Hrs. Weekly	State %	Employee %	Plan Size	Plan Type		
				POS	HMO	Dental
30	80.00	20	1P	$37.78	$30.14	$ 2.57
			2P	$75.36	$60.05	$ 4.84
			F	$120.40	$95.94	$ 8.14
30.5	81.33	18.67	1P	$35.27	$28.13	$ 2.40
			2P	$70.35	$56.05	$ 4.52
			F	$112.40	$89.56	$ 7.60
31	82.66	17.34	1P	$32.76	$26.13	$ 2.23
			2P	$65.34	$52.06	$ 4.20
			F	$104.39	$83.18	$ 7.06
31.5	84.00	16.00	1P	$30.23	$24.11	$ 2.06
			2P	$60.29	$48.04	$ 3.87
			F	$96.32	$76.75	$ 6.51
32	85.33	14.67	1P	$27.71	$22.11	$ 1.88
			2P	$55.28	$44.04	$ 3.55
			F	$88.32	$70.37	$ 5.97
32.5	86.66	13.34	1P	$25.20	$20.10	$ 1.71
			2P	$50.27	$40.05	$ 3.23
			F	$80.31	$63.99	$ 5.43
33	88.00	12.00	1P	$22.67	$18.08	$ 1.54
			2P	$45.22	$36.03	$ 2.91
			F	$72.24	$57.56	$ 4.89
33.5	89.33	10.67	1P	$20.16	$16.08	$ 1.37
			2P	$40.21	$32.03	$ 2.58
			F	$64.24	$51.18	$ 4.34
34	90.66	9.34	1P	$17.64	$14.07	$ 1.20
			2P	$35.20	$28.04	$ 2.26
			F	$56.23	$44.80	$ 3.80
34.5	92.00	8.00	1P	$15.11	$12.05	$ 1.03
			2P	$30.15	$24.02	$ 1.94
			F	$48.16	$38.38	$ 3.26
35	93.00	6.67	1P	$12.60	$10.05	$ 0.86
			2P	$25.13	$20.03	$ 1.61
			F	$40.15	$32.00	$ 2.72
35.5	94.66	5.34	1P	$10.09	$8.05	$ 0.69
			2P	$20.12	$16.03	$ 1.29
			F	$32.15	$25.62	$ 2.17
36	96.00	4.00	1P	$7.56	$6.03	$ 0.51
			2P	$15.07	$12.01	$ 0.97
			F	$24.08	$19.19	$ 1.63
36.5	97.33	2.67	1P	$5.04	$4.02	$ 0.34
			2P	$10.06	$8.02	$ 0.65
			F	$16.07	$12.81	$ 1.09
37	98.66	1.34	1P	$2.53	$2.02	$ 0.17
			2P	$5.05	$4.02	$ 0.32
			F	$8.07	$6.43	$ 0.55

37.5	100.00	0.00	1P	$0.00	$0.00	$	-
			2P	$0.00	$0.00	$	-
			F	$0.00	$0.00	$	-

CIGNA HealthCare of New Hampshire has been approved by the Governor and Council as the carrier for our POS and HMO health plans for active state employees and their eligible dependents. These rates will be in effect from October 1, 2003 through June 30, 2004.