City of Nashua Benefits

NSD CLERICAL (SECRETARIES)

2025-26 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	49	37		
IILALIIIILAN	Pays	Pays	Pays		
Anthem HMO 1500/3000: (PCP Required)					
Single	\$ 55.19	\$ 58.57	\$ 77.56		
Two Person	\$111.18	\$ 117.98	\$ 156.25		
Family	\$148.65	\$ 157.75	\$ 208.91		
Anthem POS: (PCP Required)					
Single	\$ 115.38	\$ 122.45	\$ 162.16		
Two Person	\$ 232.27	\$ 246.49	\$ 326.44		
Family	\$ 311.04	\$330.08	\$437.14		

HEALTH PLAN	52	49	37
HEALIH FLAN	Pays	Pays	Pays
Anthem HDHP w/ HSA*			
Single	\$ 55.40	\$ 58.79	\$ 77.86
Two Person	\$ 111.42	\$ 118.24	\$ 156.59
Family	\$ 145.03	\$ 153.91	\$ 203.83
Anthem HDHP w/no HSA			
Single	\$ 49.50	\$ 52.53	\$ 69.57
Two Person	\$ 99.72	\$ 105.83	\$ 140.15
Family	\$ 133.33	\$ 141.50	\$ 187.39

*Employees must have an HSA account with **Anthem WealthCare** prior to the City's contribution to be deposited in July.

<u>Health Savings Account</u> (HSA): 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 \$2,800/tax year one person, up to \$5,550/ tax year for two person or family

<u>Annual Combined Contribution Max</u> = \$4,300/one person and \$8,550/2P or family (+ \$1,000 for 55+ years of age)

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

Secretaries	Single	EE Paid	\$1.70	\$1.81	\$2.39		
VSP (vision)	Two Person	EE Paid	\$3.41	\$3.61	\$4.79		
	Family	EE Paid	\$5.48	\$5.81	\$7.70		
Vision Insurance	Vision Service Plan (VSP) 100% Paid by Employee						
	(no ID cards issued, access benefit with providers using your name, DOB, SSN)						
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. Dependent Care (DCA) (November Open Enrollment)			Plan Max: \$5,000 (Jan 1 – Dec 31)			
	2. <u>Health Care</u> (FSA)*			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 G	adFin - new Payroll deductions start after being notified by Colonial with the enrollments and changes					
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 457(b) Plan - Empowe			38– New Loai	n Option		

2025 annual contribution limit: \$23,500 (+ \$7,500 for 50+ years of age)