

City of Nashua Benefits

NSD SCHOOL CUSTODIAN

2024-25 Plan Year



The effective date depends on the date of hire (or as defined in CBA):

- If hired on or before the 15th of the month, coverage is effective on the 1st of the next month;
- If after the 15th of the month, coverage is effective the 1st of the month following a full month of employment.

Please refer to respective plan documents for the effective date on all other benefits.

The rates listed within this document are based on full-time status. Please request prorated rates if you work part-time.

Type of Benefit	Benefit Detail	Benefit Cost Per Pay	37 Pays	52 Pays
Health Insurance	Anthem HMO 1500/3000 Access Blue New England (PCP Required)	Single:	\$ 70.43	\$ 50.11
		2 Person:	\$ 141.88	\$ 100.96
		Family:	\$ 189.71	\$ 134.98
	Anthem POS Blue Choice New England (PCP Required)	Single:	\$ 147.25	\$ 104.77
		2 Person:	\$ 296.42	\$ 210.92
		Family:	\$ 396.94	\$ 282.44
	Anthem HDHP w/ HSA* Blue Choice New England (PCP required)	Single:	\$ 71.42	\$ 50.82
		2Person:	\$ 143.62	\$ 102.19
		Family:	\$ 186.52	\$ 132.72
*Employees must have an HSA account with Anthem WealthCare prior to the City's contribution to be deposited in the first week of July				
<u>Health Savings Account (HSA)</u> : tax-deferred account for use with covering your deductible when enrolled in the High Deductible Health Plan (HDHP)				
<u>HSA City Contributions</u> : \$1,500 for one person or \$3,000 for two person or family (see your CBA for distribution schedule)				
<u>HSA Employee Contributions</u> : up to \$2,650/tax year one person, up to \$5,300/tax year for two person or family				
<u>Annual Combined Contribution Max</u> = \$4,150/one person and \$8,300/2P or family (+ \$1,000 for 55+ years of age)				
	Anthem HDHP w/no HSA Blue Choice New England (PCP Required)	Single:	\$ 63.17	\$ 44.95
		2 Person:	\$ 127.26	\$ 90.55
		Family:	\$ 170.16	\$ 121.07
Dental Insurance	NE Delta 750 Plan Plan options are based on Employee Groups and Collective Bargaining Agreements	Single:	\$ 0.00	\$ 0.00
		2 Person:	\$ 9.36	\$ 6.66
		Family:	\$ 22.36	\$ 15.91
Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	Single:	\$ 2.39	\$ 1.70
		2 Person:	\$ 4.79	\$ 3.41
		Family:	\$ 7.70	\$ 5.48
Term Life Insurance	The Hartford Basic Life: 100% Employer Paid, Flat Rate of \$10,000, 1st of month following 30 calendar days employment. Optional Life*: 100% Employee paid / cost varies according to age.			
Short-Term Disability	The Hartford 3 year eligibility period/ elimination period 21 days. 60% earnings up to \$1,500 weekly max. Employer paid.			
Long-Term Disability	The Hartford 3 year eligibility period/ elimination period 180 days. 60% earnings up to \$5,000 monthly max. Employer Paid			
Flex Spending Account	Voya 1. <u>Dependent Care (DCA)</u> (November Open Enrollment) 2. <u>Health Care (FSA)*</u> *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)		Plan Max: \$5,000 (Jan 1 – Dec 31)	
			Plan Max: \$3,200 (Jul 1 – Jun 30)	
Other Insurances	Colonial Life 1. Medical Bridge 2. Accident Insurance		Contact Colonial Life 800-350-8167	
			Payroll deductions start after being notified by Colonial with the enrollments and changes	
Pension Plan	Mandatory enrollment based on position/job classification and full-time status (35+ hrs) Employees contribute the following: Group I: 7% of wages			
Retirement Plans	403(b) Plan - Contact NSD Human Resources			
	457(b) Plan - Empower Customer Service 855-756-4738 2024 annual contribution limit: \$23,000 (+ \$7,500 for 50+ years of age)			

Please see your CBA or Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).