

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

12/18/2015 11:13 AM

| | DENTAL EE CONTRIBUTION | | DENTAL ER CONTRIBUTION | | W RATE |
|----------------|------------------------|--------|------------------------|------------|------------|
| | 26 PP | ANNUAL | 26 PP | ANNUAL | TOTAL |
| HL-1: 1 PERSON | \$1.00 | 26.00 | \$17.37 | \$451.62 | \$477.62 |
| HL-2: 2 PERSON | \$2.00 | 52.00 | \$33.16 | \$862.16 | \$914.16 |
| HL-3: 1 FAMILY | \$3.00 | 78.00 | \$58.56 | \$1,522.56 | \$1,600.56 |

| MONTHLY WORKING RATES | |
|-----------------------|----------|
| DN-1: 1 PERSON | \$39.81 |
| DN-2: 2 PERSON | \$76.17 |
| DN-3: FAMILY | \$133.39 |

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 | \$17.37 | DN | 1 | \$1.00 |
| FULL TIME | DN | 2 | \$33.16 | DN | 2 | \$2.00 |
| FULL TIME | DN | 3 | \$58.56 | DN | 3 | \$3.00 |

| PROOF | | | VAR | | |
|-------|---|------------|------------|----|--------|
| DN | 1 | \$477.72 | \$477.62 | \$ | 0.10 |
| DN | 2 | \$914.04 | \$914.16 | \$ | (0.12) |
| DN | 3 | \$1,600.68 | \$1,600.56 | \$ | 0.12 |