

**STATE OF NEW HAMPSHIRE**  
**FULL TIME DENTAL ACTIVE EMPLOYEE PLAN**  
**STATE & EMPLOYEE CONTRIBUTION CHART**  
 EFFECTIVE 01/01/2011

10/25/2010 11:10 AM

	<u>MONTHLY</u>
1 PERSON	\$ 38.57
2 PERSON	\$ 73.79
FAMILY	\$ 129.21

**DELTA DENTAL**

		<u>STATE SHARE</u>				<u>EMPLOYEE SHARE</u>			
<u>WEEKLY</u>	<u>HRS RANGE</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>	<u>24 PP</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>	<u>26 PP</u>
<b>FULL TIME</b>		DENTS	ONE	\$	19.29	DNTLP	ONE	\$	-
		DENTS	TWO	\$	36.90	DNTLP	TWO	\$	-
		DENTS	FAM	\$	64.61	DNTLP	FAM	\$	-