

**STATE OF NEW HAMPSHIRE
PART TIME UNREPRESENTED (ALL) AND SEA EMPLOYEES
POS & HMO PLANS
WITH \$20/\$40/\$60 EE CONTRIBUTIONS
EFFECTIVE 1/1/2016**

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 (\$20/\$40/\$60), times the % of participation, then the employee share from the CBA (\$20/\$40/\$60) added back.

HMO					30 HOURS TO 31.5 HOURS					POS				
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE					
26PP	ANNUAL	26PP	ANNUAL	TOTAL	26PP	ANNUAL	26PP	ANNUAL	TOTAL					
HL-1	\$77.55	\$2,016.30	\$230.22	\$5,985.72	\$8,002.02	HL-1	\$91.16	\$2,370.16	\$284.62	\$7,400.12	\$9,770.28			
HL-2	\$155.10	\$4,032.60	\$460.41	\$11,970.66	\$16,003.26	HL-2	\$182.31	\$4,740.06	\$569.23	\$14,799.98	\$19,540.04			
HL-3	\$244.96	\$6,368.96	\$739.86	\$19,236.36	\$25,605.32	HL-3	\$288.49	\$7,500.74	\$913.98	\$23,763.48	\$31,264.22			

HMO					32 HOURS TO 34.5 HOURS					POS				
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE					
26PP	ANNUAL	26PP	ANNUAL	TOTAL	26PP	ANNUAL	26PP	ANNUAL	TOTAL					
HL-1	\$63.17	\$1,642.42	\$244.60	\$6,359.60	\$8,002.02	HL-1	\$73.37	\$1,907.62	\$302.41	\$7,862.66	\$9,770.28			
HL-2	\$126.33	\$3,284.58	\$489.18	\$12,718.68	\$16,003.26	HL-2	\$146.73	\$3,814.98	\$604.81	\$15,725.06	\$19,540.04			
HL-3	\$198.72	\$5,166.72	\$786.10	\$20,438.60	\$25,605.32	HL-3	\$231.37	\$6,015.62	\$971.10	\$25,248.60	\$31,264.22			

HMO					35 HOURS TO 37 HOURS					POS				
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE					
26PP	ANNUAL	26PP	ANNUAL	TOTAL	26PP	ANNUAL	26PP	ANNUAL	TOTAL					
HL-1	\$40.14	\$1,043.64	\$267.63	\$6,958.38	\$8,002.02	HL-1	\$44.90	\$1,167.40	\$330.88	\$8,602.88	\$9,770.28			
HL-2	\$80.29	\$2,087.54	\$535.22	\$13,915.72	\$16,003.26	HL-2	\$89.81	\$2,335.06	\$661.73	\$17,204.98	\$19,540.04			
HL-3	\$124.74	\$3,243.24	\$860.08	\$22,362.08	\$25,605.32	HL-3	\$139.97	\$3,639.22	\$1,062.50	\$27,625.00	\$31,264.22			

POS 26 PP						%					
1 PERSON	375.78	20%	71.16	20.00	91.16						
2 PERSON	751.54	20%	142.31	40.00	182.31						
FAMILY	1,202.47	20%	228.49	60.00	288.49						

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 814.18	\$ 666.84
HL-2: 2 PERSON	\$ 1,628.33	\$ 1,333.61
HL-3: FAMILY	\$ 2,605.36	\$ 2,133.77

HMO 26 PP						%					
1 PERSON	307.77	20%	57.55	20.00	77.55						
2 PERSON	615.51	20%	115.10	40.00	155.10						
FAMILY	984.82	20%	184.96	60.00	244.96						

POINT OF SERVICE (POS)

COMPANY-STATE SHARE (3006)				EMPLOYEE SHARE (3004)			
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HEALTH MAINTENANCE ORGANIZATION (HMO)

COMPANY-STATE SHARE (3003)				EMPLOYEE SHARE (3001)			
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WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26		%	TYPE	PLAN	AMT PER 26	
				PP					26 PP	
30.0 (30 to 31.5)	80%	HL	1	284.62		20%	HL	1	91.16	
			2	569.23				2	182.31	
			3	913.98				3	288.49	
32.0 (32 to 34.5)	85%	HL	1	302.41		15%	HL	1	73.37	
			2	604.81				2	146.73	
			3	971.10				3	231.37	
35.0 (35 to 37)	93%	HL	1	330.88		7%	HL	1	44.90	
			2	661.73				2	89.81	
			3	1062.50				3	139.97	
FULL TIME (37.5 to >)	100%	HL	1	355.78		0%	HL	1	20.00	
			2	711.54				2	40.00	
			3	1142.47				3	60.00	

WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26		%	TYPE	PLAN	AMT PER 26	
				PP					26 PP	
30.0 (30 to 31.5)	80%	HL	1	230.22		20%	HL	1	77.55	
			2	460.41				2	155.10	
			3	739.86				3	244.96	
32.0 (32 to 34.5)	85%	HL	1	244.60		15%	HL	1	63.17	
			2	489.18				2	126.33	
			3	786.10				3	198.72	
35.0 (35 to 37)	93%	HL	1	267.63		7%	HL	1	40.14	
			2	535.22				2	80.29	
			3	860.08				3	124.74	
FULL TIME (37.5 to >)	100%	HL	1	287.77		0%	HL	1	20.00	
			2	575.51				2	40.00	
			3	924.82				3	60.00	