

STATE OF NEW HAMPSHIRE

12/18/2015 10:41 AM

FULL TIME DENTAL ACTIVE EMPLOYEE PLAN A - UNREPRESENTED (ALL), SEA, TEAMSTERS LOCAL 633,
AND NEPBA EMPLOYEES

STATE & EMPLOYEE CONTRIBUTION CHART

Effective 01/01/2016

	DENTAL EE CONTRIBUTION		DENTAL ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1: 1 PERSON	\$2.00	52.00	\$17.20	\$447.20	\$499.20
HL-2: 2 PERSON	\$4.00	104.00	\$32.72	\$850.72	\$954.72
HL-3: 1 FAMILY	\$6.00	156.00	\$58.31	\$1,516.06	\$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

WEEKLY HRS RANGE	COMPANY-STATE SHARE (3023)			EMPLOYEE SHARE (3021)		
	TYPE	PLAN	AMT PER	TYPE	PLAN	AMT PER 26
			26 PP			PP
FULL TIME	DN	1	\$17.20	DN	1	\$2.00
FULL TIME	DN	2	\$32.72	DN	2	\$4.00
FULL TIME	DN	3	\$58.31	DN	3	\$6.00