

**STATE OF NEW HAMPSHIRE  
PART TIME UNREPRESENTED (ALL) AND SEA EMPLOYEES  
POS & HMO PLANS  
WITH \$20/\$40/\$60 EE CONTRIBUTIONS  
EFFECTIVE 01/01/2015**

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			
HMO EE CONTRIBUTION	HMO ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$76.46	\$1,987.96	\$225.83	\$5,871.58	\$7,859.54
HL-2	\$152.91	\$3,975.66	\$451.63	\$11,742.38	\$15,718.04
HL-3	\$241.45	\$6,277.70	\$725.82	\$18,871.32	\$25,149.02

POS		30 HOURS TO 31.5 HOURS			
POS EE CONTRIBUTION	POS ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$84.93	\$2,208.18	\$259.72	\$6,752.72	\$8,960.90
HL-2	\$169.86	\$4,416.36	\$519.43	\$13,505.18	\$17,921.54
HL-3	\$268.58	\$6,983.08	\$834.30	\$21,691.80	\$28,674.88

HMO		32 HOURS TO 34.5 HOURS			
HMO EE CONTRIBUTION	HMO ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$62.34	\$1,620.84	\$239.95	\$6,238.70	\$7,859.54
HL-2	\$124.68	\$3,241.68	\$479.86	\$12,476.36	\$15,718.04
HL-3	\$196.09	\$5,098.34	\$771.18	\$20,050.68	\$25,149.02

POS		32 HOURS TO 34.5 HOURS			
POS EE CONTRIBUTION	POS ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$68.70	\$1,786.20	\$275.95	\$7,174.70	\$8,960.90
HL-2	\$137.39	\$3,572.14	\$551.90	\$14,349.40	\$17,921.54
HL-3	\$216.43	\$5,627.18	\$886.45	\$23,047.70	\$28,674.88

HMO		35 HOURS TO 37 HOURS			
HMO EE CONTRIBUTION	HMO ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$39.76	\$1,033.76	\$262.53	\$6,825.78	\$7,859.54
HL-2	\$79.52	\$2,067.52	\$525.02	\$13,650.52	\$15,718.04
HL-3	\$123.51	\$3,211.26	\$843.76	\$21,937.76	\$25,149.02

POS		35 HOURS TO 37 HOURS			
POS EE CONTRIBUTION	POS ER CONTRIBUTION		W RATE		
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$42.73	\$1,110.98	\$301.92	\$7,849.92	\$8,960.90
HL-2	\$85.45	\$2,221.70	\$603.84	\$15,699.84	\$17,921.54
HL-3	\$133.00	\$3,458.00	\$969.88	\$25,216.88	\$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

POS 26 PP		%	
1 PERSON	344.65	20%	64.93
2 PERSON	689.29	20%	129.86
FAMILY	1,102.88	20%	208.58

HMO 26 PP		%	
1 PERSON	302.29	20%	56.46
2 PERSON	604.54	20%	112.91
FAMILY	967.27	20%	181.45

POINT OF SERVICE (POS)								
COMPANY-STATE SHARE (3006)				EMPLOYEE SHARE (3004)				
WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0 (30 to 31.5)	80%	HL	1	259.72	20%	HL	1	84.93
		HL	2	519.43		HL	2	169.86
		HL	3	834.30		HL	3	268.58
32.0 (32 to 34.5)	85%	HL	1	275.95	15%	HL	1	68.70
		HL	2	551.90		HL	2	137.39
		HL	3	886.45		HL	3	216.43
35.0 (35 to 37)	93%	HL	1	301.92	7%	HL	1	42.73
		HL	2	603.84		HL	2	85.45
		HL	3	969.88		HL	3	133.00
FULL TIME (37.5 to >)	100%	HL	1	324.65	0%	HL	1	20.00
		HL	2	649.29		HL	2	40.00
		HL	3	1042.88		HL	3	60.00

HEALTH MAINTENANCE ORGANIZATION (HMO)								
COMPANY-STATE SHARE (3003)				EMPLOYEE SHARE (3001)				
WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP
30.0 (30 to 31.5)	80%	HL	1	225.83	20%	HL	1	76.46
		HL	2	451.63		HL	2	152.91
		HL	3	725.82		HL	3	241.45
32.0 (32 to 34.5)	85%	HL	1	239.95	15%	HL	1	62.34
		HL	2	479.86		HL	2	124.68
		HL	3	771.18		HL	3	196.09
35.0 (35 to 37)	93%	HL	1	262.53	7%	HL	1	39.76
		HL	2	525.02		HL	2	79.52
		HL	3	843.76		HL	3	123.51
FULL TIME (37.5 to >)	100%	HL	1	282.29	0%	HL	1	20.00
		HL	2	564.54		HL	2	40.00
		HL	3	907.27		HL	3	60.00