12/18/2012 12:29 PM

STATE OF NEW HAMPSHIRE
FULL TIME DENTAL ACTIVE EMPLOYEE PLAN
STATE & EMPLOYEE CONTRIBUTION CHART
Effective 1/1/2013

	MONTHLY
1 PERSON	$ 38.52
2 PERSON	$ 73.70
FAMILY	$ 129.05

DELTA DENTAL

WEEKLY HRS RANGE	STATE SHARE TYPE	STATE SHARE PLAN	STATE SHARE AMT PER 26 PP	EMPLOYEE SHARE TYPE	EMPLOYEE SHARE PLAN	EMPLOYEE SHARE AMT PER 26 PP
FULL TIME	DENTS	ONE	$ 17.78	DNTLP	ONE	$ -
	DENTS	TWO	$ 34.02	DNTLP	TWO	$ -
	DENTS	FAM	$ 59.56	DNTLP	FAM	$ -