



City of Nashua Benefits

PARAEDUCATORS

2024-25 Plan Year

The rates listed within this document are based on full-time status. Employees working less than 1080 hours per year are not eligible.

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.

Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	37 Pays	*Personal Checks
Health Insurance	Anthem HMO 1500/3000	Single:	\$ 70.43	*additional due each month for family enrollment: \$ 737.30
	Access Blue New England (PCP Required)	2 Person:	\$ 427.69	
		Family:	\$ 427.69*	
	Anthem POS	Single:	\$ 147.25	*additional due each month for family enrollment: \$1,033.15
	Blue Choice New England (PCP Required)	2 Person:	\$ 595.41	
		Family:	\$ 595.41*	
	Anthem HDHP w/ HSA*	Single:	\$ 71.42	No Monthly
	Blue Choice New England (PCP Required)	2 Person:	\$ 189.18	
		Family:	\$ 324.32	
*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> (optional): 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	Single:	\$ 63.17	No Monthly
	Blue Choice New England (PCP Required)	2 Person:	\$ 175.67	
		Family:	\$ 297.29	
Dental Insurance	NE Delta Dental	1500 Plan		
	Plan options are based on Employee Groups and Collective Bargaining Agreements	Single:	\$ 0.00	
		2 Person:	\$ 17.36	
		Family:	\$ 41.99	
Vision Insurance	Vision Service Plan (VSP)	Single:	\$ 2.39	
	(no ID cards issued, access benefit with providers using your name, DOB, SSN)	2 Person:	\$ 4.79	
		Family:	\$ 7.70	
Term Life Insurance	The Hartford			
	Basic Life: 100% Employer Paid, \$10,000			
	Optional Life*: 100% Employee paid / cost varies according to age.			
Long Term Disability	Met Life			
	Offered by Union at Employee's sole expense.			
	*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)		Plan Max: \$5,000 (Jan 1 – Dec 31)	
	2. <u>Health Care (FSA)*</u>		Plan Max: \$3,200 (Jul 1 – Jun 30)	
	*Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)			
Other Insurances	Colonial Life		Contact Colonial Life	
	1. Medical Bridge		800-325-4368	
	2. Accident Insurance		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).

IMPORTANT: 37 installments are based on September – June contributions for October – September coverage. Off schedule changes and/or enrollments will require individual cost calculations. For example, requested Open Enrollment 7/1/xx changes will require “catch-up” contributions (or credits) to account for July, Aug, and September coverage.