

**STATE OF NEW HAMPSHIRE  
PART TIME ACTIVE TEAMSTERS 633 EMPLOYEES  
POS & HMO PLANS  
WITH \$30/\$42/\$52 EE CONTRIBUTIONS  
EFFECTIVE 01/01/2015**

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/\$42/\$52), times the % of participation, then the employee share from the CBA (\$30/\$42/\$52) added back.

**30 HOURS TO 31.5 HOURS**

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$84.46	\$2,195.96	\$217.83	\$5,663.58	\$7,859.54
HL-2	\$154.51	\$4,017.26	\$450.03	\$11,700.78	\$15,718.04
HL-3	\$235.05	\$6,111.30	\$732.22	\$19,037.72	\$25,149.02

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$92.93	\$2,416.18	\$251.72	\$6,544.72	\$8,960.90
HL-2	\$171.46	\$4,457.96	\$517.83	\$13,463.58	\$17,921.54
HL-3	\$262.18	\$6,816.68	\$840.70	\$21,858.20	\$28,674.88

**32 HOURS TO 34.5 HOURS**

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$70.84	\$1,841.84	\$231.45	\$6,017.70	\$7,859.54
HL-2	\$126.38	\$3,285.88	\$478.16	\$12,432.16	\$15,718.04
HL-3	\$189.29	\$4,921.54	\$777.98	\$20,227.48	\$25,149.02

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$77.20	\$2,007.20	\$267.45	\$6,953.70	\$8,960.90
HL-2	\$139.09	\$3,616.34	\$550.20	\$14,305.20	\$17,921.54
HL-3	\$209.63	\$5,450.38	\$893.25	\$23,224.50	\$28,674.88

**35 HOURS TO 37 HOURS**

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$49.06	\$1,275.56	\$253.23	\$6,583.98	\$7,859.54
HL-2	\$81.38	\$2,115.88	\$523.16	\$13,602.16	\$15,718.04
HL-3	\$116.07	\$3,017.82	\$651.20	\$22,131.20	\$25,149.02

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE TOTAL
	26PP	ANNUAL	26PP	ANNUAL	
HL-1	\$52.03	\$1,352.78	\$292.62	\$7,608.12	\$8,960.90
HL-2	\$87.31	\$2,270.06	\$601.98	\$15,651.48	\$17,921.54
HL-3	\$125.56	\$3,264.56	\$977.32	\$25,410.32	\$28,674.88

EMPLOYEE CONTRIBUTION		
26 PP		
HL-1: 1 PERSON		\$ 30.00
HL-2: 2 PERSON		\$ 42.00
HL-3: FAMILY		\$ 52.00

POS 26 PP %					
HL-1: 1 PERSON	344.65	20%	62.93	30.00	92.93
HL-2: 2 PERSON	689.29	20%	129.46	42.00	171.46
HL-3: FAMILY	1,102.88	20%	210.18	52.00	262.18

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 746.75	\$ 654.96
HL-2: 2 PERSON	\$ 1,493.47	\$ 1,309.84
HL-3: FAMILY	\$ 2,389.58	\$ 2,095.75

HMO 26 PP %					
HL-1: 1 PERSON	302.29	20%	54.46	30.00	84.46
HL-2: 2 PERSON	604.54	20%	112.51	42.00	154.51
HL-3: FAMILY	967.27	20%	183.05	52.00	235.05

**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		%	TYPE	PLAN	AMT PER	
				PP					26 PP	
30.0 (30 to 31.5)	80%	HL	1	251.72		20%	HL	1	92.93	
		HL	2	517.83			HL	2	171.46	
		HL	3	840.70			HL	3	262.18	
32.0 (32 to 34.5)	85%	HL	1	267.45		15%	HL	1	77.20	
		HL	2	550.20			HL	2	139.09	
		HL	3	893.25			HL	3	209.63	
35.0 (35 to 37)	93%	HL	1	292.62		7%	HL	1	52.03	
		HL	2	601.98			HL	2	87.31	
		HL	3	977.32			HL	3	125.56	
FULL TIME (37.5 to >)	100%	HL	1	314.65		0%	HL	1	30.00	
		HL	2	647.29			HL	2	42.00	
		HL	3	1050.88			HL	3	52.00	

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26		%	TYPE	PLAN	AMT PER 26	
				PP					PP	
30.0 (30 to 31.5)	80%	HL	1	217.83		20%	HL	1	84.46	
		HL	2	450.03			HL	2	154.51	
		HL	3	732.22			HL	3	235.05	
32.0 (32 to 34.5)	85%	HL	1	231.45		15%	HL	1	70.84	
		HL	2	478.16			HL	2	126.38	
		HL	3	777.98			HL	3	189.29	
35.0 (35 to 37)	93%	HL	1	253.23		7%	HL	1	49.06	
		HL	2	523.16			HL	2	81.38	
		HL	3	851.20			HL	3	116.07	
FULL TIME (37.5 to >)	100%	HL	1	272.29		0%	HL	1	30.00	
		HL	2	562.54			HL	2	42.00	
		HL	3	915.27			HL	3	52.00	