10/27/2010 10:49 AM

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

	MONTHLY	ANNUAL
1 PERSON	$ 38.57	$ 462.84
2 PERSON	$ 73.79	$ 885.48
FAMILY	$ 129.21	$ 1,550.52

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	$ 15.43	20%	DNTLP		ONE	$ 3.56
		DENTS		TWO	$ 29.52		DNTLP		TWO	$ 6.81
(30 to 31.5)		DENTS		FAM	$ 51.68		DNTLP		FAM	$ 11.93
32.0	85%	DENTS		ONE	$ 16.39	15%	DNTLP		ONE	$ 2.67
		DENTS		TWO	$ 31.36		DNTLP		TWO	$ 5.11
(32 to 34.5)		DENTS		FAM	$ 54.91		DNTLP		FAM	$ 8.95
35.0	93%	DENTS		ONE	$ 17.93	7%	DNTLP		ONE	$ 1.25
		DENTS		TWO	$ 34.32		DNTLP		TWO	$ 2.38
(35 to 37)		DENTS		FAM	$ 60.09		DNTLP		FAM	$ 4.17
FULL TIME	100%	DENTS		ONE	$ 19.29	0%	DNTLP		ONE	$ -
		DENTS		TWO	$ 36.90		DNTLP		TWO	$ -
(37.5 to >)		DENTS		FAM	$ 64.61		DNTLP		FAM	$ -