

STATE OF NEW HAMPSHIRE
FULL TIME DENTAL ACTIVE EMPLOYEE PLAN A - NHTA
STATE & EMPLOYEE CONTRIBUTION CHART
 Effective 01/01/2016

12/18/2015 10:51 AM

	DENTAL EE CONTRIBUTION		DENTAL ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1: 1 PERSON	\$4.00	104.00	\$15.20	\$395.20	\$499.20
HL-2: 2 PERSON	\$4.00	104.00	\$32.72	\$850.72	\$954.72
HL-3: 1 FAMILY	\$4.00	104.00	\$60.31	\$1,568.06	\$1,672.06

MONTHLY WORKING RATES	
DN-1: 1 PERSON	\$41.59
DN-2: 2 PERSON	\$79.57
DN-3: FAMILY	\$139.34

DELTA DENTAL

<u>WEEKLY</u> <u>HRS</u> <u>RANGE</u>	COMPANY-STATE SHARE (3023)			EMPLOYEE SHARE (3021)		
	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>
			<u>26 PP</u>			<u>26 PP</u>
FULL TIME	DN	1	\$15.20	DN	1	\$4.00
FULL TIME	DN	2	\$32.72	DN	2	\$4.00
FULL TIME	DN	3	\$60.31	DN	3	\$4.00