1/23/2012 2:11 PM

STATE OF NEW HAMPSHIRE
PART TIME DENTAL ACTIVE EMPLOYEE PLAN
STATE & EMPLOYEE CONTRIBUTION CHART
EFFECTIVE 01/01/2012

	MONTHLY	ANNUAL
1 PERSON	$ 37.96	$ 455.52
2 PERSON	$ 72.64	$ 871.68
FAMILY	$ 127.18	$ 1,526.16

DELTA DENTAL

	STATE SHARE					EMPLOYEE SHARE				
WEEKLY HRS RANGE	%	TYPE		PLAN	AMT PER 24 PP	%	TYPE		PLAN	AMT PER 26 PP
30.0	80%	DENTS		ONE	$ 15.18	20%	DNTLP		ONE	$ 3.50
		DENTS		TWO	$ 29.06		DNTLP		TWO	$ 6.71
(30 to 31.5)		DENTS		FAM	$ 50.87		DNTLP		FAM	$ 11.74
32.0	85%	DENTS		ONE	$ 16.13	15%	DNTLP		ONE	$ 2.63
		DENTS		TWO	$ 30.87		DNTLP		TWO	$ 5.03
(32 to 34.5)		DENTS		FAM	$ 54.05		DNTLP		FAM	$ 8.80
35.0	93%	DENTS		ONE	$ 17.64	7%	DNTLP		ONE	$ 1.23
		DENTS		TWO	$ 33.79		DNTLP		TWO	$ 2.35
(35 to 37)		DENTS		FAM	$ 59.15		DNTLP		FAM	$ 4.11
FULL TIME	100%	DENTS		ONE	$ 18.98	0%	DNTLP		ONE	$ -
		DENTS		TWO	$ 36.32		DNTLP		TWO	$ -
(37.5 to >)		DENTS		FAM	$ 63.59		DNTLP		FAM	$ -
					PROOF					
	80%	DENTS		ONE	455.32	455.52	(0.20)			
		DENTS		TWO	871.90	871.68	0.22			
		DENTS		FAM	1,526.12	1,526.16	(0.04)			
	85%	DENTS		ONE	455.50	455.52	(0.02)			
		DENTS		TWO	871.66	871.68	(0.02)			
		DENTS		FAM	1,526.00	1,526.16	(0.16)			
	93%	DENTS		ONE	455.34	455.52	(0.18)			
		DENTS		TWO	872.06	871.68	0.38			
		DENTS		FAM	1,526.46	1,526.16	0.30			
	100%	DENTS		ONE	455.52	455.52	0.00			
		DENTS		TWO	871.68	871.68	0.00			
		DENTS		FAM	1,526.16	1,526.16	0.00			