03	\$97.96	\$191.46

EMPLOYEE & CHILD	2024 NATION			2024 MONTESORRI SCHOOLS PAYROLL DEDUCTIONS	
	Weekly	Bi-weekly	Monthly	43 Pay Periods	22 Pay Periods
Medical—Summit	\$72.77	\$145.43	\$315.32	\$88.00	\$171.99
Dental—Delta Dental	\$3.39	\$6.77	\$14.67	\$4.09	\$8.00
Vision—VSP	\$0.58	\$1.15	\$2.49	\$0.70	\$1.33
TOTAL PREMIUM	\$76.73	\$153.45	\$332.48	\$92.79	\$181.35

FAMILY	2024 NATION			2024 MONTESORRI SCHOOLS PAYROLL DEDUCTIONS	
	Weekly	Bi-weekly	Monthly	43 Pay Periods	22 Pay Periods
Medical—Summit	\$110.53	\$221.07	\$478.97	\$133.67	\$261.26
Dental—Delta Dental	\$5.35	\$10.71	\$23.20	\$6.47	\$12.66
Vision—VSP	\$0.93	\$1.85	\$4.02	\$1.12	\$2.19
TOTAL PREMIUM	\$116.81	\$233.63	\$506.19	\$141.26	\$276.11



DID YOU KNOW...

Yavapai-Apache Nation pays approximately 82% of the cost of the Medical, Dental and Vision plans. In addition, 100% of the cost for the Basic Life, AD&D and Disability coverage is paid by Yavapai Apache Nation. The breakdown below shows a comparison of what employees pay for the medical, dental and vision

Enrollment Tier	ANNUAL Employee Cost	ANNUAL YAN Cost
Employee Only	\$1,926	\$9,034
Employee & Spouse	\$4,212	\$18,180
Employee & Child(ren)	\$3,990	\$17,291
Family	\$6,074	\$25,628