

City of Nashua Benefits

NSD CLERICAL (SECRETARIES)

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 **30 hrs. per week**. Employees working less than 30 hrs. are not eligible.

HEALTH PLAN	52 Pays	49 Pays	37 Pays
Anthem HMO 1500/3000: (PCP Required)			
Single	\$ 50.11	\$ 53.18	\$ 70.43
Two Person	\$ 100.96	\$ 107.14	\$ 141.88
Family	\$ 134.98	\$ 143.25	\$ 189.71
Anthem POS: (PCP Required)			
Single	\$ 104.77	\$ 111.19	\$ 147.25
Two Person	\$ 210.92	\$ 223.83	\$ 296.42
Family	\$ 282.44	\$ 299.73	\$ 396.94

HEALTH PLAN	52 Pays	49 Pays	37 Pays
Anthem HDHP w/ HSA*			
Single	\$ 50.82	\$ 53.93	\$ 71.42
Two Person	\$ 102.19	\$ 108.45	\$ 143.62
Family	\$ 132.72	\$ 140.84	\$ 186.52
Anthem HDHP w/no HSA			
Single	\$ 44.95	\$ 47.70	\$ 63.17
Two Person	\$ 90.55	\$ 96.10	\$ 127.26
Family	\$ 121.07	\$ 128.49	\$ 170.16

*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 (optional): 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)

DENTAL AND VISION	PLAN	District Share	52 Pays	49 Pays	37 Pays
Secretaries \$1500 Max Dental	Single	Single Cap	\$0.00	\$0.00	\$0.00
	Two Person	Single Cap	\$11.77	\$12.49	\$16.54
	Family	Single Cap	\$28.44	\$30.18	\$39.97
Secretaries \$2000 Max Dental	Single	Low Plan Cap	\$1.27	\$1.35	\$1.79
	Two Person	Low Plan Cap	\$14.35	\$15.23	\$20.17
	Family	Low Plan Cap	\$33.78	\$35.85	\$47.48
Secretaries VSP (vision)	Single	EE Paid	\$1.70	\$1.81	\$2.39
	Two Person	EE Paid	\$3.41	\$3.61	\$4.79
	Family	EE Paid	\$5.48	\$5.81	\$7.70

Schedule I = 52 pays
 Schedule II = 49 pays
 Schedule III = 37 pays.

Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	100% Paid by Employee
Term Life Insurance	The Hartford Basic Life: 100% Employer Paid, Schedule I & II: \$10,000, Schedule III: \$8,000 Optional Life*: 100% Employee paid / cost varies according to age.	
Disability Plan	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) 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 Payroll deductions start after being notified by Colonial with the enrollments and changes	Contact Colonial Life 800-350-8167
Pension Plan	NHRS: Mandatory enrollment based on position/job classification and full-time status: 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).