



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-HMO</i>	\$190.51	\$87.93	\$380.97	\$175.83	\$514.65	\$237.53



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*