

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
HMO Medical	\$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
PPO Indemnity	\$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
Dental Insurance	\$8.34	\$3.85	\$15.34	\$7.08	\$27.09	\$12.50

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