ENCLOSURE 1

Current City Beneflex Plan Employee Booklet

City of Concord, NH

Beneflex Program: A Range of Options

Plan Year 2009-2010
(July 1, 2009-June 30, 2010)

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This booklet contains our summary plan description and summarizes the benefit options offered through the City of Concord and other insurers. It is not a complete statement of the terms and conditions under which benefits are available. This booklet is intended to describe benefits offered as accurately as possible. Benefits are set forth in, and governed by your coverage certificate, along with its endorsements and riders.

In the event of any discrepancy between this booklet and the actual terms and conditions of those documents, the documents will govern. This booklet does not constitute a contract, or an offer to form a contract, and is not binding on any party.

The Section 125 Plan is a part of the City's Beneflex Program.

The City reserves the right to amend or terminate the Beneflex or Flexible Spending Account plans at any time. Any such changes will be written.

General Information on the Flexible Benefits Plan

Name of Plans
City of Concord, NH Flexible Benefit Plan
City of Concord, NH Health Care Flexible Spending Account Plan
City of Concord, NH Dependent Care Flexible Spending Account Plan

Plan Sponsor and Administrator:
City of Concord
City Hall
41 Green Street
Concord, New Hampshire 03301
603-225-8535

Employer Identification Number:
02-6000177

Plan Numbers:
501 Flexible Benefit Plan
502 Health Care Flexible Spending Account Plan
503 Dependent Care Flexible Spending Account Plan

Type of Plan:
The Flexible Benefit Plan is a cafeteria plan under Section 125 of the Internal Revenue Code, allowing a choice between cash and certain qualified benefits.

Plan Effective Date:
August 1, 1989

Plan Year
The Plan year is from July 1 to June 30.

Administration:
Medical, dental, life and disability benefits are provided through insurance contracts, and administered by the insurer. Health and Dependent Care Flexible Spending Account benefits are currently administered by the Local Government Center.

For questions or service of legal process contact:
Norman O'Neil
Director of Human Resources and Labor Relations
Personnel Department
City of Concord, NH
603-225-8535

Please submit Health or Dependent Care Flexible Spending Account claims to:
New Hampshire Local Government Center
25 Triangle Park Drive
Concord, NH 03302-0617

Why Beneflex?

For many years, the City of Concord, as well as most other employers, designed benefit programs to meet the needs of the average employee. But times and lifestyles have changed. There is no "typical" City of Concord employee. Just as individuals differ in terms of capabilities, talents and skills, so are they different in terms of age, marital status, number of dependents, financial resources and personal goals. It stands to reason that their benefit needs and interests are also different. Total compensation of employees consists of two parts — direct salary and benefits. A flexible benefits plan allows employees a greater voice in how benefit dollars are spent, and permits them to spend those dollars more effectively. It also allows them the opportunity to design a benefit package that best meets their individual needs and budgets.

Advantages

Beneflex provides several key advantages over traditional benefit programs. You, the employee, make your own choices and you have a greater variety of benefit options from which to choose. The City provides benefit dollars, subject to City Council appropriation, for use in purchasing benefits. The primary purpose of the Beneflex Program is to provide employees with a full range of benefit options. Beneflex is designed to attract, retain and secure qualified employees. Cash payments to employees for opting out of coverage is considered incidental to this intent and is only permitted when employees have adequate coverage elsewhere.

Under the Beneflex Program, you may find that you wish to:

- Keep the same benefit package you have previously selected.
- Select a reduced cost health benefit and have more cash as compensation.
- Buy more benefits and reduce your cash compensation to pay for them; in most cases, additional benefits can be purchased with pre-tax dollars which means your dollars go further in buying the benefits you want.

Salary Redirection

If you purchase additional benefits, salary redirection is a way in which you can make these purchases with pre-tax dollars. Currently allowable under federal law, salary redirection means that the portion of your salary directed toward the purchase of most benefits is not included in your taxable income. Let's assume that you need to purchase a pair of eyeglasses that cost $300. If you use after-tax dollars, and you are in a 15% Federal Income Tax bracket, you would have to earn $388 to pay for your glasses (if you earn $388, $88 is taken out for Federal Income and Social Security taxes leaving you $300 to spend on your eyeglasses). With salary redirection, on a pre-tax basis using a Flexible Spending Account, you can buy the pair of eyeglasses for $300, and all you need to earn to pay for the glasses is $300, rather than $388, saving you $88.

You may want to direct a portion of your salary to purchase dental benefits or additional life insurance as well as child care services or health care services not covered by insurance. Salary redirection offers distinct tax advantages to you. It helps your dollars go further because it lets you use pre-tax, rather than after-tax dollars to purchase the additional benefits you desire.

Your pre-tax redirection salary contributions toward benefit purchases are made in equal amounts each week for 48 weeks each year.

Redirected Dollars: Social Security and State Retirement

With salary redirection, dollars used to pay for most benefit costs are not subject to Social Security tax either. You do not pay Social Security tax on dollars you redirect to these benefit costs. However, this means that over time your earnings used to calculate your Social Security benefit will be less, and some day your Social Security benefit will probably be slightly reduced. There's no effect on your

eligibility to receive Social Security benefits, but the Social Security benefit will be based on somewhat lower lifetime earnings. All employee contributions are treated as earnable compensation for NH Retirement System purposes.

Annual Leave Exchange

Employees may exercise the option of trading their future annual leave accruals in exchange for additional dollars. The maximum amount of annual leave time which may be exchanged shall be limited to 80 hours of future annual leave accruals. Your annual leave balance immediately preceding the exchange must be at least 40 hours. The number of dollars earned by selecting this option will vary based upon your wage rate and amount of leave exchanged at the time of enrollment. Annual leave exchanged during open enrollment will be divided equally over each of the next 12 months. Annual leave is not adjusted during the plan year to reflect changes to compensation rates. The exchange of future annual leave accruals is also subject to NH Retirement System contributions and reporting. Once annual leave is exchanged, it cannot be credited back to you, for any reason.

A Range of Benefits

The City of Concord is offering you benefit choices in each of the following areas:

- Health Plan
- Dental Plan
- Life Insurance
- Accident and Sickness Plan
- Flexible Spending Accounts

Plan Year

Along with this booklet, you will receive a Point Sheet, which indicates your total dollars or "points", provided by the City of Concord and your benefit options. The points provided to you are based on Federal eligibility guidelines. The only exception to this falls under NH RSA 457-A, which grants a Civil Union Spouse the same entitlements as a married spouse. You will receive a confirmation statement based on your benefit selections which must be signed and returned to the Personnel Department by the date specified. The confirmation statement not only confirms your benefit elections but it is also used to validate your point eligibility. If the confirmation statement is not received by the date indicated, we will assume you have approved your benefits and any costs as indicated on the election form.

The total dollars or "points" provided to you are determined by collective bargaining agreements or city council appropriation. Plan costs in excess of what the City provides will be deducted from your pay.

You will select benefit options on a Plan Year basis. The choices you make will remain in effect for the Plan Year unless you experience a qualifying change in status event during the Plan Year. Most qualifying change in status events are effective on the day of the event. However, any applicable payroll adjustments will begin the first of the month following the event. The City operates on a July 1 through June 30 fiscal year and Plan Year.

Qualifying Change in Status Events

A qualifying change in status event is defined as:

- Change in employee's legal marital status;
- Change in number of dependents;
- Change in employment status of employee or spouse;
- Dependent satisfies or ceases to satisfy dependent eligibility requirements;
- Change in place of residence;
- Adoption assistance;
- Loss of Medicaid Coverage Eligibility ; and
- Loss of Children's Health Insurance Program (CHIP) coverage

You are responsible to notify the Personnel Department within 30 days of any such status change. The only exception to this is in the event that you lose coverage under the Children's Health Insurance Program (CHIP) or Medicaid. In the event of a loss in CHIP or Medicaid coverage, you have 60 days to notify the Personnel Department of the status change. If the employee fails to notify the Personnel Department, the employee will be required to pay the City the premium cost differential.

Eligibility

All full-time City of Concord employees are eligible for participation in the City's Beneflex programs commencing the first day of the month following one month of employment. Permanent part-time employees are eligible to participate in the City's Health and Dental program at their own expense and receive Short Term and Long Term Disability at the City's expense.

Situations that could result in no longer being eligible for participation in Beneflex or a reduction in plan benefits include: termination of employment, retirement, leave of absence, reduction in hours, or any of the qualifying change in status events described above. Each individual benefit plan has its own requirements described in their specific plan documents.

If you lose coverage, you may be able to obtain coverage through COBRA. Details are provided in individual plan certificates.

The American Reinvestment and Recovery Act of 2009 (ARRA)* provides a 65% federal government subsidy of COBRA continuation coverage premiums for a maximum of nine months for certain individuals who are COBRA qualified beneficiaries because of a covered employee's involuntary termination of employment.

If you are involuntarily terminated or laid off between September 1, 2008 and December 31, 2009 you may be eligible for a 65% subsidy towards your COBRA premiums. In order to receive this subsidy, you must comply with all normal COBRA requirements surrounding timely payment of premiums. Should you find yourself in this situation, please contact the Personnel Department for specifics on this program.

* The application and interpretations surrounding this legislation are continually changing as of the printing of this booklet. Please contact the HR Department to insure that there have not been subsequent changes that may impact you.

Retirement Health Coverage

State law stipulates that all retirees are eligible for enrollment in the City's group health plan. The plan selected at the last open enrollment will be the plan in effect upon retirement. Retirees are eligible for annual open enrollment, typically held during the month of June for retirees under the age of 65 and the month of December for retirees over the age of 65. Open enrollment is the time each year when retirees have the opportunity to make changes to their benefit selections. It is the retiree's and/or employee's responsibility to notify the City of any changes.

Please note special circumstances may exist for the City Premium Benefit Subsidy for health insurance. Contact the Personnel Department prior to enrollment if you are considering retirement during the next plan year.

Health Care

The City of Concord offers a competitive benefits package (Beneflex) to its Full Time and Permanent Part Time employees. Currently there are 4 different health plans offered to employees. These plans are insured by Harvard Pilgrim Heath Care and employees are given the option of choosing between the separate plans.

How To Select Your Health Plan

Selecting a less expensive health insurance option or a lower level of coverage is referred to as OPTING DOWN. If you and/or any of your eligible dependents have insurance coverage through another family member's employer-sponsored group plan, you have the option of "OPTING OUT" of health insurance. By OPTING OUT, you will be allowed to keep a portion of the premium savings as cash or for purchase of other benefits through the various plan options. You must provide proof of insurance (such as a copy of the plan ID card) which shows the name of the employer, the insurance company, and the group and certificate number of the coverage. Since health insurance is one of the most costly benefits, you will want to choose your coverage carefully. Also, please remember that it is your responsibility to keep the Personnel Department informed of any changes in the number of your dependents.

NOTE: Please refer to the health insurance schedules of benefits, plan descriptions, and the benefit summary sheet that follows for additional details.

Harvard Pilgrim Health Care of New England

City of Concord

2009-2010

	HMO			POS	
	High $5	High $15	Best Buy 250 Mid $20	High $5	
				In Network	Out Of Network
Office Copay	$5 Copay/Visit	$15 Copay/Visit	$20 Copay/Visit	$5 Copay/Visit	Covered at 80% after Deductible
Individual Deductible	None	None	$250	None	$250
Family Deductible	None	None	$750	None	$500
Surgery	Covered in full	Covered in full	Covered in full after Deductible	Covered in full	Covered at 80% after Deductible
ER Copay	$50/Visit	$50/Visit	$75/Visit	$50/Visit	$50/Visit
MRI / CT Scan	Covered in full	Covered in full	Covered in full after Deductible	Covered in full	Covered at 80% after Deductible
Ambulance	Covered in full	Covered in full	Covered in full after Deductible	Covered in full	Covered at 80% after Deductible
Outpatient Mental Health	Up to 20 visits/cy; individual visits $5 copay/visit; group $5 copay/visit	Up to 20 visits/cy; individual visits $15 copay/visit; group $10 copay/visit	Up to 20 visits/cy; individual visits 1-15 $20 copay/visit, individual visits 16-20 20% coinsurance/visit; group $10 copay/visit	Visits 1-15 $5 copay/visit, individual visits 16 & up $30 copay/visit; group $5 copay/visit (unlimited)	Covered at 80% (unlimited)
Inpatient Mental Health	Up to 30 days; Covered in full	Up to 30 days; Covered in full	Up to 30 days; Covered in full	Covered in full (unlimited)	Covered at 80% (unlimited)
Outpatient Substance / Alcohol Rehabilitation	20 visits/cy; individual visits $5 copay/visit; group $5 copay/visit	20 visits/cy; individual visits $15 copay/visit; group $10 copay/visit	Up to 20 visits/cy; individual visits 1-15 $20 copay/visit, individual visits 16-20 20% coinsurance/visit; group $10 copay/visit	Visits 1-15 $5 copay/visit, individual visits 16 & up $30 copay/visit; group $5 copay/visit (unlimited)	Covered at 80% (unlimited)
Inpatient Substance / Alcohol Rehabilitation	Up to 30 days; Covered in full	Up to 30 days; Covered in full	Up to 30 days, Covered in full	Covered in full (unlimited)	Covered at 80% (unlimited)
PT / OT	40 visits Combined with ST/cy, Covered in full after $5 copay	40 visits Combined with ST/cy, Covered in full after $15 copay	Combined up to 25 visits/cy, Covered in full after $20 copay	Covered in full (unlimited)	Covered at 80% after Deductible (unlimited)
ST	40 visits combined with PT/OT per cy $5 copay	40 visits combined with PT/OT per cy, $15 copay	Up to 25 visits/cy $20 copay	Covered in full (unlimited)	Covered at 80% after Deductible (unlimited)
SNF / Inpatient Rehabilitation	Covered in full - SNF: 100 days/cy; Inpatient Rehabilitation: 60 days/cy	Covered in full - SNF: 100 days/cy; Inpatient Rehabilitation: 60 days/cy	Combined up to 100 days/cy, Covered in full after Deductible	Covered in full (unlimited)	Covered at 80% after Deductible (unlimited)
Chiropractic (limit combined in/out)	Up to 12 visits/cy, Covered in full after $5 copay	Up to 12 visits/cy, Covered in full after $15 copay	Up to 12 visits/cy, Covered in full after $20 copay	Covered in full after $5 copay (unlimited)	Covered at 80% after Deductible (unlimited)
Routine Eye Exams	$5 Copay/visit; Every year	$15 Copay/visit; Every year	$20 Copay/visit; Every year	$5 Copay/visit; Every year	Covered at 80% after Deductible
DME	Covered at 80% up to $5,000/cy	Covered at 80% up to $5,000/cy	Covered at 80% up to $3,500 $100 Deductible	Covered in full (unlimited)	Covered at 80% after Deductible (unlimited)
Out of Pocket Maximum	Unlimited Costs (ie; copays)	Unlimited Costs (ie; copays)	$1,000 Individual/ $2,000 Family	Unlimited Costs (ie; copays)	$1,000 Individual/ $2,000 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

Benefit limits apply to both in and out unless specified.

Prescription Drug Benefits				
Retail*	$0/$15/$15	$0/$15/$15	$0/$20/$30	$0/$15/$15
Mail Order**	$0/$15/$15	$0/$15/$15	$0/$20/$30	$0/$15/$15

* Retail up to 30 day supply
**Mail up to 90 day supply

Wellflex Program

The City of Concord recognizes that staying well involves more than just being covered by a medical plan. That's why we are pleased to partner with our insurers to offer a wellness program — known as Wellflex — to all full-time employees and City-insured spouses. Together, we're working toward healthy living.

How the Plan Works

Wellflex encourages you to participate in wellness activities by offering *wellpoints* for developing healthy habits. You can then use your wellpoints to help offset your share of health insurance premiums.

You can earn wellpoints by participating in:

- Beneflex/Wellflex education sessions
- Health risk appraisals (every other year)
- Health education programs
- Physical exercise activities
- On-site health screenings

Wellpoints earned the previous Beneflex year will be awarded during the City's open enrollment period, typically held during the month of May. If you do not need the additional wellpoints to purchase health insurance, they may be used for other aspects of the Beneflex program.

Research has clearly shown that promoting health and fitness at the workplace and at home helps employees reduce the rate of premium increases and related health insurance costs, improve overall participant health, reduce stress levels, and become wiser health care consumers. The potential value of wellness programs to employers is just as impressive, with results such as reduced absenteeism, lower health care costs, improved employee morale, reduced employee turnover, better customer service, and enhanced employee recruitment. It is a win-win situation for everyone!

Funding for the City's Wellflex Program as described in this document is subject to annual appropriation by City Council.

Dental Care

The dental plan being offered emphasizes reimbursement for preventive dental care. The purpose of the plan is to make it easier for you and your family to receive regular dental treatment, thereby encouraging good oral health.

You are not required to take dental care coverage. If you select reduced health coverage, you may be able to have dental coverage at little cost.

If you are enrolling your dependents in the dental plan, all dependents over age two must be enrolled. Two-person coverage can be selected by:

- a married employee with no dependent children,
- an employee who has one eligible child and is either single, divorced or widowed,
- an employee who has one eligible child and is married but whose spouse is covered by dental insurance through his/her employer. If so, proof of the spouse's dental insurance is required.

Any employee who chooses to enroll a newly eligible dependent child must notify the Personnel Department within 30 days of the child's second birthday.

Subscribers in the dental plan insured by Delta Dental may visit the dentist of their choice. If you select a participating dentist, the dental office will bill Delta Dental (the dental carrier) directly and will accept Delta's maximum allowance as the fee for your dental procedure.

Under the dental care option, when you visit a participating dentist:

- Coverage A services (diagnostic and preventative) are fully paid, up to 100% of the maximum allowance,
- Coverage B services are paid at 60%, and
- Coverage C and D services are paid at 50%.

The four categories of covered services are described below.

Coverage A Services

- ***Diagnostic*** (evaluations once in a six-month period; x-rays – full-mouth/ panorex x-rays once in a three-year period; bitewing x-rays once each twelve-month period; x-rays of individual teeth as necessary)
- ***Preventive*** (cleanings once in a six-month period; fluoride once in a twelve-month period to age 19; space maintainers to age 16 and sealants for children through age 19)

Coverage B Services

- ***Restorative*** (amalgam and composite fillings – anterior teeth only)
- ***Oral Surgery*** (surgical and routine extractions)
- ***Endodontics*** (root canal therapy)
- ***Periodontics*** (treatment of gum disease; periodontal prophylaxis cleaning – see note below)
- ***Denture Repair*** (repair of removable denture to its original condition)
- ***Emergency Palliative Treatment***

NOTE: Only one cleaning is covered in a six-month period. This can be routine (Coverage A) or periodontal (Coverage B), but not both.

Coverage C Services

- ***Prosthodontics*** (bridges; partial and complete dentures; rebase and reline dentures; crowns; onlays; implants)

Delta will replace teeth that were missing before the effective date of the Delta plan. Full contract benefits are provided.

Coverage D Services

- ***Orthodontics*** (correction of malposed (crooked) teeth for adults and dependent children)

Orthodontic benefits are provided for each eligible subscriber and dependent. These benefits are not limited to a lifetime maximum and may be submitted once per Contract Year as long as the patient is eligible and still in active treatment.

Your Dental Care Option

Services	Benefit
Coverage A Services	Covered at 100%
Coverage B Services	Covered at 60%
Coverage C Services	Covered at 50%
Coverage D Services	Covered at 50%
Coverage B & C Annual Deductible	$50 Individual/$150 Family
Maximum Annual Benefit Per Person	$1,000**

** This may be any combination of Coverage A, B, C, and D as indicated above.

NOTE: The above information is presented in summary form; please refer to the Dental Plan Description *booklet for complete benefit information.*

Life Insurance

Providing security for your survivors in the event of your death is an important responsibility. Most people hope to leave behind a positive legacy. Your benefit program provides a basic amount of life insurance protection for all employees (core coverage). Additional coverage can be selected according to your individual financial circumstances, future needs of your survivors, and last wishes.

These plans include Accidental Death and Dismemberment coverage which increases the benefits you would receive in the unfortunate event of an accidental death or dismemberment. Your life insurance benefit is based upon your regular annual base wages at the time of enrollment. Premiums on life benefits in excess of $50,000 are subject to Federal withholding and FICA tax. Options under the benefit plan are:

	High Option	Mid Option	Low Option
Death Benefit Equal to	3 times your annual salary	2 times your annual salary	1 times your annual salary up to a $100,000 max

Shaded block represents core coverage.

If an employee elects to increase life insurance coverage more than 31 days from date of hire, or if the supplemental amount of life insurance elected is $240,000 or more for employees under the age of 70 and $10,000 or more for employees age 70 and over, the life insurance company requires a completed health statement.

The insurance company will notify the employee in writing if the increased coverage level has been approved or not. The current life insurance company is The Principal Life Insurance Company.

*Benefits are reduced 35 % for employees age 65 and over and an additional 15% at age 70.

Income Protection Plans For Accident and Sickness

The income protection plan for accident and sickness will pay you a portion of your income if you are unable to work due to injury or illness.

Full Coverage Plan

The Full Coverage Plan is mandatory for employees enrolling in the Beneflex Program after August 1, 1989. It includes three separate and distinct elements: a Sick Leave Account, Short-Term Disability Income Insurance insured by Primex and Long-Term Disability Income Insurance insured by The Standard Insurance Company.

Under the Sick Leave Account, non-exempt (hourly), probationary employees accrue .0577 hours of sick leave for each regularly scheduled hour of work during the first six months of employment. After six months, the accrual rate is .0308 hours of sick leave for each regularly scheduled hour of work. The maximum accrual is 200 hours. This account will be used from the onset of sickness or injury for a fourteen (14) calendar day period. Exempt (salaried) employees accrue no sick leave, but are paid their regular salary for approved absences until disability insurance begins.

Short-Term Disability Insurance provides income for employees from the 15th calendar day up to the 105th calendar day of a disability that is not job-related. This policy pays 66⅔% of your regular weekly base wage (just prior to the date disability begins), up to a maximum payment of $1,200 per week. In addition, for both exempt and non-exempt employees, the City supplements Short-Term Disability Insurance, for fifteen (15) calendar days of each disability, to 100% of current base gross wages for each full year of service to the City completed as of the onset of the disability.

An employee who is receiving Short-Term Disability Insurance, and who does not have sufficient service time to be eligible for the full service-based City supplement, shall be required to apply for annual leave through the usual annual leave process to cover time that is not covered by the insurance.

The Sick Leave Account is used for authorized absences of less than 15 calendar days only. Sick Leave Account may not be used to supplement Short or Long-Term Disability Insurance. You may be able to use your annual leave account to supplement certain other leaves of absence as defined within the Procedures for Requesting Leave. Please check with the Personnel Department if you have questions.

Employees receiving Workers' Compensation payments, beyond the third consecutive day of disability, also receive a supplement from the City up to the employee's base net wage for a maximum of fifteen (15) weeks.

The Long-Term Disability Insurance Plan commences after 105 calendar days of total disability. It pays you 60% of your regular weekly base wages (just prior to the date disability begins) up to a maximum payment of $4,700 per month. (If you receive benefits from other group plans, such as Workers' Compensation, Social Security or pension, this plan supplements those benefits up to the 60% or $4,700 benefit limit. However, regardless of other coverage, this plan pays no less than $100 monthly.) Disability payments could continue until you are able to work again or until age 65. Long-Term Disability payments are made monthly in arrears.

If you are entitled to a wage increase while you are out on Short-Term Disability, the increase will be reflected in the City supplement only. The Short-Term Disability insurance administrator will pay your regular weekly salary at the time of disability.

Please refer to Personnel Rules & Regulations and/or applicable policies for additional information and specific procedures.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs), offer a tax-effective way for you to pay certain health care and dependent care expenses. When contributing dollars to either or both FSAs, you pay no taxes (Federal Income or Social Security) on those dollars. This can mean significant savings. In addition, if you have selected reduced health benefits, some of your benefit dollars from the City may be left over to use in these accounts as well.

Permanent part-time employees are eligible to participate in Flexible Spending Accounts at their own expense.

Health Care Account

During the plan year, you can deposit dollars through payroll deduction into your Health Care Account. The maximum amount you may contribute is $3,500. This tax-free money can be used to pay health care expenses not covered or not paid for by your medical or dental coverage. Here is a list of eligible expenses to consider reserving money for:

- The deductible or copayment under your health insurance plan
- The percentage of covered expenses your health plan doesn't pay
- Prescription drug costs, including retail, mail order co-payments, and over-the-counter drugs to treat specific medical conditions.
- Dental expenses, including orthodontia
- Vision expenses, including examinations, eyeglasses (lenses and frames), prescription safety glasses, contact lenses, solutions and seeing-eye dogs
- LASIK eye surgery
- Fertility treatment expenses
- Insulin
- Weight-loss program (disease specific)
- Stop smoking programs
- Smoking deterrents
- Hearing expenses, including examinations and hearing aids
- Physical examinations
- Psychoanalysis, psychiatric therapy, learning disability counseling by a licensed professional, inpatient care and treatment (including special schooling, if necessary) for a mental or physical handicap and services provided by a qualified, licensed psychologist, if not paid by your health plan
- Chiropractic expenses
- Acupuncture
- Midwife expenses
- Christian Science practitioner expenses
- Special medical equipment, bought or rented because of a medical problem, such as wheelchairs, crutches and orthopedic shoes
- Medicine or other drugs prescribed by a doctor and not paid by your health plan such as vitamins, dietary supplements and birth control items
- Transportation essential to medical care, such as ambulance service
- Other medical expenses qualifying as legitimate deductions as outlined in IRS Publication #502, not including insurance premiums.

Dependent Care Account

You can make deposits to and use your Dependent Care Account in the same manner as your Health Care Account. For your Dependent Care Account, the dependent must be under age 13 (or incapable of self care) and be claimed as a dependent on your income tax return. You should determine if this is more advantageous than taking the direct IRS Child and Dependent Care Tax Credit on the 1040 form. Eligible dependent care expenses include:

- Payments made for services provided in your home as long as services are not provided by someone you also claim as a dependent, or your other children under age 19
- Payments made for dependent care services outside your home
- Day camp programs (provided both parents are working)
- If a dependent care center is used, it must be in compliance with state and local law

Your maximum contribution to a Dependent Care Account is the lowest of the following:

- $5,000, whether single or married
- $2,500 if married, filing separately, or
- The lower of your or your spouse's earned income. If your spouse is a full time student or is disabled, special rules apply.

Important Considerations

The IRS allows your employer to offer this tax advantage through the Flexible Spending Accounts, but it has also imposed several restrictions. Each year, you must use all the money set aside in both your dependent care FSA and medical FSA or forfeit the money left over. Because of this restriction, it is very important to plan carefully when you decide how much money you want to set aside in each account.

Generally, amounts should be used for predictable expenses. For example, working parents with children in day care usually can count on a certain level of dependent care expenses; or if you know that you need a new pair of eyeglasses or braces for your child in the coming year, the FSA would be a tax-effective way to pay for those expenses.

You cannot pay for services through an FSA and also take the tax advantage available for those same services at income tax time. In other words, if you pay for medical expenses through a Health Care Account, you cannot also itemize those expenses as deductions on your tax return. If you pay for child or dependent care expenses through a Dependent Care Account, you cannot also take the Child and Dependent Care Tax Credit for those same expenses, and your maximum allowable expenses for the Tax Credit are reduced by the amount you are reimbursed through your FSA.

You cannot change the amount of your payroll deduction for your FSA after the beginning of the plan year except in the event of a qualifying change in status event. If you terminate your employment with the City during the plan year, you may be eligible to continue your participation in a Flexible Spending Account through COBRA. For more information, contact the Personnel Department.

Finally, because you reduce your taxable income for FICA purposes by setting aside money in a Flexible Spending Account, your Social Security earnings for the year will be reduced. This may reduce your Social Security benefits at some time in the future. However, the tax savings you receive now should more than make up for it.

Example

Here is an example of how tax savings through redirected dollars work: Let's take the case of a married employee with one child whose family income totals $40,000 a year. This employee takes the standard deduction and three exemptions and pays $5,500 a year for noncovered and eligible medical or dependent care expenses. Your tax may vary.

	Without FSA*	With FSA
Gross Pay	$40,000	$40,000
Medical FSAContribution	(0)	($1,500)
Dependent Care FSA Contribution		(4,000)
Taxable Income	$40,000	$34,500
Taxes (Federal Income and FICA)†	($8,225)	($6,979)
Eligible Expenses (paid after tax)	($5,500)	(0)
Spendable Income	$26,275	$27,521
Tax Savings	**$0**	**$1246**

**Flexible Spending Account*
†Based on 15% Federal Tax Bracket

Receiving a Payment From Your Account

The dollar amount you decide to set aside in your account(s) for the plan year will generally be credited to your account each week and available for disbursement within two weeks during the plan year. When you have an eligible expense, you can apply for a reimbursement from your account.

There is a reimbursement request form you will need to complete to receive payment from your Flexible Spending Account. You may obtain the form on the City's Intranet located at www.onconcord.org under City Forms. Claim forms and receipts may be submitted to the Local Government Center (LGC) on a weekly basis. You will need to provide bills or receipts which include date of service, name of service provider, name of patient, service provided, and amount requested for reimbursement. Medical expenses must first be filed with your health plan. A provider's tax ID# is required only for dependent care claims. LGC processes reimbursements on a weekly basis. Completed reimbursement forms that are received by the end of the day on Tuesday will be processed for reimbursement on Thursday. Since the minimum payment you can receive is $20 (unless it's your end-of-year claim), you may wish to gather several small bills and submit them together. **You have 90 days after the end of each Plan Year to submit claims incurred during that plan year.**

Health Care Account claims will be processed weekly and you will receive a payment in the amount of your claim not to exceed the amount of your yearly contribution.

Your **Dependent Care Account** claims will be processed weekly and you will receive a payment not to exceed the current balance in your account. When a claim exceeds your account balance, unpaid amounts are carried forward and paid to you weekly as future deposits go into your account to cover the expense.

Your Flexible Spending Account reimburses you for money you paid for certain services. LCG will not issue checks to doctors or drug stores, but will reimburse you directly for money you have paid. LCG will try to help you use the FSA only for eligible expenses. However, LGC and the City bear no responsibility for your taxes. You remain fully accountable to the IRS to prove the eligibility of any expense you submit.

The FSA offers a tax-effective means for you to save for certain benefit needs. Remember, there are important considerations to keep in mind and you must plan carefully to use this benefit wisely.

457 Deferred Compensation Plan

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket.

What are the benefits of participating in a 457 plan?

- You reduce your current income taxes while investing for retirement.
- Your earnings accumulate tax-deferred.
- You can dollar cost average through convenient payroll deductions.*
- You may be allowed to make additional "catch-up" contributions if you are 50 (or older) or within three years of your normal retirement age and already contributing the maximum to your plan.
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan.
- If you retire or leave service early, there is no penalty for withdrawals.
- Supplemental investments are helpful in states and communities where no contribution is made to Social Security.

* Dollar cost averaging does not assure profit or protect against loss in a declining market. Since dollar cost averaging involves continuous investing, regardless of fluctuating prices, investors must consider their level of comfort in continuing to invest during a declining market.

- You can increase, decrease, stop and restart contributions as often as you wish without fees or penalties.
- You may choose from a wide range of investment options. There are no restrictions or charges for reallocating your investment mix and all funds offered through ICMA-RC are no-load (no costs to participants).
- There are no minimum investment requirements.
- Your designated beneficiaries are entitled to receive all remaining funds in your account in the event of your death.
- You have the most flexible withdrawal payment options available. You determine the payment schedule that is right for you.
- You control your account even while you are withdrawing assets.

Keep in Mind:

- There are Internal Revenue Code limits on the amount you may contribute each year.
- There are two "Catch-Up" provisions that allow you to contribute over-and-above the normal annual contribution amount.
- If you retire or leave service early, there are no penalties for withdrawals. However, you will pay taxes on the amount that you withdraw.
- You are required to begin withdrawing from the account by a certain age.

Roth IRA

A payroll Roth IRA is a Roth IRA funded through contributions that are made directly from your pay. Making regular contributions through payroll deduction is a simple and efficient way of investing for your retirement.

You will not pay any taxes on your investment earnings while they remain in the Roth IRA. In addition, you will be free of any taxes or penalties on the assets you withdraw from a Roth IRA as long as 1) your Roth IRA has met certain five year aging requirements and 2) you have a qualifying event (e.g. first time home purchase, age 59 ½). This opportunity for lifetime tax-free earnings makes a Roth IRA an attractive way to build retirement assets. Contributions can be withdrawn any time, without penalty and tax-free. There is no minimum distributions from a Roth IRA when you turn age 70 ½ .

Keep in Mind:

- There are Internal Revenue Code limits on the amount you may contribute each year.
- There is one "Catch-Up" provision with a Roth IRA that allows you to contribute over-and-above the normal annual contribution amount.

Visit http://www.icmarc.org for additional information.

Severance Payment

The City provides a severance payment which is based on City years of service and sick leave usage. As outlined in the Personnel Rules and Regulations at (34-4-9), eligibility for a severance payment shall extend to employees in wage schedules A, B, C, or S, at the time of actual retirement, and who retire from the City having completed at least ten (10) years of creditable service within the N.H. Retirement System. The amount to be paid shall be determined by the following formula:

Deduct the number of sick leave days used during an employee's last two (2) years of employment from the number "30" and apply the balance to the payment formula below. The base for calculations during 2009 shall be one hundred and sixty dollars ($160). This base shall be indexed to the annual across-the-board wage increases.

<u>Years of Service Payment Formula</u>

10 years thru 14 years .25 * Current Base * number of days
15 years thru 19 years .50 * Current Base * number of days
20 years thru 24 years .75 * Current Base * number of days
25 years and over Current Base * number of days

In no case shall the amount paid per day exceed the employee's standard daily rate. Consecutive sick leave days used involving more than three (3) days shall be computed as single events for purposes of calculating this benefit.

Please refer to the appropriate contract provision when administering this benefit for contractual employees who are not a part of Beneflex.

ENCLOSURE 2

Three Year History of Dental Insurance Rate

City of Concord
Dental Insurance Rate History

	2007-2008 Monthly Premium	2008-2009 Monthly Premium	2009-2010 Monthly Premium
Single	47.94	49.16	52.46
2 Person	74.57	76.46	81.59
Family	115.09	118.01	125.93

ENCLOSURE 3

Summary of Claims and Dental Insurance Enrollment

Group Experience Report

Northeast Delta Dental
One Delta Drive
Concord, NH 03302-2002
(603) 223-1000 (800) 832-5700

Group 000003857

CITY OF CONCORD NEW HAMPSHIRE

Date	Payment Received	Billed Amount	Claim Count	Claim Amount	Tot Subr Count	Subr Count 1	Subr Count 2	Subr Count 3	Subr Count 5	Subr Count 6	Subr Count 7
01/2008	$28,517.69	$28,517.69	138	$19,655.25	350	107	105	125	8	5	0
02/2008	$28,627.46	$28,627.46	166	$19,585.00	351	109	104	125	8	5	0
03/2008	$28,781.92	$28,781.92	175	$24,522.35	354	109	106	126	8	5	0
04/2008	$28,884.27	$28,884.27	174	$22,681.11	353	105	107	128	8	5	0
05/2008	$29,072.78	$29,072.78	174	$23,610.78	355	105	108	128	9	5	0
06/2008	$29,538.46	$29,538.46	167	$23,782.42	355	106	107	128	9	5	0
07/2008	$29,517.03	$29,517.03	185	$36,384.41	345	103	109	120	9	4	0
08/2008	$28,254.80	$28,254.80	177	$23,524.34	346	103	109	121	9	4	0
09/2008	$28,251.25	$28,251.25	193	$27,470.35	348	105	111	119	9	4	0
10/2008	$28,837.98	$28,837.98	203	$30,804.29	347	105	111	118	9	4	0
11/2008	$28,734.22	$28,734.22	158	$24,180.03	348	106	112	117	9	4	0
12/2008	$28,859.84	$28,859.84	145	$22,469.00	351	105	114	119	9	4	0
01/2009	$29,006.12	$29,006.12	127	$14,079.80	351	105	114	118	9	5	0
02/2009	$29,046.70	$29,046.70	133	$19,555.77	350	105	115	117	9	4	0
03/2009	$29,270.64	$29,270.64	143	$17,884.90	349	106	115	115	9	4	0
04/2009	$28,388.77	$28,388.77	172	$23,832.02	348	107	115	114	8	4	0
05/2009	$28,388.77	$28,388.77	143	$18,437.86	346	106	114	114	8	4	0
06/2009	$28,464.26	$28,464.26	187	$25,337.00	346	106	115	113	8	4	0
07/2009	$29,772.63	$29,772.63	179	$36,478.60	332	95	109	117	6	5	0
08/2009	$29,609.88	$29,609.88	167	$26,937.00	329	94	108	116	6	5	0
09/2009	$29,083.09	$29,083.09	161	$25,917.80	326	93	107	116	5	5	0
10/2009	$28,679.65	$28,679.65	154	$26,969.90	327	92	107	117	5	6	0
11/2009	$0.00	$0.00	165	$23,306.10	326	91	106	118	5	6	0
GSD Totals & Avg Subr Counts	$635,588.21	$635,588.21	3,786	$557,406.08	345	103	110	120	8	5	0

Northeast Delta Dental
One Delta Drive
Concord, NH 03302-2002
(603) 223-1000 (800) 832-5700

Group Totals for Group 000003857:

Payment:	**$635,588.21**
Billed:	**$635,588.21**
Claim Count:	**3,786**
Claim Amount:	**$557,406.08**
Subscribers:	**345**

DELTA DENTAL

STATE:	NEW HAMPSHIRE
GROUP #:	3857
NAME:	CITY OF CONCORD NEW HAMPSHIRE
RENEWAL DATE:	JULY 1, 2008

COVERAGE A	100%
COVERAGE B	60%
COVERAGE C	50%
COVERAGE D (Child & Adult)	50%
Deductible per Person per Contract Year	$50
Deductible per Family per Contract Year	$150
Deductible Applied to Coverage A	NO
Maximum per Person per Contract Year	$1,000
Eligibility Period: First Day Of The Month Following	30 Days

CONTRIBUTION AND PARTICIPATION:	EMPLOYEES	DEPENDENTS
MINIMUM EMPLOYER CONTRIBUTION:	Voluntary	Voluntary
MINIMUM PARTICIPATION REQUIRED:	0%	0%

		CURRENT	RENEWAL
MONTHLY RATES:	ONE PERSON	$47.94	$49.16
	TWO PERSONS	$74.57	$76.46
	THREE OR MORE PERSONS	$115.09	$118.01

RATE GUARANTEE: ONE YEAR WITH A SECOND YEAR RATE CAP OF +7.50%

SERVICE GUARANTEE: Guarantee Of Service Excellence SM

RENEWAL RATE CHANGE: + 2.54%

EXCEPTIONAL SERVICE IS OUR GUARANTEE

STATE: NEW HAMPSHIRE

GROUP #: 3857

NAME: CITY OF CONCORD NEW HAMPSHIRE

PROPOSED RENEWAL DATE: JULY 1, 2008

	PREMIUM *	$ CLAIMS PAID	# CLAIMS PAID
3/07	$29,255.75	$27,699.81	222
4/07	$28,387.34	$23,025.46	160
5/07	$29,079.98	$18,274.28	152
6/07	$28,823.17	$18,671.70	137
7/07	$28,401.93	$33,358.10	182
8/07	$27,551.13	$31,032.60	166
9/07	$27,269.96	$19,900.25	149
10/07	$28,376.92	$24,593.85	187
11/07	$28,599.68	$24,104.92	172
12/07	$28,171.47	$19,763.60	141
1/08	$28,517.69	$19,655.25	138
2/08	$28,627.46	$19,585.00	166
SUM	$341,062.48	$279,664.82	1,972

CHANGE IN RESERVE: $2,600.00 Enrollment Change Plus Inflation

INCURRED CLAIMS: $282,264.82

INCURRED CLAIMS RATIO: 0.8276

* PREMIUM HAS BEEN ADJUSTED FOR ANY RATE CHANGE DURING THE PERIOD.

ANNUAL TREND PERCENTAGE: 6.5%

OF MONTHS LEFT IN CURRENT CONTRACT: 4

ACTUARIAL MARGIN INCLUDED IN RATES: 1.50%

RENEWAL ADMINISTRATION PERCENTAGE: 10.68%

$$\text{REQUIRED RATIO} = \frac{0.8276 \times 1.0217 \times 1.0650}{(1 - 0.0150 - 0.1068)} = \frac{0.9005}{0.8782} = 1.0254$$

RENEWAL RATES = CURRENT RATES X REQUIRED RATIO

	1 PERSON	2 PERSONS	3 PERSONS
CURRENT RATES:	$47.94	$74.57	$115.09
RENEWAL RATES:	$49.16	$76.46	$118.01
CURRENT ENROLLMENT:	109	112	130

PROJECTED NUMBER OF CLAIMS PER YEAR: 1,970

ANNUALIZED PREMIUM AT RENEWAL RATES: $351,159.12

MONTH	1 P	2 P	3 P	TOTAL	PERSONS
3/07	116	122	125	363	860
2/08	109	112	130	351	853
RATIO	0.9397	0.9180	1.0400	0.9669	0.9919

DELTA DENTAL

STATE: NEW HAMPSHIRE

GROUP #: 3857

NAME: CITY OF CONCORD NEW HAMPSHIRE

RENEWAL DATE: JULY 1, 2009

COVERAGE A	100%
COVERAGE B	60%
COVERAGE C	50%
COVERAGE D - (Child & Adult)	50%
Deductible per Person per Contract Year	$50
Deductible per Family per Contract Year	$150
Deductible Applied to Coverage A	NO
Maximum per Person per Contract Year	$1,000

Eligibility Period: First Day Of The Month Following 30 Days

CONTRIBUTION AND PARTICIPATION:	EMPLOYEES	DEPENDENTS
MINIMUM EMPLOYER CONTRIBUTION:	Voluntary	Voluntary
MINIMUM PARTICIPATION REQUIRED:	0%	0%

		CURRENT	RENEWAL
MONTHLY RATES:	ONE PERSON	$49.16	$52.46
	TWO PERSONS	$76.46	$81.59
	THREE OR MORE PERSONS	$118.01	$125.93

RATE GUARANTEE: ONE YEAR

SERVICE GUARANTEE: Guarantee Of Service Excellence SM

RENEWAL RATE CHANGE: + 6.71%

EXCEPTIONAL SERVICE IS OUR GUARANTEE

STATE: NEW HAMPSHIRE

GROUP #: 3857

NAME: CITY OF CONCORD NEW HAMPSHIRE

PROPOSED RENEWAL DATE: JULY 1, 2009

	PREMIUM *	$ CLAIMS PAID	# CLAIMS PAID
3/08	$29,512.98	$24,522.35	175
4/08	$29,617.93	$22,681.11	174
5/08	$29,811.23	$23,610.78	174
6/08	$30,288.74	$23,782.42	167
7/08	$29,517.03	$36,384.41	185
8/08	$28,254.80	$23,524.34	177
9/08	$28,251.25	$27,470.35	193
10/08	$28,837.98	$30,804.29	203
11/08	$28,734.22	$24,180.03	158
12/08	$28,859.84	$22,469.00	145
1/09	$29,006.12	$14,079.80	127
2/09	$29,046.70	$19,555.77	133
SUM	$349,738.82	$293,064.65	2,011

CHANGE IN RESERVE: $8,100.00 Enrollment Change Plus Inflation

INCURRED CLAIMS: $301,164.65

INCURRED CLAIMS RATIO: 0.8611

* PREMIUM HAS BEEN ADJUSTED FOR ANY RATE CHANGE DURING THE PERIOD.

ANNUAL TREND PERCENTAGE: 6.5%

OF MONTHS LEFT IN CURRENT CONTRACT: 4

ACTUARIAL MARGIN INCLUDED IN RATES: 1.50%

RENEWAL ADMINISTRATION PERCENTAGE: 10.70%

$$\text{REQUIRED RATIO} = \frac{0.8611 \times 1.0217 \times 1.0650}{(1 - 0.0150 - 0.1070)} = \frac{0.9370}{0.8780} = 1.0671$$

RENEWAL RATES = CURRENT RATES X REQUIRED RATIO

	1 PERSON	2 PERSONS	3 PERSONS
CURRENT RATES:	$49.16	$76.46	$118.01
RENEWAL RATES:	$52.46	$81.59	$125.93
CURRENT ENROLLMENT:	107	123	121

PROJECTED NUMBER OF CLAIMS PER YEAR: 1,990

ANNUALIZED PREMIUM AT RENEWAL RATES: $370,635.84

MONTH	1 P	2 P	3 P	TOTAL	PERSONS
3/08	109	114	131	354	861
2/09	107	123	121	351	837
RATIO	0.9817	1.0789	0.9237	0.9915	0.9721

ENCLOSURE 4

Census

Dob	Gender	Dental	Coverage	MaximumEligibility
05/14/1933	F	None	None	Single
05/17/1944	F	None	None	Single
04/12/1945	F	None	None	Single
04/25/1946	F	None	None	Single
07/03/1946	F	None	None	Single
07/16/1947	M	Dental	Single	Single
08/27/1947	F	Dental	Single	Single
09/07/1947	M	None	None	Single
09/26/1948	M	Dental	Single	Single
02/14/1949	M	None	None	Single
05/21/1949	F	Dental	Single	Single
08/08/1949	F	None	None	Single
09/02/1949	F	Dental	Single	Single
10/05/1949	F	None	None	Single
10/21/1949	F	None	None	Single
11/18/1949	M	None	None	Single
03/31/1950	F	None	None	Single
09/25/1950	F	None	None	Single
01/29/1951	F	None	None	Single
02/16/1952	M	Dental	Single	Single
10/28/1952	M	None	None	Single
02/13/1954	M	Dental	Single	Single
02/15/1954	M	None	None	Single
05/27/1954	M	Dental	Single	Single
06/25/1954	M	None	None	Single
11/14/1954	M	None	None	Single
02/13/1956	F	None	None	Single
06/23/1956	F	Dental	Single	Single
10/10/1956	F	Dental	Single	Single
03/30/1957	F	Dental	Single	Single
11/13/1957	M	Dental	Single	Single
01/08/1958	F	None	None	Single
10/26/1959	M	Dental	Single	Single
11/04/1959	F	Dental	Single	Single
01/09/1960	F	None	None	Single
05/22/1960	F	None	None	Single
08/11/1960	M	None	None	Single
09/24/1960	M	Dental	Single	Single
11/07/1960	F	None	None	Single
02/26/1961	M	Dental	Single	Single
04/24/1961	M	None	None	Single
12/29/1961	F	Dental	Single	Single
04/03/1962	M	Dental	Single	Single
07/16/1963	F	Dental	Single	Single
10/09/1963	F	None	None	Single
11/27/1964	M	Dental	Single	Single
03/24/1965	M	None	None	Single
04/25/1965	M	Dental	Single	Single
06/13/1965	M	Dental	Single	Single
08/12/1965	M	None	None	Single
11/01/1965	F	Dental	Single	Single
05/06/1966	F	None	None	Single
05/18/1966	F	Dental	Single	Single
06/30/1966	F	Dental	Single	Single
08/11/1966	F	None	None	Single
08/13/1966	M	Dental	Single	Single

10/27/1966	M	Dental	Single	Single
06/17/1967	M	None	None	Single
07/13/1967	F	None	None	Single
01/26/1968	F	None	None	Single
09/02/1968	F	Dental	Single	Single
10/05/1968	F	None	None	Single
06/01/1971	M	Dental	Single	Single
06/08/1971	M	Dental	Single	Single
10/19/1971	M	Dental	Single	Single
11/09/1974	F	Dental	Single	Single
01/17/1975	F	None	None	Single
02/10/1975	M	Dental	Single	Single
02/11/1975	M	None	None	Single
02/26/1976	M	None	None	Single
10/16/1976	M	None	None	Single
06/26/1977	M	Dental	Single	Single
09/12/1977	F	None	None	Single
01/19/1978	M	Dental	Single	Single
06/17/1979	M	Dental	Single	Single
11/04/1979	F	None	None	Single
12/17/1980	M	Dental	Single	Single
09/12/1981	M	Dental	Single	Single
01/08/1982	F	None	None	Single
08/11/1982	M	Dental	Single	Single
11/19/1982	M	Dental	Single	Single
08/26/1983	M	Dental	Single	Single
10/20/1983	M	Dental	Single	Single
03/18/1984	F	None	None	Single
10/16/1984	F	None	None	Single
11/28/1984	F	Dental	Single	Single
01/15/1985	M	Dental	Single	Single
07/04/1985	M	Dental	Single	Single
07/10/1985	M	None	None	Single
07/16/1985	F	None	None	Single
08/02/1985	M	Dental	Single	Single
08/16/1985	M	Dental	Single	Single
01/09/1986	M	Dental	Single	Single
02/11/1986	M	None	None	Single
03/05/1986	M	Dental	Single	Single
07/08/1986	M	Dental	Single	Single
05/23/1948	F	None	None	Family
08/31/1948	F	None	None	Family
11/03/1950	M	None	None	Family
04/06/1952	M	Dental	Family	Family
10/31/1953	M	Dental	Family	Family
01/03/1954	M	Dental	Family	Family
02/14/1954	M	None	None	Family
04/28/1954	M	Dental	Family	Family
05/11/1954	M	Dental	Family	Family
08/15/1954	M	Dental	Family	Family
01/03/1955	M	Dental	Family	Family
05/26/1955	M	Dental	Family	Family
01/11/1956	F	Dental	Family	Family
04/04/1956	M	Dental	Family	Family
12/14/1956	M	Dental	Family	Family
02/15/1957	M	None	None	Family
02/28/1957	F	None	None	Family
04/26/1957	M	Dental	Family	Family

05/31/1957	M	Dental	2-Person	Family
06/02/1957	M	Dental	Family	Family
06/28/1957	M	Dental	Family	Family
08/15/1957	F	None	None	Family
09/23/1957	M	Dental	Family	Family
03/02/1958	F	Dental	Family	Family
05/19/1958	M	None	None	Family
12/08/1958	F	None	None	Family
06/26/1959	M	Dental	Family	Family
07/02/1959	M	None	None	Family
02/02/1960	M	None	None	Family
02/06/1960	M	None	None	Family
03/06/1960	M	Dental	Family	Family
03/19/1960	F	Dental	Family	Family
04/26/1960	M	Dental	Family	Family
04/29/1960	F	None	None	Family
05/05/1960	F	None	None	Family
06/10/1960	M	Dental	2-Person	Family
08/05/1960	M	None	None	Family
08/15/1960	F	Dental	Family	Family
11/06/1960	F	None	None	Family
11/25/1960	M	Dental	Family	Family
12/24/1960	M	None	None	Family
02/12/1961	M	Dental	Family	Family
02/28/1961	M	Dental	Family	Family
04/17/1961	M	None	None	Family
04/20/1961	M	Dental	Family	Family
05/06/1961	F	Dental	Family	Family
05/11/1961	F	Dental	Family	Family
05/24/1961	M	Dental	Family	Family
06/19/1961	M	None	None	Family
08/10/1961	M	Dental	Family	Family
08/27/1961	M	None	None	Family
10/19/1961	F	Dental	Family	Family
10/31/1961	M	Dental	Family	Family
05/30/1962	M	Dental	Single	Family
07/03/1962	F	Dental	Family	Family
08/05/1962	M	None	None	Family
09/17/1962	M	Dental	Family	Family
09/26/1962	M	Dental	Family	Family
12/18/1962	M	None	None	Family
02/24/1963	M	None	None	Family
06/06/1963	M	None	None	Family
07/20/1963	M	Dental	Family	Family
08/31/1963	M	Dental	Family	Family
09/13/1963	M	None	None	Family
11/04/1963	F	Dental	Family	Family
11/17/1963	M	Dental	Family	Family
12/13/1963	M	Dental	Family	Family
12/22/1963	M	Dental	Family	Family
01/03/1964	M	Dental	Family	Family
02/11/1964	M	None	None	Family
03/16/1964	M	None	None	Family
05/22/1964	F	Dental	Family	Family
06/07/1964	M	Dental	Family	Family
06/14/1964	M	None	None	Family
06/28/1964	M	Dental	Family	Family
07/31/1964	M	Dental	Family	Family

09/04/1964	M	Dental	Family	Family
10/12/1964	F	None	None	Family
10/21/1964	M	Dental	Family	Family
12/20/1964	M	Dental	Family	Family
12/23/1964	M	Dental	Family	Family
02/13/1965	M	Dental	Family	Family
06/06/1965	M	Dental	Family	Family
06/25/1965	F	None	None	Family
07/31/1965	M	Dental	Family	Family
08/13/1965	M	Dental	Family	Family
09/24/1965	M	None	None	Family
10/02/1965	M	None	None	Family
10/26/1965	M	Dental	Family	Family
11/02/1965	M	None	None	Family
01/01/1966	F	Dental	Family	Family
01/03/1966	M	None	None	Family
01/14/1966	M	None	None	Family
01/24/1966	F	None	None	Family
02/12/1966	M	Dental	Family	Family
03/01/1966	F	None	None	Family
03/29/1966	M	None	None	Family
04/14/1966	M	None	None	Family
05/05/1966	M	Dental	2-Person	Family
08/14/1966	M	Dental	Family	Family
09/09/1966	M	None	None	Family
09/21/1966	M	None	None	Family
10/04/1966	M	Dental	Family	Family
11/03/1966	M	Dental	Family	Family
01/08/1967	M	Dental	Family	Family
01/15/1967	M	None	None	Family
02/12/1967	M	None	None	Family
07/30/1967	F	None	None	Family
08/16/1967	M	None	None	Family
09/21/1967	M	None	None	Family
12/12/1967	M	Dental	Family	Family
12/14/1967	M	Dental	Family	Family
03/11/1968	M	Dental	Family	Family
05/06/1968	M	None	None	Family
06/22/1968	M	Dental	Single	Family
07/03/1968	M	Dental	Family	Family
07/22/1968	M	None	None	Family
07/29/1968	F	Dental	Family	Family
08/26/1968	M	None	None	Family
10/08/1968	M	Dental	Family	Family
10/13/1968	M	Dental	Family	Family
12/10/1968	F	None	None	Family
12/13/1968	F	None	None	Family
01/22/1969	M	Dental	Family	Family
03/26/1969	M	Dental	Family	Family
04/02/1969	M	None	None	Family
06/13/1969	M	Dental	Family	Family
07/25/1969	M	Dental	Family	Family
08/24/1969	M	Dental	Family	Family
09/17/1969	M	None	None	Family
10/05/1969	M	None	None	Family
10/14/1969	M	None	None	Family
10/30/1969	M	Dental	Family	Family
11/30/1969	M	Dental	Family	Family

12/03/1969	M	None	None	Family
12/25/1969	M	None	None	Family
12/28/1969	M	None	None	Family
01/12/1970	M	None	None	Family
01/29/1970	M	None	None	Family
03/24/1970	F	Dental	Family	Family
03/30/1970	M	Dental	Family	Family
04/02/1970	F	Dental	Family	Family
04/26/1970	M	None	None	Family
05/09/1970	M	Dental	Family	Family
05/11/1970	F	None	None	Family
07/17/1970	M	None	None	Family
09/10/1970	M	Dental	Family	Family
10/11/1970	M	None	None	Family
11/21/1970	M	None	None	Family
12/03/1970	M	Dental	Family	Family
01/30/1971	M	Dental	Family	Family
02/01/1971	M	Dental	Family	Family
03/28/1971	F	Dental	Family	Family
05/08/1971	M	None	None	Family
07/14/1971	M	None	None	Family
11/18/1971	M	Dental	Family	Family
12/09/1971	M	Dental	Family	Family
01/03/1972	M	None	None	Family
01/22/1972	M	Dental	Family	Family
02/02/1972	M	Dental	Family	Family
02/03/1972	M	Dental	Family	Family
02/13/1972	M	Dental	Family	Family
02/29/1972	M	Dental	Family	Family
03/15/1972	F	None	None	Family
03/24/1972	M	Dental	Single	Family
05/11/1972	M	Dental	Family	Family
06/02/1972	M	Dental	Family	Family
06/02/1972	M	Dental	Family	Family
06/08/1972	M	Dental	Family	Family
06/26/1972	M	None	None	Family
07/05/1972	M	Dental	2-Person	Family
07/10/1972	M	None	None	Family
08/02/1972	M	Dental	Family	Family
11/26/1972	M	Dental	Family	Family
01/26/1973	M	Dental	Family	Family
02/16/1973	M	None	None	Family
04/21/1973	M	Dental	Family	Family
04/26/1973	M	None	None	Family
05/07/1973	M	Dental	Family	Family
05/23/1973	M	Dental	Family	Family
06/26/1973	M	None	None	Family
07/11/1973	M	Dental	2-Person	Family
10/26/1973	F	Dental	2-Person	Family
11/30/1973	M	Dental	2-Person	Family
12/04/1973	M	None	None	Family
12/15/1973	M	Dental	2-Person	Family
12/22/1973	M	Dental	Single	Family
02/23/1974	M	None	None	Family
06/10/1974	M	None	None	Family
07/26/1974	M	Dental	Family	Family
09/13/1974	M	Dental	Family	Family
11/21/1974	M	Dental	Family	Family

11/30/1974	M	Dental	Family	Family
02/11/1975	M	Dental	Family	Family
03/20/1975	M	Dental	2-Person	Family
04/10/1975	M	None	None	Family
08/15/1975	M	None	None	Family
09/13/1975	M	None	None	Family
10/08/1975	M	Dental	Family	Family
10/17/1975	M	Dental	Family	Family
11/26/1975	M	Dental	Family	Family
09/13/1976	M	Dental	2-Person	Family
03/16/1977	M	Dental	Family	Family
04/23/1977	M	Dental	Family	Family
06/08/1977	F	None	None	Family
07/02/1977	M	Dental	2-Person	Family
08/18/1977	M	Dental	Family	Family
09/20/1977	M	Dental	2-Person	Family
10/12/1977	M	None	None	Family
12/02/1977	M	Dental	Family	Family
12/11/1977	F	None	None	Family
05/02/1978	M	None	None	Family
06/14/1978	M	None	None	Family
10/06/1978	M	Dental	Family	Family
10/17/1978	M	None	None	Family
03/29/1979	M	Dental	2-Person	Family
08/26/1979	F	None	None	Family
10/13/1979	M	None	None	Family
02/24/1980	M	Dental	Family	Family
04/07/1980	M	Dental	Family	Family
05/28/1980	M	Dental	Family	Family
07/19/1980	F	Dental	Family	Family
08/21/1980	F	None	None	Family
08/30/1980	M	Dental	Family	Family
11/03/1980	F	Dental	2-Person	Family
04/01/1981	M	Dental	2-Person	Family
12/16/1981	M	Dental	Family	Family
02/23/1982	M	None	None	Family
03/01/1983	M	None	None	Family
09/20/1984	M	None	None	Family
07/13/1933	M	Dental	2-Person	2-Person
07/22/1946	M	None	None	2-Person
08/23/1947	M	None	None	2-Person
11/17/1947	F	Dental	2-Person	2-Person
02/07/1948	M	Dental	Single	2-Person
05/23/1948	F	Dental	2-Person	2-Person
06/05/1948	M	None	None	2-Person
06/08/1948	M	Dental	2-Person	2-Person
10/25/1948	M	None	None	2-Person
03/07/1949	F	None	None	2-Person
06/24/1949	M	Dental	2-Person	2-Person
08/31/1949	M	None	None	2-Person
12/06/1949	M	None	None	2-Person
02/06/1950	M	None	None	2-Person
03/26/1950	F	Dental	2-Person	2-Person
07/12/1950	M	Dental	Single	2-Person
10/25/1950	M	Dental	2-Person	2-Person
11/18/1950	M	Dental	2-Person	2-Person
02/06/1951	M	Dental	Single	2-Person
02/28/1951	M	None	None	2-Person

07/02/1951	F	None	None	2-Person
05/17/1952	M	Dental	2-Person	2-Person
06/05/1952	M	Dental	2-Person	2-Person
06/05/1952	F	Dental	2-Person	2-Person
07/17/1952	F	None	None	2-Person
08/15/1952	M	Dental	2-Person	2-Person
08/20/1952	M	Dental	2-Person	2-Person
10/25/1952	M	Dental	2-Person	2-Person
11/07/1952	F	Dental	2-Person	2-Person
11/21/1952	M	Dental	2-Person	2-Person
01/22/1953	M	None	None	2-Person
05/19/1953	F	Dental	2-Person	2-Person
05/28/1953	M	None	None	2-Person
06/06/1953	F	Dental	2-Person	2-Person
06/18/1953	F	None	None	2-Person
06/20/1953	M	Dental	2-Person	2-Person
06/26/1953	M	None	None	2-Person
09/21/1953	F	Dental	2-Person	2-Person
10/20/1953	M	Dental	2-Person	2-Person
03/18/1954	M	None	None	2-Person
04/03/1954	M	None	None	2-Person
07/12/1954	M	None	None	2-Person
08/17/1954	M	Dental	2-Person	2-Person
10/20/1954	M	Dental	2-Person	2-Person
11/21/1954	M	Dental	2-Person	2-Person
04/10/1955	M	None	None	2-Person
04/28/1955	M	Dental	2-Person	2-Person
06/11/1955	F	Dental	2-Person	2-Person
09/12/1955	F	None	None	2-Person
10/04/1955	M	None	None	2-Person
11/10/1955	M	None	None	2-Person
05/04/1956	M	Dental	2-Person	2-Person
05/16/1956	F	Dental	2-Person	2-Person
10/16/1956	M	Dental	Single	2-Person
11/19/1956	M	Dental	2-Person	2-Person
05/16/1957	F	None	None	2-Person
06/07/1957	M	Dental	2-Person	2-Person
10/18/1957	M	Dental	2-Person	2-Person
11/09/1957	F	None	None	2-Person
11/30/1957	M	None	None	2-Person
05/16/1958	F	Dental	Single	2-Person
07/21/1958	M	None	None	2-Person
11/23/1958	M	None	None	2-Person
11/29/1958	M	None	None	2-Person
01/04/1959	F	Dental	Single	2-Person
01/14/1959	M	None	None	2-Person
01/22/1959	M	Dental	2-Person	2-Person
03/07/1959	M	None	None	2-Person
03/22/1959	M	None	None	2-Person
04/17/1959	M	Dental	2-Person	2-Person
06/10/1959	M	None	None	2-Person
07/06/1960	M	None	None	2-Person
11/05/1960	M	None	None	2-Person
07/05/1961	F	Dental	2-Person	2-Person
08/31/1961	M	Dental	2-Person	2-Person
10/30/1961	F	None	None	2-Person
12/02/1961	M	Dental	2-Person	2-Person
01/15/1962	M	Dental	2-Person	2-Person

02/06/1962	F	None	None	2-Person
04/30/1962	F	None	None	2-Person
02/12/1963	F	None	None	2-Person
02/12/1963	M	Dental	2-Person	2-Person
02/28/1963	F	Dental	2-Person	2-Person
03/31/1963	M	Dental	2-Person	2-Person
04/12/1963	M	None	None	2-Person
06/27/1963	F	None	None	2-Person
09/03/1963	F	Dental	Single	2-Person
09/09/1963	M	Dental	2-Person	2-Person
04/29/1964	M	None	None	2-Person
07/17/1964	F	Dental	Single	2-Person
05/26/1965	F	Dental	2-Person	2-Person
07/23/1965	F	None	None	2-Person
11/30/1965	F	None	None	2-Person
12/07/1965	M	Dental	2-Person	2-Person
02/23/1966	M	None	None	2-Person
02/09/1967	F	Dental	2-Person	2-Person
02/25/1968	M	None	None	2-Person
04/02/1968	M	None	None	2-Person
05/09/1968	M	None	None	2-Person
07/01/1968	M	None	None	2-Person
01/11/1970	M	None	None	2-Person
07/05/1970	M	Dental	Single	2-Person
06/10/1971	M	None	None	2-Person
03/03/1972	M	None	None	2-Person
09/15/1972	M	Dental	Single	2-Person
02/02/1973	M	Dental	Single	2-Person
05/19/1974	M	Dental	2-Person	2-Person
06/06/1974	M	None	None	2-Person
10/06/1974	F	None	None	2-Person
04/05/1975	M	None	None	2-Person
07/28/1975	M	Dental	2-Person	2-Person
09/10/1976	M	Dental	2-Person	2-Person
08/25/1977	M	Dental	2-Person	2-Person
03/23/1978	M	Dental	2-Person	2-Person
05/16/1978	M	None	None	2-Person
10/24/1979	M	None	None	2-Person
02/28/1980	M	None	None	2-Person
02/02/1981	M	Dental	2-Person	2-Person
09/20/1982	M	None	None	2-Person

Retiree Subscribers				
DOB	**Gender**	**Plan**	**Coverage**	**Max Eligibility**
7/24/1927	M	Dental	2-Person	2-Person
3/1/1928	F	Dental	Single	Single
5/31/1931	M	Dental	2-Person	2-Person
9/18/1932	M	Dental	2-Person	2-Person
4/10/1934	F	Dental	Single	Single
12/15/1934	M	Dental	2-Person	2-Person
8/9/1935	M	Dental	Single	Single
12/6/1935	M	Dental	2-Person	2-Person
8/1/1936	M	Dental	2-Person	2-Person
1/27/1937	M	Dental	2-Person	2-Person
9/8/1937	M	Dental	Single	Single
12/26/1937	M	Dental	2-Person	2-Person
5/9/1939	F	Dental	Single	Single
7/19/1939	M	Dental	Single	Single

7/22/1939	M	Dental	2-Person	2-Person
7/28/1939	M	Dental	2-Person	2-Person
12/11/1939	M	Dental	Single	Single
1/18/1940	M	Dental	2-Person	2-Person
9/19/1940	M	Dental	2-Person	2-Person
12/21/1940	M	Dental	2-Person	2-Person
2/18/1941	M	Dental	2-Person	2-Person
1/21/1942	M	Dental	Single	Single
2/28/1942	M	Dental	2-Person	2-Person
7/3/1942	M	Dental	2-Person	2-Person
11/6/1942	M	Dental	2-Person	2-Person
2/8/1943	M	Dental	2-Person	2-Person
6/27/1943	F	Dental	2-Person	2-Person
5/13/1944	F	Dental	Single	Single
7/6/1944	M	Dental	Single	Single
7/29/1944	M	Dental	2-Person	2-Person
9/9/1944	M	Dental	Single	Single
2/14/1945	M	Dental	2-Person	2-Person
6/12/1945	M	Dental	Single	Single
9/5/1945	M	Dental	2-Person	2-Person
9/17/1945	M	Dental	2-Person	2-Person
10/21/1945	M	Dental	Single	Single
2/5/1946	M	Dental	2-Person	2-Person
5/24/1946	M	Dental	2-Person	2-Person
9/22/1946	M	Dental	Single	Single
12/14/1946	M	Dental	2-Person	2-Person
1/13/1947	M	Dental	2-Person	2-Person
5/25/1947	M	Dental	2-Person	2-Person
7/4/1947	F	Dental	Single	Single
11/8/1947	M	Dental	Single	Single
11/20/1947	M	Dental	2-Person	2-Person
2/27/1948	F	Dental	Single	Single
8/19/1948	M	Dental	2-Person	2-Person
11/2/1948	M	Dental	2-Person	2-Person
11/10/1948	M	Dental	2-Person	2-Person
12/9/1948	M	Dental	Single	Single
12/21/1948	M	Dental	2-Person	2-Person
2/14/1949	M	Dental	Family	Family
9/16/1949	F	Dental	2-Person	2-Person
9/19/1949	M	Dental	2-Person	2-Person
9/30/1949	M	Dental	2-Person	2-Person
10/22/1949	M	Dental	Single	Single
4/22/1950	M	Dental	2-Person	2-Person
3/6/1951	M	Dental	Family	Family
4/5/1951	F	Dental	Single	Single
10/31/1951	M	Dental	2-Person	2-Person
12/4/1951	M	Dental	2-Person	2-Person
5/4/1952	M	Dental	2-Person	2-Person
7/13/1952	M	Dental	2-Person	2-Person
11/19/1952	M	Dental	2-Person	2-Person
3/1/1953	M	Dental	Single	Single
4/21/1953	M	Dental	2-Person	2-Person
4/30/1953	M	Dental	Single	Single
7/9/1953	M	Dental	2-Person	2-Person
10/6/1953	M	Dental	Family	Family
10/20/1953	M	Dental	Single	Single
5/10/1954	M	Dental	2-Person	2-Person
8/7/1954	M	Dental	2-Person	2-Person

2/7/1955	M	Dental	Family	Family
4/9/1956	M	Dental	Single	Single
4/12/1956	M	Dental	2-Person	2-Person
5/14/1957	M	Dental	Family	Family
2/3/1959	M	Dental	Family	Family
3/8/1959	F	Dental	Single	Single
11/24/1959	M	Dental	Family	Family
4/28/1966	M	Dental	2-Person	2-Person

ENCLOSURE 5

Summary of Benefits

DELTA DENTAL®
Northeast Delta Dental

DATE: MARCH 14, 2005

STATE: NEW HAMPSHIRE

NAME: CITY OF CONCORD

PROPOSED EFFECTIVE DATE: JULY 1, 2005

PROPOSED PROGRAM	Option 2
COVERAGE A	100%
COVERAGE B	**60%**
COVERAGE C	50%
COVERAGE D Orthodontics	50%
Deductible per Person per Contract Year	**$50**
Deductible per Family per Contract Year	**$150**
Deductible Applied to Coverage A	**NO**
Maximum per Person per Contract Year	$1,000
Eligibility Period: First of the Month Following	30 Days
Maximum Annual Benefit Per Person	$1,000**

** This may be any combination of Coverage A, B, C, and D as indicated above.