

City of Nashua Benefits

NASHUA ASSOCIATION OF SCHOOL ADMINISTRATORS AND SUPERVISORS

2024-25 Plan Year



The effective date for medical, dental and vision insurance 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.

Title I teachers may purchase health insurance at group rates at own expense.

Type of Benefit	Benefits Detail	Benefit Cost	Per Pay:	22	26
Health Insurance	Anthem HMO 1500/3000		Single:	\$ 118.45	\$ 100.23
	Access Blue New England (PCP Required)		2 Person:	\$ 238.62	\$ 201.91
			Family:	\$ 319.05	\$ 269.97
	Anthem POS		Single:	\$ 247.65	\$ 209.55
	Blue Choice New England (PCP Required)		2 Person:	\$ 498.53	\$ 421.83
			Family:	\$ 667.59	\$ 564.88
	Anthem HDHP w/ HSA*		Single:	\$ 120.12	\$ 101.64
	Blue Choice New England		2Person:	\$ 241.54	\$ 204.38
	(PCP required)		Family:	\$ 313.69	\$ 265.43

*Employees must have an HSA account with **Anthem WealthCare** prior to the City's contribution to be deposited in the first week of July
Health Savings Account (HSA): tax-deferred account for use with covering your deductible when enrolled in the High Deductible Health Plan (HDHP)

HSA City Contributions: \$1,500 for one person or \$3,000 for two person or family (see your CBA for distribution schedule)

HSA Employee Contributions: up to \$2,650/ tax year one person, up to \$5,300/tax year for two person or family.

Annual Combined Contribution Max = \$4,150/one person and \$8,300/2P or family (+ \$1,000 for 55+ years of age)

	Anthem HDHP w/no HSA		Single:	\$ 106.24	\$ 89.89
	Blue Choice New England (PCP Required)		2 Person:	\$ 214.03	\$181.10
			Family:	\$ 286.17	\$242.15

Dental Insurance	NE Delta Dental	\$1,500 Plan	22	26	
	Plans options are based on Employee Groups and Collective Bargaining Agreements (\$2000/ high option includes orthodontic benefit)		Single:	\$ 0.00	\$ 0.00
			2 Person:	\$ 0.00	\$ 0.00
			Family:	\$ 0.00	\$ 0.00
		\$2,000 Plan	Single:	\$ 3.01	\$ 2.54
			2 Person:	\$ 6.10	\$ 5.16
			Family:	\$ 12.63	\$ 10.69

Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	Single:	\$ 0.00	\$ 0.00
		2 Person:	\$ 0.00	\$ 0.00
		Family:	\$ 0.00	\$ 0.00

Term Life Insurance	The Hartford Basic Life: 100% Employer Paid, 1.5 x Annual Base w/\$200k Cap Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage	Single:	\$ 0.00	\$ 0.00
		2 Person:	\$ 0.00	\$ 0.00
		Family:	\$ 0.00	\$ 0.00

Long Term Disability	UNUM 60% earnings, max benefit of \$6,000 month, 180 day elimination period. Employer Paid, minimum 20 hrs/wk. *Review your CBA or Employee Group Rules and Regulations for eligibility requirements			

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 Employees contribute the following: Group I: 7% of wages
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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).