STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE UNREPRESENTED EMPLOYEES (Classified, Unclassified, Non-Classified and HR Confidential)
POS & HMO PLANS
WITH $20/$40/$60 EE CONTRIUBTIONS

EFFECTIVE 03/21/2014

HMO								POS							
HMO EMPLOYEE CONTRIBUTION			HMO EMPLOYER CONTRIBUTION			W RATE		POS EMPLOYEE CONTRIBUTION			POSEMPLOYER CONTRIBUTION			W RATE	
	26 PP	ANNUAL		26 PP	ANNUAL	TOTAL			26 PP	ANNUAL		26 PP	ANNUAL	TOTAL	
HL-1	$ 20.00	$ 520.00	HL-1	$ 264.78	$ 6,884.28	$ 7,404.28		HL-1	$ 20.00	$ 520.00	HL-1	$ 320.25	$ 8,326.50	$ 8,846.50	
HL-2	$ 40.00	$ 1,040.00	HL-2	$ 529.53	$ 13,767.78	$ 14,807.78		HL-2	$ 40.00	$ 1,040.00	HL-2	$ 640.50	$ 16,653.00	$ 17,693.00	
HL-3	$ 60.00	$ 1,560.00	HL-3	$ 851.25	$ 22,132.50	$ 23,692.50		HL-3	$ 60.00	$ 1,560.00	HL-3	$ 1,028.81	$ 26,749.06	$ 28,309.06	

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	$ 737.21	$ 617.02
HL-2: 2 PERSON	$ 1,474.41	$ 1,233.98
HL-3: FAMILY	$ 2,359.08	$ 1,974.37

	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 PP			TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 26 PP			TYPE	PLAN	AMT PER 26 PP
FULL TIME	HL	1	$ 320.25			HL	1	$ 20.00	HL	1	$ 264.78			HL	1	$ 20.00
FULL TIME	HL	2	$ 640.50			HL	2	$ 40.00	HL	2	$ 529.53			HL	2	$ 40.00
FULL TIME	HL	3	$ 1,028.81			HL	3	$ 60.00	HL	3	$ 851.25			HL	3	$ 60.00