

**STATE OF NEW HAMPSHIRE
PART TIME ACTIVE NEPBA LOCAL 040, 045, 260, 265 AND 270 EMPLOYEES
POS & HMO PLANS
WITH \$30/\$42/\$52 EE CONTRIBUTIONS
EFFECTIVE 01/01/2015**

The employee's share of Point of Service and HMO plans are the 26 PP respective working rate, less the employee share from the CBA (\$30/\$42/\$52), times the % of participation, then the employee share from the CBA (\$30/\$42/\$52) added back.

HMO					
30 HOURS TO 31.5 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$84.46	\$2,195.96	\$217.83	\$5,663.58	\$7,859.54
HL-2	\$154.51	\$4,017.26	\$450.03	\$11,700.78	\$15,718.04
HL-3	\$235.05	\$6,111.30	\$732.22	\$19,037.72	\$25,149.02

POS					
30 HOURS TO 31.5 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$92.93	\$2,416.18	\$251.72	\$6,544.72	\$8,960.90
HL-2	\$171.46	\$4,457.96	\$517.83	\$13,463.58	\$17,921.54
HL-3	\$262.18	\$6,816.68	\$840.70	\$21,858.20	\$28,674.88

HMO					
32 HOURS TO 34.5 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$70.84	\$1,841.84	\$231.45	\$6,017.70	\$7,859.54
HL-2	\$126.38	\$3,285.88	\$478.16	\$12,432.16	\$15,718.04
HL-3	\$189.29	\$4,921.54	\$777.98	\$20,227.48	\$25,149.02

POS					
32 HOURS TO 34.5 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$77.20	\$2,007.20	\$267.45	\$6,953.70	\$8,960.90
HL-2	\$139.09	\$3,616.34	\$550.20	\$14,305.20	\$17,921.54
HL-3	\$209.63	\$5,450.38	\$893.25	\$23,224.50	\$28,674.88

HMO					
35 HOURS TO 37 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$49.06	\$1,275.56	\$253.23	\$6,583.98	\$7,859.54
HL-2	\$81.38	\$2,115.88	\$523.16	\$13,602.16	\$15,718.04
HL-3	\$116.07	\$3,017.82	\$851.20	\$22,131.20	\$25,149.02

POS					
35 HOURS TO 37 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$52.03	\$1,352.78	\$292.62	\$7,608.12	\$8,960.90
HL-2	\$87.31	\$2,270.06	\$601.98	\$15,651.48	\$17,921.54
HL-3	\$125.56	\$3,264.56	\$977.32	\$25,410.32	\$28,674.88

FT EMPLOYEE CONTRIBUTION	
	26 PP
HL-1: 1 PERSON	\$ 30.00
HL-2: 2 PERSON	\$ 42.00
HL-3: FAMILY	\$ 52.00

MONTHLY WORKING RATES			
	POS	HMO	
HL-1: 1 PERSON	\$ 746.75	\$ 654.96	
HL-2: 2 PERSON	\$ 1,493.47	\$ 1,309.84	
HL-3: FAMILY	\$ 2,389.58	\$ 2,095.75	

POS 26 PP %					
HL-1: 1 PERSON	344.65	20%	62.93	30.00	92.93
HL-2: 2 PERSON	689.29	20%	129.46	42.00	171.46
HL-3: FAMILY	1,102.88	20%	210.18	52.00	262.18

HMO 26 PP %					
HL-1: 1 PERSON	302.29	20%	54.46	30.00	84.46
HL-2: 2 PERSON	604.54	20%	112.51	42.00	154.51
HL-3: FAMILY	967.27	20%	183.05	52.00	235.05

POINT OF SERVICE (POS)

COMPANY-STATE SHARE (3006)				EMPLOYEE SHARE (3004)			
			AMT PER 26				AMT PER 26
WEEKLY	%	TYPE	PP	%	TYPE	PLAN	PP

HEALTH MAINTENANCE ORGANIZATION (HMO)

COMPANY-STATE SHARE (3003)				EMPLOYEE SHARE (3001)			
			AMT PER 26				AMT PER 26
WEEKLY	%	TYPE	PP	%	TYPE	PLAN	PP

30.0	80%	HL	1	251.72	20%	HL	1	92.93
		HL	2	517.83		HL	2	171.46
(30 to 31.5)		HL	3	840.70		HL	3	262.18

80%	HL	1	217.83	20%	HL	1	84.46
	HL	2	450.03		HL	2	154.51
	HL	3	732.22		HL	3	235.05

32.0	85%	HL	1	267.45	15%	HL	1	77.20
		HL	2	550.20		HL	2	139.09
(32 to 34.5)		HL	3	893.25		HL	3	209.63

85%	HL	1	231.45	15%	HL	1	70.84
	HL	2	478.16		HL	2	126.38
	HL	3	777.98		HL	3	189.29

35.0	93%	HL	1	292.62	7%	HL	1	52.03
		HL	2	601.98		HL	2	87.31
(35 to 37)		HL	3	977.32		HL	3	125.56

93%	HL	1	253.23	7%	HL	1	49.06
	HL	2	523.16		HL	2	81.38
	HL	3	851.20		HL	3	116.07

FULL TIME	100%	HL	1	314.65	0%	HL	1	30.00
		HL	2	647.29		HL	2	42.00
(37.5 to >)		HL	3	1050.88		HL	3	52.00

100%	HL	1	272.29	0%	HL	1	30.00
	HL	2	562.54		HL	2	42.00
	HL	3	915.27		HL	3	52.00