

**STATE OF NEW HAMPSHIRE
NEPBA
FULL TIME ACTIVE EMPLOYEES
MEDICAL (HMO & POS) AND DENTAL PLANS
EFFECTIVE 1/1/2019**

HMO - MEDICAL

PLAN	EMPLOYEE SHARE		AGENCY SHARE		TOTAL
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>ANNUAL RATE</u>
One Person Plan	\$32.00	\$832.00	\$307.94	\$8,006.44	\$8,838.44
Two Person Plan	\$42.00	\$1,092.00	\$637.84	\$16,583.84	\$17,675.84
Family Plan	\$52.00	\$1,352.00	\$1,035.74	\$26,929.24	\$28,281.24

POS - MEDICAL

PLAN	EMPLOYEE SHARE		AGENCY SHARE		TOTAL
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>ANNUAL RATE</u>
One Person Plan	\$32.00	\$832.00	\$337.52	\$8,775.52	\$9,607.52
Two Person Plan	\$42.00	\$1,092.00	\$697.03	\$18,122.78	\$19,214.78
Family Plan	\$52.00	\$1,352.00	\$1,130.46	\$29,391.96	\$30,743.96

DENTAL

PLAN	EMPLOYEE SHARE		AGENCY SHARE		TOTAL
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>ANNUAL RATE</u>
One Person Plan	\$2.00	\$52.00	\$19.03	\$494.78	\$546.78
Two Person Plan	\$4.00	\$104.00	\$36.24	\$942.24	\$1,046.24
Family Plan	\$6.00	\$156.00	\$64.46	\$1,675.96	\$1,831.96