



## EMPLOYEE COST SHARING

*July 1, 2012 through June 30, 2013*



BENEFIT RATES – NEW HAMPSHIRE MEDICAL PLAN						
Type of Benefit	Single		2-Person		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<b>HMO Medical</b>	\$184.07	\$84.95	\$368.09	\$169.89	\$497.24	\$229.49

BENEFIT RATES – ARIZONA CAMPUS MEDICAL PLAN						
Type of Benefit	Single		2-Person		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<b>H2 Indemnity Plan</b>	\$226.59	\$104.58	\$453.19	\$209.16	\$611.82	\$282.38



Type of Benefit	Single		2-Person		Family	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<b>Dental Insurance</b>	\$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
<b>Vision Plan</b>	\$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*