

City of Nashua Benefits

NASHUA ASSOCIATION OF SCHOOL PRINCIPALS

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.

Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	26
Health Insurance	Anthem HMO 1500/3000 Access Blue New England (PCP Required)	Single:	\$ 100.23
		2 Person:	\$ 201.91
		Family:	\$ 269.97
	Anthem POS Blue Choice New England (PCP Required)	Single:	\$ 209.55
		2 Person:	\$ 421.83
		Family:	\$ 564.88
	Anthem HDHP w/ HSA* Blue Choice New England (PCP Required)	Single:	\$ 101.64
		2Person:	\$ 204.38
		Family:	\$ 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			
<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:	\$ 89.89
		2 Person:	\$ 181.10
		Family:	\$ 242.15
Dental Insurance	NE Delta Dental Plans options are based on Employee Groups and Collective Bargaining Agreements (\$2000/ high option includes orthodontic benefit)	2000 Plan	
		Single:	\$ 0.00
		2 Person:	\$ 0.00
		Family:	\$ 0.00
Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	Single:	\$ 0.00
		2 Person:	\$ 0.00
		Family:	\$ 0.00
Term Life Insurance	The Hartford Basic Life: 100% Employer Paid, 2 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		
Long Term Disability	UNUM 60% earnings, max benefit of \$6,000 month, 180 day elimination period. Employer Paid *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 an 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 800-325-4368	
		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		
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).