

**STATE OF NEW HAMPSHIRE
PART TIME TROOPERS
POS & HMO PLANS
WITH \$30 EE FEE
EFFECTIVE 08/21/2015**

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.

30 HOURS TO 31.5 HOURS

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$62.42	\$1,622.92	\$129.66	\$3,371.16	\$4,994.08
HL-2	\$100.83	\$2,621.58	\$283.33	\$7,366.58	\$9,988.16
HL-3	\$146.93	\$3,820.18	\$467.72	\$12,160.72	\$15,980.90

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$65.50	\$1,703.00	\$141.99	\$3,691.74	\$5,394.74
HL-2	\$106.99	\$2,781.74	\$307.97	\$8,007.22	\$10,788.96
HL-3	\$156.79	\$4,076.54	\$507.17	\$13,186.42	\$17,262.96

32 HOURS TO 34.5 HOURS

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$54.31	\$1,412.06	\$137.77	\$3,582.02	\$4,994.08
HL-2	\$83.12	\$2,161.12	\$301.04	\$7,827.04	\$9,988.16
HL-3	\$117.70	\$3,060.20	\$496.95	\$12,920.70	\$15,980.90

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$56.62	\$1,472.12	\$150.87	\$3,922.62	\$5,394.74
HL-2	\$87.74	\$2,281.24	\$327.22	\$8,507.72	\$10,788.96
HL-3	\$125.09	\$3,252.34	\$538.87	\$14,010.62	\$17,262.96

35 HOURS TO 37 HOURS

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$41.35	\$1,075.10	\$150.73	\$3,918.98	\$4,994.08
HL-2	\$54.79	\$1,424.54	\$329.37	\$8,563.62	\$9,988.16
HL-3	\$70.93	\$1,844.18	\$543.72	\$14,136.72	\$15,980.90

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$42.42	\$1,102.92	\$165.07	\$4,291.82	\$5,394.74
HL-2	\$56.95	\$1,480.70	\$358.01	\$9,308.26	\$10,788.96
HL-3	\$74.38	\$1,933.88	\$589.58	\$15,329.08	\$17,262.96

EMPLOYEE CONTRIBUTION	
	<u>26 PP</u>
1 PERSON	\$ 30.00
2 PERSON	\$ 30.00
FAMILY	\$ 30.00

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 449.56	\$ 416.17
HL-2: 2 PERSON	\$ 899.09	\$ 832.34
HL-3: FAMILY	\$ 1,438.57	\$ 1,331.75

	POS 26 PP	%			
1 PERSON	207.49	20%	35.50	30.00	65.50
2 PERSON	414.96	20%	76.99	30.00	106.99
FAMILY	663.96	20%	126.79	30.00	156.79

	HMO 26 PP	%			
1 PERSON	192.08	20%	32.42	30.00	62.42
2 PERSON	384.16	20%	70.83	30.00	100.83
FAMILY	614.65	20%	116.93	30.00	146.93

POINT OF SERVICE (POS)

HEALTH MAINTENANCE ORGANIZATION (HMO)

COMPANY-STATE SHARE (3006)

EMPLOYEE SHARE (3004)

COMPANY-STATE SHARE (3003)

EMPLOYEE SHARE (3001)

WEEKLY HRS RANGE	COMPANY-STATE SHARE (3006)				EMPLOYEE SHARE (3004)			
	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0	80%	HL	1	141.99	20%	HL	1	65.50
		HL	2	307.97		HL	2	106.99
(30 to 31.5)		HL	3	507.17		HL	3	156.79
32.0	85%	HL	1	150.87	15%	HL	1	56.62
		HL	2	327.22		HL	2	87.74
(32 to 34.5)		HL	3	538.87		HL	3	125.09
35.0	93%	HL	1	165.07	7%	HL	1	42.42
		HL	2	358.01		HL	2	56.95
(35 to 37)		HL	3	589.58		HL	3	74.38
FULL TIME	100%	HL	1	177.49	0%	HL	1	30.00
		HL	2	384.96		HL	2	30.00
(37.5 to >)		HL	3	633.96		HL	3	30.00

WEEKLY HRS RANGE	COMPANY-STATE SHARE (3003)				EMPLOYEE SHARE (3001)			
	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0	80%	HL	1	129.66	20%	HL	1	62.42
		HL	2	283.33		HL	2	100.83
(30 to 31.5)		HL	3	467.72		HL	3	146.93
32.0	85%	HL	1	137.77	15%	HL	1	54.31
		HL	2	301.04		HL	2	83.12
(32 to 34.5)		HL	3	496.95		HL	3	117.70
35.0	93%	HL	1	150.73	7%	HL	1	41.35
		HL	2	329.37		HL	2	54.79
(35 to 37)		HL	3	543.72		HL	3	70.93
FULL TIME	100%	HL	1	162.08	0%	HL	1	30.00
		HL	2	354.16		HL	2	30.00
(37.5 to >)		HL	3	584.65		HL	3	30.00