STATE OF NEW HAMPSHIRE
FULL TIME SEA PLAN STATE EMPLOYEES
POS & HMO PLANS
WITH $25 EE FEE
EFFECTIVE 01/01/2008

EMPLOYEE CONTRIBUTION	24 PP	26 PP
1 PERSON	$ 27.08	$ 25.00
2 PERSON	$ 27.08	$ 25.00
FAMILY	$ 27.08	$ 25.00

MONTHLY WORKING RATES	POS	HMO
1 PERSON	$ 570.67	$ 496.10
2 PERSON	$ 1,127.06	$ 977.92
FAMILY	$ 1,794.75	$ 1,556.09

	POINT OF SERVICE							HEALTH MAINTENANCE ORGANIZATION						
	STATE SHARE				EMPLOYEE SHARE			STATE SHARE				EMPLOYEE SHARE		
WEEKLY HRS RANGE	TYPE	PLAN	AMT PER 24 PP		TYPE	PLAN	AMT PER 26 PP	TYPE	PLAN	AMT PER 24 PP		TYPE	PLAN	AMT PER 26 PP
FULL TIME	HLTHS	POS1	$ 258.26		HLTHP	POS1	$ 25.00	HLTHS	HMO1	$ 220.97		HLTHP	HMO1	$ 25.00
	HLTHS	POS2	$ 536.45		HLTHP	POS2	$ 25.00	HLTHS	HMO2	$ 461.88		HLTHP	HMO2	$ 25.00
	HLTHS	POSF	$ 870.30		HLTHP	POSF	$ 25.00	HLTHS	HMOF	$ 750.96		HLTHP	HMOF	$ 25.00