

**STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE TEAMSTERS 633
POS & HMO PLANS
BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION
EFFECTIVE 01/01/2014**

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$272.88	\$7,094.88	\$7,874.88
HL-2	\$42.00	\$1,092.00	\$563.73	\$14,656.98	\$15,748.98
HL-3	\$52.00	\$1,352.00	\$917.17	\$23,846.42	\$25,198.42

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$331.88	\$8,628.88	\$9,408.88
HL-2	\$42.00	\$1,092.00	\$681.75	\$17,725.50	\$18,817.50
HL-3	\$52.00	\$1,352.00	\$1,106.01	\$28,756.26	\$30,108.26

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 784.08	\$ 656.24
HL-2: 2 PERSON	\$ 1,568.13	\$ 1,312.41
HL-3: FAMILY	\$ 2,509.03	\$ 2,099.86

POINT OF SERVICE - POS

HEALTH MAINTENANCE ORGANIZATION - HMO

WEEKLY
HRS
RANGE

	COMPANY-STATE SHARE (3006)			EMPLOYEE SHARE (3004)		
	TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
FULL TIME	HLTHS	1	\$ 331.88	HL	1	\$30.00
FULL TIME	HLTHS	2	\$ 681.75	HL	2	\$42.00
FULL TIME	HLTHS	3	\$ 1,106.01	HL	3	\$52.00

	COMPANY - STATE SHARE (3003)			EMPLOYEE SHARE (3001)		
	TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP
	HL	1	\$ 272.88	HLTHP	1	\$30.00
	HL	2	\$ 563.73	HLTHP	2	\$42.00
	HL	3	\$ 917.17	HLTHP	3	\$52.00

