

**STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE TEAMSTERS 633 EMPLOYEES
POS & HMO PLANS
BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION
EFFECTIVE 01/01/2015**

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$272.29	\$7,079.54	\$7,859.54
HL-2	\$42.00	\$1,092.00	\$562.54	\$14,626.04	\$15,718.04
HL-3	\$52.00	\$1,352.00	\$915.27	\$23,797.02	\$25,149.02

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$314.65	\$8,180.90	\$8,960.90
HL-2	\$42.00	\$1,092.00	\$647.29	\$16,829.54	\$17,921.54
HL-3	\$52.00	\$1,352.00	\$1,050.88	\$27,322.88	\$28,674.88

MONTHLY WORKING RATES

	POS	HMO
HL-1: 1 PERSON	\$ 746.75	\$ 654.96
HL-2: 2 PERSON	\$ 1,493.47	\$ 1,309.84
HL-3: FAMILY	\$ 2,389.58	\$ 2,095.75

POINT OF SERVICE - POS

COMPANY-STATE SHARE (3006) EMPLOYEE SHARE (3004)

WEEKLY
HRS
RANGE

	TYPE	PLAN	AMT PER 26		TYPE	PLAN	AMT PER	
			PP				26 PP	
FULL TIME	HLTHS	1	\$ 314.65		HL	1	\$30.00	
FULL TIME	HLTHS	2	\$ 647.29		HL	2	\$42.00	
FULL TIME	HLTHS	3	\$ 1,050.88		HL	3	\$52.00	

HEALTH MAINTENANCE ORGANIZATION - HMO

COMPANY - STATE SHARE (3003) EMPLOYEE SHARE (3001)

	TYPE	PLAN	AMT PER 26		TYPE	PLAN	AMT PER	
			PP				26 PP	
	HL	1	\$ 272.29		HLTHP	1	\$30.00	
	HL	2	\$ 562.54		HLTHP	2	\$42.00	
	HL	3	\$ 915.27		HLTHP	3	\$52.00	

