STATE OF NEW HAMPSHIRE
PART TIME TROOPERS
POS & HMO PLANS
WITH $30 EE FEE
EFFECTIVE 03/21/2014

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.

GROUP: 30.0 to 31.5 Hours

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$56.99	$1,481.74	$107.98	$2,807.48	$4,289.22
HL-2	$89.99	$2,339.74	$239.95	$6,238.70	$8,578.44
HL-3	$129.58	$3,369.08	$398.32	$10,356.32	$13,725.40

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$59.64	$1,550.64	$118.56	$3,082.56	$4,633.20
HL-2	$95.28	$2,477.28	$261.12	$6,789.12	$9,266.40
HL-3	$138.05	$3,589.30	$432.19	$11,236.94	$14,826.24

GROUP: 32 to 34.50 Hours

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$50.25	$1,306.50	$114.72	$2,982.72	$4,289.22
HL-2	$74.99	$1,949.74	$254.95	$6,628.70	$8,578.44
HL-3	$104.69	$2,721.94	$423.21	$11,003.46	$13,725.40

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$52.23	$1,357.98	$125.97	$3,275.22	$4,633.20
HL-2	$78.96	$2,052.96	$277.44	$7,213.44	$9,266.40
HL-3	$111.04	$2,887.04	$459.20	$11,939.20	$14,826.24

GROUP: 35 to 37.0 Hours

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$39.45	$1,025.70	$125.52	$3,263.52	$4,289.22
HL-2	$51.00	$1,326.00	$278.94	$7,252.44	$8,578.44
HL-3	$64.85	$1,686.10	$463.05	$12,039.30	$13,725.40

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	$40.37	$1,049.62	$137.83	$3,583.58	$4,633.20
HL-2	$52.85	$1,374.10	$303.55	$7,892.30	$9,266.40
HL-3	$67.82	$1,763.32	$502.42	$13,062.92	$14,826.24

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

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	$ 386.10	$ 357.44
HL-2: 2 PERSON	$ 772.20	$ 714.86
HL-3: FAMILY	$ 1,235.52	$ 1,143.78

	POS 26 PP	%			
1 PERSON	178.20	20%	29.64	30.00	59.64
2 PERSON	356.40	20%	65.28	30.00	95.28
FAMILY	570.24	20%	108.05	30.00	138.05

	HMO 26 PP	%			
1 PERSON	164.97	20%	26.99	30.00	56.99
2 PERSON	329.94	20%	59.99	30.00	89.99
FAMILY	527.90	20%	99.58	30.00	129.58

	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	%	TYPE	PLAN	AMT PER 26 PP		%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0	80%	HL	1	118.56		20%	HL	1	59.64	80%	HL	1	107.98	20%	HL	1	56.99
		HL	2	261.12			HL	2	95.28		HL	2	239.95		HL	2	89.99
(30 to 31.5)		HL	3	432.19			HL	3	138.05		HL	3	398.32		HL	3	129.58
32.0	85%	HL	1	125.97		15%	HL	1	52.23	85%	HL	1	114.72	15%	HL	1	50.25
		HL	2	277.44			HL	2	78.96		HL	2	254.95		HL	2	74.99
(32 to 34.5)		HL	3	459.20			HL	3	111.04		HL	3	423.21		HL	3	104.69
35.0	93%	HL	1	137.83		7%	HL	1	40.37	93%	HL	1	125.52	7%	HL	1	39.45
		HL	2	303.55			HL	2	52.85		HL	2	278.94		HL	2	51.00
(35 to 37)		HL	3	502.42			HL	3	67.82		HL	3	463.05		HL	3	64.85
FULL TIME	100%	HL	1	148.20		0%	HL	1	30.00	100%	HL	1	134.97	0%	HL	1	30.00
		HL	2	326.40			HL	2	30.00		HL	2	299.94		HL	2	30.00
(37.5 to >)		HL	3	540.24			HL	3	30.00		HL	3	497.90		HL	3	30.00