12/18/2012 12:54 PM

STATE OF NEW HAMPSHIRE
FULL TIME TROOPERS
POS & HMO PLANS
EFFECTIVE 01/01/2013

EMPLOYEE CONTRIBUTION	24 PP	26 PP
1 PERSON		$ 30.00
2 PERSON		$ 30.00
FAMILY		$ 30.00

WORKING RATES	POS	HMO
1 PERSON	$ 445.40	$ 412.33
2 PERSON	$ 890.79	$ 824.64
FAMILY	$ 1,425.27	$ 1,319.43

	POINT OF SERVICE										HEALTH MAINTENANCE ORGANIZATION									
	STATE SHARE					EMPLOYEE SHARE					STATE SHARE					EMPLOYEE SHARE				
WEEKLY HRS RANGE		TYPE		PLAN	AMT PER 24 PP		TYPE		PLAN	AMT PER 26 PP		TYPE		PLAN	AMT PER 24 PP		TYPE		PLAN	AMT PER 26 PP
FULL TIME		HLTHS		POST1	$ 175.57		HLTHP		POST1	$ 30.00		HLTHS		HMOT1	$ 160.31		HLTHP		HMOT1	$ 30.00
		HLTHS		POST2	$ 381.13		HLTHP		POST2	$ 30.00		HLTHS		HMOT2	$ 350.60		HLTHP		HMOT2	$ 30.00
		HLTHS		POSTF	$ 627.82		HLTHP		POSTF	$ 30.00		HLTHS		HMOTF	$ 578.97		HLTHP		HMOTF	$ 30.00