

EMPLOYEE BENEFITS

Carroll County

July 1, 2019 – June 30, 2020

RETIREMENT

New Hampshire Retirement System

Participation is required by the State of New Hampshire for employees who are regularly scheduled 35 - 40 hours per week and begins on the first day of employment.

Group I Employees	7.00 % of post-tax wages, deducted each pay week
Group II Employees (Sheriff's Office and Dept. of Corrections)	11.55 % of post-tax wages, deducted each pay week

Health, Dental, and Vision Benefits

- ✓ Coverage begins on the 1st of the month following the completion of 60 days of employment. (The same waiting period applies for employees transferring to full-time, from part-time or per diem.)
- ✓ Payroll deductions begin the first payroll period of the month prior to the above date and are made weekly for each pay period thereafter.
- ✓ If you do not complete and return a new enrollment / change form during the County's Open Enrollment period (in May), we will assume that you want to continue with the same benefits that you elected for the prior plan year.

HEALTH INSURANCE

Harvard Pilgrim

<i>For employees who:</i>			
➤ Were hired after 03/31/19 and are regularly scheduled 40 hours per week			
-or-			
➤ Were hired before 03/31/19 and are regularly scheduled 32 - 40 hours per week			
Single Plan	\$53.47	deducted each week	
Two-Person	\$107.05	deducted each week	
Family Plan	\$144.56	deducted each week	

<i>For employees who:</i>			
➤ Were hired after 03/31/19 and are regularly scheduled 30 - 39 hours per week			
Single Plan	\$80.20	deducted each week	
Two-Person	\$160.58	deducted each week	
Family Plan	\$216.83	deducted each week	

DENTAL INSURANCE

Delta Dental

<i>For employees who:</i> ✓ Were hired after 03/31/19 and are regularly scheduled 40 hours per week -or- ✓ Were hired before 03/31/19 and are regularly scheduled 20 - 40 hours per week			
Choose between two plans:	Core	High	
Single Plan	Free	\$2.33	deducted each week
Two-Person	\$9.66	\$14.61	deducted each week
Family Plan	\$22.79	\$27.60	deducted each week

<i>For employees who:</i> Were hired after 03/31/19 and are regularly scheduled 30 - 39 hours per week			
Choose between two plans:	Core	High	
Single Plan	\$5.00	\$7.33	deducted each week
Two-Person	\$9.66	\$14.61	deducted each week
Family Plan	\$22.79	\$27.60	deducted each week

VISION INSURANCE

Eye Med

Provided through Delta Dental

<i>All employees are eligible:</i>		
Single Plan	\$1.53	deducted each week
Employee + Spouse	\$2.99	deducted each week
Employee + Child	\$2.90	deducted each week
Family Plan	\$4.53	deducted each week

Questions?

Reach out to your HR contact:

- | | |
|-------------------|---------------------------|
| ✓ Jessica Landry | Administration Building |
| ✓ Lisa Herder | Mountain View Community |
| ✓ Cherie Iannuzzi | Department of Corrections |