STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE EMPLOYEE POS MEDICAL SAME GENDER SPOUSE
STATE AND IMPUTED WAGES
BI-WEEKLY RATES WITH $20/$40/$60 EE CONTRIBUTION
EFFECTIVE 01/01/2013

MONTHLY WORKING RATES	POS	26 PP
1 PERSON	$ 788.07	$ 20.00
2 PERSON	$ 1,576.10	$ 40.00
FAMILY	$ 2,521.78	$ 60.00

		POINT OF SERVICE								EMPLOYEE CONTRIBUTIONS					
		STATE SHARE FRINGE TYPE				IMPUTTED WAGES FRINGE TYPE				PRE TAX			AFTER TAX		
WEEKLY HRS RANGE	TIERS	%	TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
FULL TIME	ONE		HLTHS	POS1	$ 343.72	HLTHW	POS1	$ -		HLTHP	POS1	$ 20.00	HLTHX	POS1	$ -
	ONE>TWO		HLTHS	POS2	$ 323.72	HLTHW	POS2	$ 363.71		HLTHP	POS2	$ 20.00	HLTHX	POS2	$ 20.00
	ONE>FAM		HLTHS	POSF	$ 303.73	HLTHW	POSF	$ 800.17		HLTHP	POSF	$ 20.00	HLTHX	POSF	$ 40.00
	TWO		HLTHS	POS2	$ 687.43	HLTHW	POS2	$ -		HLTHP	POS2	$ 40.00	HLTHX	POS2	$ -
	TWO>FAM		HLTHS	POSF	$ 667.43	HLTHW	POSF	$ 436.47		HLTHP	POSF	$ 40.00	HLTHX	POSF	$ 20.00
	FAM		HLTHS	POSF	$ 1,103.90	HLTHW	POSF	$ -		HLTHP	POSF	$ 60.00	HLTHX	POSF	$ -
	FAM>FAM		HLTHS	POSF	$ 740.19	HLTHW	POSF	$ 363.71		HLTHP	POSF	$ 60.00	HLTHX	POSF	$ -