

# FranklinPierce

UNIVERSITY

## ARIZONA - EMPLOYEE COST SHARING

*July 1, 2013 through June 30, 2014*



BENEFIT RATES – NEW HAMPSHIRE MEDICAL PLAN						
Type of Benefit	Single		2-Person		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<i>Health Insurance-PPO</i>	\$234.52	\$108.24	\$469.05	\$216.49	\$633.23	\$292.26



Type of Benefit	Single		2-Person		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<i>Dental Insurance</i>	\$8.34	\$3.85	\$15.34	\$7.08	\$27.09	\$12.50



Type of Benefit	Single		2-Person		Employee + Children		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<i>Vision Insurance</i>	\$7.53	\$3.48	\$12.05	\$5.56	\$12.30	\$5.68	\$19.84	\$9.16

*\*Please note that Bi-Weekly Rates are deducted over 26 pay periods*