

**STATE OF NEW HAMPSHIRE  
FULL TIME ACTIVE EMPLOYEE PLAN  
POS & HMO PLANS  
WITH \$30 EE FEE  
EFFECTIVE 01/01/2010**

<b>EMPLOYEE CONTRIBUTION</b>		
	<u>24 PP</u>	<u>26 PP</u>
1 PERSON	\$	30.00
2 PERSON	\$	30.00
FAMILY	\$	30.00

<b>MONTHLY WORKING RATES</b>			
	<u>POS</u>	<u>HMO</u>	
1 PERSON	\$ 672.99	\$ 597.62	
2 PERSON	\$ 1,345.94	\$ 1,195.19	
FAMILY	\$ 2,153.51	\$ 1,912.30	

**POINT OF SERVICE**

**HEALTH MAINTENANCE ORGANIZATION**

WEEKLY  
HRS  
RANGE

<u>WEEKLY</u> <u>HRS</u> <u>RANGE</u>	<u>STATE SHARE</u>			<u>EMPLOYEE SHARE</u>		
	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 24</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>
			<u>PP</u>			<u>26 PP</u>
<b>FULL TIME</b>	HLTHS	POS1	\$ 304.00	HLTHP	POS1	\$ 30.00
	HLTHS	POS2	\$ 640.47	HLTHP	POS2	\$ 30.00
	HLTHS	POSF	\$ 1,044.26	HLTHP	POSF	\$ 30.00

	<u>STATE SHARE</u>			<u>EMPLOYEE SHARE</u>		
	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 24</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>
			<u>PP</u>			<u>26 PP</u>
	HLTHS	HMO1	\$ 266.31	HLTHP	HMO1	\$ 30.00
	HLTHS	HMO2	\$ 565.10	HLTHP	HMO2	\$ 30.00
	HLTHS	HMOF	\$ 923.65	HLTHP	HMOF	\$ 30.00