STATE OF NEW HAMPSHIRE
PART TIME HMO MEDICAL ACTIVE EMPLOYEE CIVIL UNIONS
STATE, IMPUTED AND EMPLOYEE CONTRIBUTION CHART
BI-WEEKLY RATES WITH $30 EE FEE
EFFECTIVE 01/01/2010

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 26 PP				
1 PERSON	$ 275.82	20%	$ 49.16	$ 30.00	$ 79.16
2 PERSON	$ 551.63	20%	$ 104.33	$ 30.00	$ 134.33
FAMILY	$ 882.60	20%	$ 170.52	$ 30.00	$ 200.52
1 PERSON	$ 275.82	15%	$ 36.87	$ 30.00	$ 66.87
2 PERSON	$ 551.63	15%	$ 78.24	$ 30.00	$ 108.24
FAMILY	$ 882.60	15%	$ 127.89	$ 30.00	$ 157.89
1 PERSON	$ 275.82	7%	$ 17.21	$ 30.00	$ 47.21
2 PERSON	$ 551.63	7%	$ 36.51	$ 30.00	$ 66.51
FAMILY	$ 882.60	7%	$ 59.68	$ 30.00	$ 89.68

MONTHLY WORKING RATES	
	HMO
1 PERSON	$ 597.62
2 PERSON	$ 1,195.19
FAMILY	$ 1,912.30

		HEALTH MAINTENANCE ORGANIZATION									EMPLOYEE CONTRIBUTIONS					
		STATE SHARE FRINGE TYPE				IMPUTED WAGES FRINGE TYPE					PRE TAX			AFTER TAX		
WEEKLY HRS RANGE	TIERS	%	TYPE	PLAN	AMT PER 24 PP	TYPE	PLAN	AMT PER 24 PP	%		TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
30.0	ONE	80%	HLTHS	HMO1	$ 213.05	HLTHW	HMO1	$ -	20%		HLTHP	HMO1	$ 79.16	HLTHX	HMO1	$ -
	ONE>TWO		HLTHS	HMO2	$ 213.05	HLTHW	HMO2	$ 239.02			HLTHP	HMO2	$ 79.16	HLTHX	HMO2	$ 55.17
	ONE>FAM		HLTHS	HMOF	$ 213.05	HLTHW	HMOF	$ 525.87			HLTHP	HMOF	$ 79.16	HLTHX	HMOF	$ 121.36
30.0	TWO		HLTHS	HMO2	$ 452.07	HLTHW	HMO2	$ -			HLTHP	HMO2	$ 134.33	HLTHX	HMO2	$ -
	TWO>FAM		HLTHS	HMOF	$ 452.07	HLTHW	HMOF	$ 286.85			HLTHP	HMOF	$ 134.33	HLTHX	HMOF	$ 66.19
30.0	FAM		HLTHS	HMOF	$ 738.92	HLTHW	HMOF	$ -			HLTHP	HMOF	$ 200.52	HLTHX	HMOF	$ -
	FAM>FAM		HLTHS	HMOF	$ 499.90	HLTHW	HMOF	$ 239.02			HLTHP	HMOF	$ 200.52	HLTHX	HMOF	$ -
(30 to 31.5)																
32.0	ONE	85%	HLTHS	HMO1	$ 226.37	HLTHW	HMO1	$ -	15%		HLTHP	HMO1	$ 66.87	HLTHX	HMO1	$ -
	ONE>TWO		HLTHS	HMO2	$ 226.37	HLTHW	HMO2	$ 253.97			HLTHP	HMO2	$ 66.87	HLTHX	HMO2	$ 41.37
	ONE>FAM		HLTHS	HMOF	$ 226.37	HLTHW	HMOF	$ 558.73			HLTHP	HMOF	$ 66.87	HLTHX	HMOF	$ 91.02
32.0	TWO		HLTHS	HMO2	$ 480.34	HLTHW	HMO2	$ -			HLTHP	HMO2	$ 108.24	HLTHX	HMO2	$ -
	TWO>FAM		HLTHS	HMOF	$ 480.34	HLTHW	HMOF	$ 304.76			HLTHP	HMOF	$ 108.24	HLTHX	HMOF	$ 49.65

32.0	FAM		HLTHS	HMOF	$ 785.10	HLTHW		HMOF	$ -			HLTHP		HMOF	$ 157.89	HLTHX	HMOF	$ -
	FAM>FAM		HLTHS	HMOF	$ 531.13	HLTHW		HMOF	$ 253.97			HLTHP		HMOF	$ 157.89	HLTHX	HMOF	$ -
(32 to 34.5)																		
35.0	ONE	93%	HLTHS	HMO1	$ 247.67	HLTHW		HMO1	$ -	7%		HLTHP		HMO1	$ 47.21	HLTHX	HMO1	$ -
	ONE>TWO		HLTHS	HMO2	$ 247.67	HLTHW		HMO2	$ 277.87			HLTHP		HMO2	$ 47.21	HLTHX	HMO2	$ 19.30
	ONE>FAM		HLTHS	HMOF	$ 247.67	HLTHW		HMOF	$ 611.33			HLTHP		HMOF	$ 47.21	HLTHX	HMOF	$ 42.47
35.0	TWO		HLTHS	HMO2	$ 525.54	HLTHW		HMO2	$ -			HLTHP		HMO2	$ 66.51	HLTHX	HMO2	$ -
	TWO>FAM		HLTHS	HMOF	$ 525.54	HLTHW		HMOF	$ 333.46			HLTHP		HMOF	$ 66.51	HLTHX	HMOF	$ 23.17
35.0	FAM		HLTHS	HMOF	$ 859.00	HLTHW		HMOF	$ -			HLTHP		HMOF	$ 89.68	HLTHX	HMOF	$ -
	FAM>FAM		HLTHS	HMOF	$ 581.13	HLTHW		HMOF	$ 277.87			HLTHP		HMOF	$ 89.68	HLTHX	HMOF	$ -
(35 to 37)																		
FULL TIME	ONE	100%	HLTHS	POS1	$ 266.31	HLTHW		POS1	$ -	0%		HLTHP		POS1	$ 30.00			
	TWO		HLTHS	POS2	$ 266.31	HLTHW		POS2	$ 298.79			HLTHP		POS2	$ 30.00			
(37.5 to >)	FAM		HLTHS	POSF	$ 266.31	HLTHW		POSF	$ 657.35			HLTHP		POSF	$ 30.00			