

STATE OF NEW HAMPSHIRE
FULL TIME DENTAL ACTIVE EMPLOYEE PLAN
STATE & EMPLOYEE CONTRIBUTION CHART
 EFFECTIVE 01/01/2010

10/28/2009 5:11 PM

<u>MONTHLY</u>	
1 PERSON	\$ 37.85
2 PERSON	\$ 72.42
FAMILY	\$ 126.80

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>
FULL TIME		DENTS	ONE	\$	18.93	DNTLP	ONE	\$	-
		DENTS	TWO	\$	36.21	DNTLP	TWO	\$	-
		DENTS	FAM	\$	63.40	DNTLP	FAM	\$	-