

**STATE OF NEW HAMPSHIRE
FULL TIME TROOPER EMPLOYEES
POS & HMO PLANS
EFFECTIVE 1/1/2016**

11/25/2015 12:16 PM

HMO

	HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$157.35	\$4,091.10	\$4,871.10
HL-2	\$30.00	\$780.00	\$344.70	\$8,962.20	\$9,742.20
HL-3	\$30.00	\$780.00	\$569.53	\$14,807.78	\$15,587.78

POS

	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
	\$30.00	\$780.00	\$ 172.38	\$4,481.88	\$5,261.88
	\$30.00	\$780.00	\$ 374.75	\$9,743.50	\$10,523.50
	\$30.00	\$780.00	\$ 617.62	\$16,058.12	\$16,838.12

MONTHLY WORKING RATES

	POS	HMO
HL-1: 1 PERSON	\$ 438.50	\$ 405.93
HL-2: 2 PERSON	\$ 876.96	\$ 811.86
HL-3: FAMILY	\$ 1,403.17	\$ 1,298.98

POINT OF SERVICE - POS

HEALTH MAINTENANCE ORGANIZATION - HMO

WEEKLY HRS RANGE	COMPANY-STATE SHARE (3006)						EMPLOYEE SHARE (3004)						COMPANY - STATE SHARE (3003)						EMPLOYEE SHARE (3001)							
	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		\$ 172.38			HL		POST1		\$30.00			HL		1		\$ 157.35			HL		1		\$30.00
FULL TIME	HL		2		\$ 374.75			HL		POST2		\$30.00			HL		2		\$ 344.70			HL		2		\$30.00
FULL TIME	HL		3		\$ 617.62			HL		POSTF		\$30.00			HL		3		\$ 569.53			HL		3		\$30.00