10/28/2009 5:25 PM

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

	MONTHLY	ANNUAL
1 PERSON	$ 37.85	$ 454.20
2 PERSON	$ 72.42	$ 869.04
FAMILY	$ 126.80	$ 1,521.60

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	$ 15.14	20%	DNTLP		ONE	$ 3.49
		DENTS		TWO	$ 28.97		DNTLP		TWO	$ 6.68
(30 to 31.5)		DENTS		FAM	$ 50.72		DNTLP		FAM	$ 11.70
32.0	85%	DENTS		ONE	$ 16.09	15%	DNTLP		ONE	$ 2.62
		DENTS		TWO	$ 30.78		DNTLP		TWO	$ 5.01
(32 to 34.5)		DENTS		FAM	$ 53.89		DNTLP		FAM	$ 8.78
35.0	93%	DENTS		ONE	$ 17.60	7%	DNTLP		ONE	$ 1.22
		DENTS		TWO	$ 33.68		DNTLP		TWO	$ 2.34
(35 to 37)		DENTS		FAM	$ 58.96		DNTLP		FAM	$ 4.10
FULL TIME	100%	DENTS		ONE	$ 18.93	0%	DNTLP		ONE	$ -
		DENTS		TWO	$ 36.21		DNTLP		TWO	$ -
(37.5 to >)		DENTS		FAM	$ 63.40		DNTLP		FAM	$ -