

**STATE OF NEW HAMPSHIRE  
PART TIME TROOPERS  
POS & HMO PLANS  
WITH \$30 EE FEE  
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), times the % of participation, then the employee share from the CBA (\$30) added back.

HMO					
30 HOURS TO 31.5 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$61.49	\$1,598.74	\$125.95	\$3,274.70	\$4,873.44
HL-2	\$98.98	\$2,573.48	\$275.90	\$7,173.40	\$9,746.88
HL-3	\$143.96	\$3,742.96	\$455.86	\$11,852.36	\$15,595.32

POS					
30 HOURS TO 31.5 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$64.50	\$1,677.00	\$137.98	\$3,587.48	\$5,264.48
HL-2	\$104.99	\$2,729.74	\$299.96	\$7,798.96	\$10,528.70
HL-3	\$153.59	\$3,993.34	\$494.34	\$12,852.84	\$16,846.18

HMO					
32 HOURS TO 34.5 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$53.62	\$1,394.12	\$133.82	\$3,479.32	\$4,873.44
HL-2	\$81.73	\$2,124.98	\$293.15	\$7,621.90	\$9,746.88
HL-3	\$115.47	\$3,002.22	\$484.35	\$12,593.10	\$15,595.32

POS					
32 HOURS TO 34.5 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$55.87	\$1,452.62	\$146.61	\$3,811.86	\$5,264.48
HL-2	\$86.24	\$2,242.24	\$318.71	\$8,286.46	\$10,528.70
HL-3	\$122.69	\$3,189.94	\$525.24	\$13,656.24	\$16,846.18

HMO					
35 HOURS TO 37 HOURS					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$41.02	\$1,066.52	\$146.42	\$3,806.92	\$4,873.44
HL-2	\$54.14	\$1,407.64	\$320.74	\$8,339.24	\$9,746.88
HL-3	\$69.89	\$1,817.14	\$529.93	\$13,778.18	\$15,595.32

POS					
35 HOURS TO 37 HOURS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$42.07	\$1,093.82	\$160.41	\$4,170.66	\$5,264.48
HL-2	\$56.25	\$1,462.50	\$348.70	\$9,066.20	\$10,528.70
HL-3	\$73.26	\$1,904.76	\$574.67	\$14,941.42	\$16,846.18

EMPLOYEE CONTRIBUTION		
26 PP		
1 PERSON	\$	30.00
2 PERSON	\$	30.00
FAMILY	\$	30.00

POS 26 PP					
		%			
1 PERSON	202.48	20%	34.50	30.00	64.50
2 PERSON	404.95	20%	74.99	30.00	104.99
FAMILY	647.93	20%	123.59	30.00	153.59

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	

HMO 26 PP					
		%			
1 PERSON	187.44	20%	31.49	30.00	61.49
2 PERSON	374.88	20%	68.98	30.00	98.98
FAMILY	599.82	20%	113.96	30.00	143.96

**POINT OF SERVICE (POS)**

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

**HEALTH MAINTENANCE ORGANIZATION (HMO)**

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

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0 (30 to 31.5)	80%	HL	1	137.98	20%	HL	1	64.50
		HL	2	299.96		HL	2	104.99
		HL	3	494.34		HL	3	153.59
32.0 (32 to 34.5)	85%	HL	1	146.61	15%	HL	1	55.87
		HL	2	318.71		HL	2	86.24
		HL	3	525.24		HL	3	122.69
35.0 (35 to 37)	93%	HL	1	160.41	7%	HL	1	42.07
		HL	2	348.70		HL	2	56.25
		HL	3	574.67		HL	3	73.26
FULL TIME (37.5 to >)	100%	HL	1	172.48	0%	HL	1	30.00
		HL	2	374.95		HL	2	30.00
		HL	3	617.93		HL	3	30.00

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0 (30 to 31.5)	80%	HL	1	125.95	20%	HL	1	61.49
		HL	2	275.90		HL	2	98.98
		HL	3	455.86		HL	3	143.96
32.0 (32 to 34.5)	85%	HL	1	133.82	15%	HL	1	53.62
		HL	2	293.15		HL	2	81.73
		HL	3	484.35		HL	3	115.47
35.0 (35 to 37)	93%	HL	1	146.42	7%	HL	1	41.02
		HL	2	320.74		HL	2	54.14
		HL	3	529.93		HL	3	69.89
FULL TIME (37.5 to >)	100%	HL	1	157.44	0%	HL	1	30.00
		HL	2	344.88		HL	2	30.00
		HL	3	569.82		HL	3	30.00