

**STATE OF NEW HAMPSHIRE
PART TIME HMO AND POS MEDICAL NEPBA LOCAL 40, 45, 260, 265 and 270
STATE & EMPLOYEE CONTRIBUTION CHART
WITH \$30/\$42/\$52 EE CONTRIBUTIONS
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/\$42/\$52), times the % of participation, then the employee share from the CBA (\$30/\$42/\$52) added back.

HMO

GROUP: 30 to 31.5 Hours

POS

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$84.58	\$2,199.08	\$218.30	\$5,675.80	\$7,874.88
HL-2	\$154.75	\$4,023.50	\$450.98	\$11,725.48	\$15,748.98
HL-3	\$235.43	\$6,121.18	\$733.74	\$19,077.24	\$25,198.42

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$96.38	\$2,505.88	\$265.50	\$6,903.00	\$9,408.88
HL-2	\$178.35	\$4,637.10	\$545.40	\$14,180.40	\$18,817.50
HL-3	\$273.20	\$7,103.20	\$884.81	\$23,005.06	\$30,108.26

HMO

GROUP: 32.0 to 34.50

POS

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$70.93	\$1,844.18	\$231.95	\$6,030.70	\$7,874.88
HL-2	\$126.56	\$3,290.56	\$479.17	\$12,458.42	\$15,748.98
HL-3	\$189.58	\$4,929.08	\$779.59	\$20,269.34	\$25,198.42

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$79.78	\$2,074.28	\$282.10	\$7,334.60	\$9,408.88
HL-2	\$144.26	\$3,750.76	\$579.49	\$15,066.74	\$18,817.50
HL-3	\$217.90	\$5,665.40	\$940.11	\$24,442.86	\$30,108.26

HMO

GROUP: 35.0 to 37.50

POS

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$49.10	\$1,276.60	\$253.78	\$6,598.28	\$7,874.88
HL-2	\$81.46	\$2,117.96	\$524.27	\$13,631.02	\$15,748.98
HL-3	\$116.20	\$3,021.20	\$852.97	\$22,177.22	\$25,198.42

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$53.23	\$1,383.98	\$308.65	\$8,024.90	\$9,408.88
HL-2	\$89.72	\$2,332.72	\$634.03	\$16,484.78	\$18,817.50
HL-3	\$129.42	\$3,364.92	\$1,028.59	\$26,743.34	\$30,108.26

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

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

	POS 26 PP	%			
HL-1: 1 PERSON	361.88	20%	66.38	30.00	96.38
HL-2: 2 PERSON	723.75	20%	136.35	42.00	178.35
HL-3: FAMILY	1,158.01	20%	221.20	52.00	273.20

	HMO 26 PP	%			
HL-1: 1 PERSON	302.88	20%	54.58	30.00	84.58
HL-2: 2 PERSON	605.73	20%	112.75	42.00	154.75
HL-3: FAMILY	969.17	20%	183.43	52.00	235.43

POINT OF SERVICE (POS)

HEALTH MAINTENANCE ORGANIZATION (HMO)

<u>WEEKLY HRS RANGE</u>	<u>COMPANY-STATE SHARE (3006)</u>				<u>EMPLOYEE SHARE (3004)</u>			
	<u>%</u>	<u>TYPE</u>	<u>AMT PER 26</u>		<u>%</u>	<u>TYPE</u>	<u>AMT PER</u>	
			<u>PLAN</u>	<u>PP</u>			<u>26 PP</u>	
30.0	80%	HL	1	265.50	20%	HL	1	96.38
		HL	2	545.40		HL	2	178.35
(30 to 31.5)		HL	3	884.81		HL	3	273.20
32.0	85%	HL	1	282.10	15%	HL	1	79.78
		HL	2	579.49		HL	2	144.26
(32 to 34.5)		HL	3	940.11		HL	3	217.90
35.0	93%	HL	1	308.65	7%	HL	1	53.23
		HL	2	634.03		HL	2	89.72
(35 to 37)		HL	3	1028.59		HL	3	129.42
FULL TIME	100%	HL	1	331.88	0%	HL	1	30.00
		HL	2	681.75		HL	2	42.00
(37.5 to >)		HL	3	1106.01		HL	3	52.00

<u>WEEKLY HRS RANGE</u>	<u>COMPANY-STATE SHARE (3003)</u>				<u>EMPLOYEE SHARE (3001)</u>			
	<u>%</u>	<u>TYPE</u>	<u>AMT PER 26</u>		<u>%</u>	<u>TYPE</u>	<u>AMT PER 26</u>	
			<u>PLAN</u>	<u>PP</u>			<u>PP</u>	
30.0	80%	HL	1	218.30	20%	HL	1	84.58
		HL	2	450.98		HL	2	154.75
(30 to 31.5)		HL	3	733.74		HL	3	235.43
32.0	85%	HL	1	231.95	15%	HL	1	70.93
		HL	2	479.17		HL	2	126.56
(32 to 34.5)		HL	3	779.59		HL	3	189.58
35.0	93%	HL	1	253.78	7%	HL	1	49.10
		HL	2	524.27		HL	2	81.46
(35 to 37)		HL	3	852.97		HL	3	116.20
FULL TIME	100%	HL	1	272.88	0%	HL	1	30.00
		HL	2	563.73		HL	2	42.00
(37.5 to >)		HL	3	917.17		HL	3	52.00

