STATE OF NEW HAMPSHIRE
FULL TIME UNREPRESENTED (ALL) AND SEA EMPLOYEES
POS & HMO PLANS
WITH $20/$40/$60 EE CONTRIBUTIONS
EFFECTIVE 08/21/2015

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	$ 288.74	$ 7,507.24	$ 8,027.24	HL-1	$ 20.00	$ 520.00	HL-1	$ 361.72	$ 9,404.72	$ 9,924.72
HL-2	$ 40.00	$ 1,040.00	HL-2	$ 577.45	$ 15,013.70	$ 16,053.70	HL-2	$ 40.00	$ 1,040.00	HL-2	$ 723.44	$ 18,809.44	$ 19,849.44
HL-3	$ 60.00	$ 1,560.00	HL-3	$ 927.91	$ 24,125.66	$ 25,685.66	HL-3	$ 60.00	$ 1,560.00	HL-3	$ 1,161.51	$ 30,199.26	$ 31,759.26

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	$ 827.07	$ 668.94
HL-2: 2 PERSON	$ 1,654.11	$ 1,337.80
HL-3: FAMILY	$ 2,646.61	$ 2,140.48

	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	$ 361.72			HL	1	$ 20.00	HL	1	$ 288.74			HL	1	$ 20.00
FULL TIME	HL	2	$ 723.44			HL	2	$ 40.00	HL	2	$ 577.45			HL	2	$ 40.00
FULL TIME	HL	3	$ 1,161.51			HL	3	$ 60.00	HL	3	$ 927.91			HL	3	$ 60.00