STATE OF NEW HAMPSHIRE
FULL TIME NEW HIRE TROOPERS
POS & HMO PLANS
EFFECTIVE 01/01/2012

1/23/2012 2:10 PM

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

MONTHLY WORKING RATES	POS	HMO
1 PERSON	$ 443.98	$ 411.01
2 PERSON	$ 887.94	$ 822.00
FAMILY	$ 1,420.71	$ 1,315.21

	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	PSNT1	$ 189.49		HLTHP	PSNT1	$ 30.00		HLTHS	HMNT1	$ 173.01		HLTHP	HMNT1	$ 30.00	
	HLTHS	PSNT2	$ 411.47		HLTHP	PSNT2	$ 30.00		HLTHS	HMNT2	$ 378.50		HLTHP	HMNT2	$ 30.00	
	HLTHS	PSNTF	$ 677.86		HLTHP	PSNTF	$ 30.00		HLTHS	HMNTF	$ 625.11		HLTHP	HMNTF	$ 30.00	

PROOF

HLTHS	PSNT1	$ 5,327.76	$ 5,327.76	$ -
HLTHS	PSNT2	$ 10,655.28	$ 10,655.28	$ -
HLTHS	PSNTF	$ 17,048.64	$ 17,048.52	$ (0.12)

PROOF

HLTHS	HMNT1	$ 4,932.24	$ 4,932.12	$ (0.12)
HLTHS	HMNT2	$ 9,864.00	$ 9,864.00	$ -
HLTHS	HMNTF	$ 15,782.64	$ 15,782.52	$ (0.12)