

**STATE OF NEW HAMPSHIRE
FULL TIME TROOPER EMPLOYEES
POS & HMO PLANS
EFFECTIVE 01/01/2015**

12/19/2014 4:29 PM

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$157.44	\$4,093.44	\$4,873.44
HL-2	\$30.00	\$780.00	\$344.88	\$8,966.88	\$9,746.88
HL-3	\$30.00	\$780.00	\$569.82	\$14,815.32	\$15,595.32

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
	\$30.00	\$780.00	\$ 172.48	\$4,484.48	\$5,264.48
	\$30.00	\$780.00	\$ 374.95	\$9,748.70	\$10,528.70
	\$30.00	\$780.00	\$ 617.93	\$16,066.18	\$16,846.18

MONTHLY WORKING RATES

	POS	HMO
HL-1: 1 PERSON	\$ 438.71	\$ 406.13
HL-2: 2 PERSON	\$ 877.40	\$ 812.25
HL-3: FAMILY	\$ 1,403.85	\$ 1,299.61

POINT OF SERVICE - POS

COMPANY-STATE SHARE (3006) EMPLOYEE SHARE (3004)

HEALTH MAINTENANCE ORGANIZATION - HMO

COMPANY - STATE SHARE (3003) EMPLOYEE SHARE (3001)

WEEKLY HRS RANGE	POINT OF SERVICE - POS			HEALTH MAINTENANCE ORGANIZATION - HMO		
	TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
FULL TIME	HL	1	\$ 172.48	HL	POST1	\$30.00
FULL TIME	HL	2	\$ 374.95	HL	POST2	\$30.00
FULL TIME	HL	3	\$ 617.93	HL	POSTF	\$30.00

