City of Nashua Benefits

NSD SCHOOL CUSTODIAN

2025-26 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		52 Pays	
Health Insurance	Anthem HMO 1500/3000	Single:	\$ 77.56	\$ 55.19	
	Access Blue New England	2 Person		\$ 111.18	
	(PCP Required)	Family	\$ 208.91	\$ 148.65	
	Anthem POS	Single:	\$ 162.16	\$ 115.38	
	Blue Choice New England	2 Person	n \$ 326.44	\$ 232.27	
	(PCP Required)	Family:	\$ 437.14	\$ 311.04	
	Anthem HDHP w/ HSA*	Single:	\$ 77.86	\$ 55.40	
	Blue Choice New England	2Person	\$ 156.59	\$ 111.42	
	(PCP required)	Family:		\$ 145.03	
*Employees must have an	HSA account with Anthem WealthCare prio				
	ISA): tax-deferred account for use with coveri			le Health Plan (HDH	
	1,500 for one person or \$3,000 for two person				
HSA Employee Contribution	ons: up to \$2,800/tax year one person, up to \$2.	5,550/tax year for two person of	or family		
Annual Combined Contrib	$\underline{\text{ution Max}} = \$4,300/\text{one person and }\$8,550/2F$	P or family (+ \$1,000 for 55+ y	ears of age)		
	Anthem HDHP w/no HSA	Single:	\$ 69.57	\$ 49.50	
	Blue Choice New England	2 Person	n: \$ 140.15	\$ 99.72	
	(PCP Required)	Family:	\$ 187.39	\$ 133.33	
Dental Insurance	NE Delta 750 Plan	Single:	\$ 0.00	\$ 0.00	
	Plan options are based on Employee Grou		n: \$ 9.36	\$ 6.66	
	and Collective Bargaining Agreements	Family:		\$ 15.91	
Vision Insurance	Vision Service Plan (VSP)	Single:	\$ 2.39	\$ 1.70	
	(no ID cards issued, access benefit with pr			\$ 3.41	
	using your name, DOB, SSN)	Family:	\$ 7.70	\$ 5.48	
Term Life Insurance	Equitable				
	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	Equitable				
	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	<u>, , , , , , , , , , , , , , , , , , , </u>				
The opening recount	1. <u>Dependent Care</u> (DCA) (November Open E	Enrollmant)	Plan Max: \$5,000 (Jan	1 – Dec 31)	
	2. Health Care (FSA)*	zuroumeni)	Plan Max: \$3,300 (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		
	Medical Bridge Critical Illness -	new	800-350-8167		
	Accident Insurance GradFin - new	ne w	Payroll deductions start after	heing 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 = New Loan Option				
	457(b) Plan - Empower Customer Service 855-756-4738				
	2025 annual contribution limit: \$23,500 (

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

