STATE OF NEW HAMPSHIRE
FULL TIME CURRENT TROOPERS HMO DOMESTIC PARTNERS
STATE, IMPUTED AND EMPLOYEE CONTRIBUTION CHART
EFFECTIVE 01/01/2008

MONTHLY WORKING RATES		
	HMO	26 PP
1 PERSON	$ 470.62	$ -
2 PERSON	$ 928.80	$ -
FAMILY	$ 1,478.64	$ -

		HEALTH MAINTENANCE ORGANIZATION								EMPLOYEE CONTRIBUTIONS					
		STATE SHARE FRINGE TYPE				IMPUTED WAGES FRINGE TYPE				PRE TAX			AFTER TAX		
WEEKLY HRS RANGE	TIERS	%	TYPE	PLAN	AMT PER 24 PP	TYPE	PLAN	AMT PER 24 PP	%	TYPE	PLAN	AMT PER 24 PP	TYPE	PLAN	AMT PER 24 PP
FULL TIME	ONE		HLTHS	HMOT1	$ 235.31	HLTHW	HMOT1	$ -		HLTHP	HMOT1	$ -	HLTHX	HMOT1	$ -
	ONE>TWO		HLTHS	HMOT2	$ 235.31	HLTHW	HMOT2	$ 229.09		HLTHP	HMOT2	$ -	HLTHX	HMOT2	$ -
	ONE>FAM		HLTHS	HMOTF	$ 235.31	HLTHW	HMOTF	$ 504.01		HLTHP	HMOTF	$ -	HLTHX	HMOTF	$ -
	TWO		HLTHS	HMOT2	$ 464.40	HLTHW	HMOT2	$ -		HLTHP	HMOT2	$ -	HLTHX	HMOT2	$ -
	TWO>FAM		HLTHS	HMOTF	$ 464.40	HLTHW	HMOTF	$ 274.92		HLTHP	HMOTF	$ -	HLTHX	HMOTF	$ -
	FAM		HLTHS	HMOTF	$ 739.32	HLTHW	HMOTF	$ -		HLTHP	HMOTF	$ -	HLTHX	HMOTF	$ -
	FAM>FAM		HLTHS	HMOTF	$ 510.23	HLTHW	HMOTF	$ 229.09		HLTHP	HMOTF	$ -	HLTHX	HMOTF	$ -