

STATE OF NEW HAMPSHIRE
FULL TIME UNREPRESENTED (ALL) , SEA, TEAMSTERS LOCAL 633 AND NEPBA (ALL) EMPLOYEES
STATE & EMPLOYEE CONTRIBUTION CHART
 Effective 01/01/2015

12/19/2014 3:08 PM

	DENTAL EE CONTRIBUTION		DENTAL ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1: 1 PERSON	\$1.00	26.00	\$17.02	\$442.52	\$468.52
HL-2: 2 PERSON	\$2.00	52.00	\$32.47	\$844.22	\$896.22
HL-3: 1 FAMILY	\$3.00	78.00	\$57.37	\$1,491.62	\$1,569.62

MONTHLY WORKING RATES	
DN-1: 1 PERSON	\$39.04
DN-2: 2 PERSON	\$74.69
DN-3: FAMILY	\$130.80

DELTA DENTAL								
COMPANY-STATE SHARE (3023)				EMPLOYEE SHARE (3021)				
WEEKLY HRS RANGE	TYPE	PLAN	AMT PER	TYPE	PLAN	AMT PER	TYPE	AMT PER
			26 PP			26 PP		
FULL TIME	DN	1	\$17.02	DN	1	\$1.00		
FULL TIME	DN	2	\$32.47	DN	2	\$2.00		
FULL TIME	DN	3	\$57.37	DN	3	\$3.00		