STATE OF NEW HAMPSHIRE
HEALTH COVERAGE RATES
STATE & PART TIME CONTRIBUTION CHART SEA PLAN
BI-WEEKLY RATES
07/01/06

5/24/2006 2:38 PM

The employee's share of point of service and HMO plans is the % of participation of the respective working rates, plus the employee share from the full time chart.

	POS		%			
1 PERSON	260.36		20%	52.07	1.16	53.23
2 PERSON	519.11		20%	103.82	2.33	106.15
FAMILY	829.62		20%	165.92	3.74	169.66

WORKING RATES

	POS	HMO	PROOF	PROOF
1 PERSON	$ 260.36	$ 232.75	$ 260.36	$ 232.75
2 PERSON	$ 519.11	$ 463.89	$ 519.11	$ 463.89
FAMILY	$ 829.62	$ 741.26	$ 829.62	$ 741.26

	POINT OF SERVICE										HEALTH MAINTENANCE ORGANIZATION									
	STATE SHARE					EMPLOYEE SHARE					STATE SHARE					EMPLOYEE SHARE				
WEEKLY HRS RANGE	%	TYPE		PLAN	AMT	%	TYPE		PLAN	AMT	%	TYPE		PLAN	AMT	%	TYPE		PLAN	AMT
30.0	80%	HLTHS		POS1	$ 207.13	20%	HLTHP		POS1	$ 53.23	80%	HLTHS		HMO1	$ 186.20	20%	HLTHP		HMO1	$ 46.55
		HLTHS		POS2	$ 412.96		HLTHP		POS2	$ 106.15		HLTHS		HMO2	$ 371.11		HLTHP		HMO2	$ 92.78
(30 to 31.5)		HLTHS		POSF	$ 659.96		HLTHP		POSF	$ 169.66		HLTHS		HMOF	$ 593.01		HLTHP		HMOF	$ 148.25
32.0	85%	HLTHS		POS1	$ 220.15	15%	HLTHP		POS1	$ 40.21	85%	HLTHS		HMO1	$ 197.84	15%	HLTHP		HMO1	$ 34.91
		HLTHS		POS2	$ 438.91		HLTHP		POS2	$ 80.20		HLTHS		HMO2	$ 394.31		HLTHP		HMO2	$ 69.58
(32 to 34.5)		HLTHS		POSF	$ 701.44		HLTHP		POSF	$ 128.18		HLTHS		HMOF	$ 630.07		HLTHP		HMOF	$ 111.19
35.0	93%	HLTHS		POS1	$ 240.97	7%	HLTHP		POS1	$ 19.39	93%	HLTHS		HMO1	$ 216.46	7%	HLTHP		HMO1	$ 16.29
		HLTHS		POS2	$ 480.44		HLTHP		POS2	$ 38.67		HLTHS		HMO2	$ 431.42		HLTHP		HMO2	$ 32.47
(35 to 37)		HLTHS		POSF	$ 767.81		HLTHP		POSF	$ 61.81		HLTHS		HMOF	$ 689.37		HLTHP		HMOF	$ 51.89
FULL TIME	100%	HLTHS		POS1	$ 260.36	0%	HLTHP		POS1	$ -	100%	HLTHS		HMO1	$ 232.75	0%	HLTHP		HMO1	$ -
		HLTHS		POS2	$ 519.11		HLTHP		POS2	$ -		HLTHS		HMO2	$ 463.89		HLTHP		HMO2	$ -
(37.5 to >)		HLTHS		POSF	$ 829.62		HLTHP		POSF	$ -		HLTHS		HMOF	$ 741.26		HLTHP		HMOF	$ -