

**STATE OF NEW HAMPSHIRE
PART TIME TROOPERS
POS & HMO PLANS
WITH \$30 EE FEE
EFFECTIVE 01/01/2014**

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 to 31.5 Hours

HMO					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$62.56	\$1,626.56	\$130.25	\$3,386.50	\$5,013.06
HL-2	\$101.12	\$2,629.12	\$284.49	\$7,396.74	\$10,025.86
HL-3	\$147.40	\$3,832.40	\$469.58	\$12,209.08	\$16,041.48

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$65.65	\$1,706.90	\$142.62	\$3,708.12	\$5,415.02
HL-2	\$107.31	\$2,790.06	\$309.23	\$8,039.98	\$10,830.04
HL-3	\$157.29	\$4,089.54	\$509.18	\$13,238.68	\$17,328.22

GROUP: 32 to 34.5 Hours

HMO					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$54.42	\$1,414.92	\$138.39	\$3,598.14	\$5,013.06
HL-2	\$83.34	\$2,166.84	\$302.27	\$7,859.02	\$10,025.86
HL-3	\$118.05	\$3,069.30	\$498.93	\$12,972.18	\$16,041.48

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$56.74	\$1,475.24	\$151.53	\$3,939.78	\$5,415.02
HL-2	\$87.98	\$2,287.48	\$328.56	\$8,542.56	\$10,830.04
HL-3	\$125.47	\$3,262.22	\$541.00	\$14,066.00	\$17,328.22

GROUP: 35 to 37.0 Hours

HMO					
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$41.40	\$1,076.40	\$151.41	\$3,936.66	\$5,013.06
HL-2	\$54.89	\$1,427.14	\$330.72	\$8,598.72	\$10,025.86
HL-3	\$71.09	\$1,848.34	\$545.89	\$14,193.14	\$16,041.48

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$42.48	\$1,104.48	\$165.79	\$4,310.54	\$5,415.02
HL-2	\$57.06	\$1,483.56	\$359.48	\$9,346.48	\$10,830.04
HL-3	\$74.55	\$1,938.30	\$591.92	\$15,389.92	\$17,328.22

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

MONTHLY WORKING RATES			
	POS	HMO	
HL-1: 1 PERSON	\$ 451.26	\$ 417.75	
HL-2: 2 PERSON	\$ 902.50	\$ 835.48	
HL-3: FAMILY	\$ 1,444.01	\$ 1,336.78	

POS 26 PP %					
1 PERSON	208.27	20%	35.65	30.00	65.65
2 PERSON	416.54	20%	77.31	30.00	107.31
FAMILY	666.47	20%	127.29	30.00	157.29

HMO 26 PP %					
1 PERSON	192.81	20%	32.56	30.00	62.56
2 PERSON	385.61	20%	71.12	30.00	101.12
FAMILY	616.98	20%	117.40	30.00	147.40

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	
30.0	80%	HL	1	142.62	20%	HL	1	65.65	
		HL	2	309.23		HL	2	107.31	
		HL	3	509.18		HL	3	157.29	
32.0	85%	HL	1	151.53	15%	HL	1	56.74	
		HL	2	328.56		HL	2	87.98	
		HL	3	541.00		HL	3	125.47	
35.0	93%	HL	1	165.79	7%	HL	1	42.48	
		HL	2	359.48		HL	2	57.06	
		HL	3	591.92		HL	3	74.55	
FULL TIME (37.5 to >)	100%	HL	1	178.27	0%	HL	1	30.00	
		HL	2	386.54		HL	2	30.00	
		HL	3	636.47		HL	3	30.00	

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	
30.0	80%	HL	1	130.25	20%	HL	1	62.56	
		HL	2	284.49		HL	2	101.12	
		HL	3	469.58		HL	3	147.40	
32.0	85%	HL	1	138.39	15%	HL	1	54.42	
		HL	2	302.27		HL	2	83.34	
		HL	3	498.93		HL	3	118.05	
35.0	93%	HL	1	151.41	7%	HL	1	41.40	
		HL	2	330.72		HL	2	54.89	
		HL	3	545.89		HL	3	71.09	
FULL TIME (37.5 to >)	100%	HL	1	162.81	0%	HL	1	30.00	
		HL	2	355.61		HL	2	30.00	
		HL	3	586.98		HL	3	30.00	