## **City of Nashua Benefits**

## NSD FOOD SERVICE WORKERS

**2024-25 Plan Year** 



The effective date depends on the date of hire (or as defined in CBA):

- If hired on or before the 15<sup>th</sup> of the month, coverage is effective on the 1<sup>st</sup> of the next month;
- If after the 15<sup>th</sup> of the month, coverage is effective the 1<sup>st</sup> of the month following a full month of employment.

Please refer to respective plan documents for the effective date on all other benefits.

The health rates listed within this document are based on 30 hours/wk. Check with HR for full cost health premiums, if applicable to you.

Access Blue New England (PCP Required)   Family   \$ 189.71	Type of Benefit	Benefit Detail	Benefit C	ost Per Pay: 3'	7	
CPC Required   Family   \$ 189.71	Health Insurance	Anthem HMO 1500/3000	Single:	\$ 70.43		
Anthem POS Blue Choice New England (PCP Required) Family: \$ 396.42  Anthem HDHP w/HSA* Blue Choice New England (PCP Required) Family: \$ 396.94  Anthem HDHP w/HSA* Blue Choice New England (PCP Required) Family: \$ 186.52  **Employees must have an HSA account with Anthem WealthCare prior to the City's contribution to be deposited in the the first week of July Health Savings Account (HSA): trax-deferred account for use with covering your deductible when enrolled in the High Deductible Health Plan (HDHI HSA City Contributions: \$1.500 for one person or \$3,000 for two person or family (see your CBA for distribution schedule) HSA City Contributions: \$1.500 for one person or \$3,000 for two person or family (see your CBA for distribution schedule) HSA City Contributions up to \$2,5650 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)  Anthem HDHP w/no HSA Blue Choice New England 2 Person: \$ 127.26 (PCP Required) Palmoptions are based on Employee Groups Blue Choice New England 2 Person: \$ 127.26 (PCP Required) Plan options are based on Employee Groups Blue Choice Bargaining Agreements Plan options are based on Employee Groups Blue Choice Bargaining Agreements Plan options are based on Employee Groups Blue Choice Bargaining Agreements Pamily: \$ 39.30 \$ \$57.63  Vision Insurance Vision Service Plan (VSP) (no ID cards issued, access benefit with providers 2 Person: \$ 4.79 using your name, DOB, SSN) Family: \$ 7.70  Term Life Insurance  The Hartford Base Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500 Optional Life*: 100% Employee Paid (rost varies according to age.  **maximum of \$520,000, combined maximum of \$300,000 for basic and optional coverage  Disability Plan  Met Life Offerd by Union at Employee's sole expense.  **Review your CBA or Employee Group Rules and Regulations for eligibility requirements  Plan Max: \$3,200 (Jul 1 – Jun 30) Plan Max: \$3,200 (Jul 1 – Jun 30) Plan Max:		Access Blue New England	2 Person:	\$ 141.88		
Blue Choice New England (PCP Required)  Anthem HDHP w/ HSA* Blue Choice New England (PCP Required)  Blue Choice New England (PCP Required)  **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 (HDHI ISAS City Contributions): 13,500 for one person or \$3,000 for two person or family (see your CBA for distribution schedule)  HSA Employee Contributions: 19,000 for one person or \$3,000 for two person or family (see your CBA for distribution schedule)  HSA Employee Contributions: up to \$2,650/tax year one person, up to \$5,300/tax year for two person or family  **Annual Combined Contributions** up to \$2,650/tax year one person, up to \$5,300/tax year for two person or family  **Annual Combined Contribution**  **Anthem HDHP w/no HSA  Blue Choice New England 2 Person: \$ 127.26  (PCP Required)  **Pamily: \$ 170.16  **Dental Insurance  NE Delta Dental 1500 Plan  Plan options are based on Employee Groups  and Collective Bargaining Agreements 2 Person: \$ 16.27 5 34.59  Vision Insurance  Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)  Family: \$ 39.30 5 57.63  **Term Life Insurance  Term Life Insurance  The Hartford  Basic Life: 100% Employeer Paid, Tier 1-1 x Annual Base Tier 2 and 3-\$7,500  Optional Life*: 100% Employeer paid / cost varies according to age.  **Review your CBA or Employee Group Rules and Regulations for eligibility requirements  Flex Spending Account  1 Dependent Care (DCA) (November Open Enrollment) 2 Health Care (FSA)*  Plan Max: \$3,200 (Jul 1 – Jun 30)  Plan Ma		(PCP Required)	Family	\$ 189.71		
Blue Choice New England (PCP Required)  Anthem HDHP w'HSA* Blue Choice New England (PCP Required)  Blue Choice New England (PCP Required)  *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 Savines Account (HSA): us-deferred account for use with covering your deductible when enrolled in the High Deductible Health Plan (HDHF HSA City Contributions: 15,000 for one person or \$3,000 for two person or family (see your CHSA for distribution schedule) HSA Employee Contributions: 19,050 for one person or \$3,000 for two person or family (see your CHSA for distribution schedule) HSA Employee Contributions: 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/tone person and \$8,300/2P or family (+ \$1,000 for 55+ years of age)  Anthem HDHP w'no HSA Blue Choice New England 2 Person: \$ 127,26 (PCP Required) Person: \$ 127,26 (PCP Required) Person: \$ 16,27 \$ 343,59  The Defta Dental IS00 Plan Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Pissingle: \$ 2.39 (no ID cards issued, access benefit with providers 2 Person: \$ 4.79 using your name, DOB, SSN) Pamily: \$ 7,70  Term Life Insurance Term Life Insurance Plan Wet Life Offered by Union at Employeer Paid, Tier I-1 x Annual Base Tier 2 and 3-\$7,500 Optional Life*; 100% Employee peal of cost varies according to age.  "Review your CBA or Employee Group Rules and Regulations for eligibility requirements  Flex Spending Account 1 Dependent Care (DCA) (November Open Enrollment) Plan Max: \$3,200 (Jul 1 – Jun 30) Plan Max: \$3,200 (Jul 1 – Jun 3		Anthem POS	Single:	\$ 147.25		
CPC Required   Family: \$ 396.94		Blue Choice New England	-	\$ 296.42		
Blue Choice New England (PCP Required) (PCP Require		(PCP Required)	Family:	\$ 396.94		
PERMISTRE   Family		Anthem HDHP w/ HSA*	Single:	\$ 71.42		
#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 (HDHH 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: 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)  Anthem HDHP w/no HSA Blue Choice New England (PCP Required)  NE Delta Dental 1500 Plan Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Pamily: \$ 39,300 \$ \$57,63  Vision Insurance Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)  Term Life Insurance  The Hartford Basic Life: 100% Employee Paid, Tier I- 1 x Annual Base Tier 2 and 3 - \$7,500 Optional Life*: 100% Employee Paid / cost varies according to age.  **maximum of \$250,000, combined maximum of \$500,000 for basic and optional coverage  Met Life Offered by Union at Employee's sole expense.  Plan Max: \$5,000 (Jan 1 – Dec 31) Plan Max: \$5,000 (Jan 1 – Dec 31) Plan Max: \$3,200 (Jul 1 – Jun 30)  *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurance  Colonial Life 1. Medical Bridge 2. Accident Insurance  Mandatory enrollment based on position/job classification and full-time status (35+ hrs) Employees contribute the following: Group I: 786 of wage  Retirement Plans  403(b) Plan - Employee Customer Service 855-756-4738		Blue Choice New England	2Person:	\$ 143.62		
Health Savings Account (HSA): tax-deferred account for use with covering your deductible when enrolled in the High Deductible Health Plan (HDHI 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: yn to \$2,650/tax year one person, up to \$5,300/tax year for two person or family		(PCP Required)	Family:	\$ 186.52		
HSA City Contributions: \$1,500 for one person or \$3,000 for two person or family (see your CBA for distributions schedule)						
HSA Employee Contributions: 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 555+ years of age)					ble Health Plan (HDHF	
Annual Combined Contribution Max = \$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) (PCP Required)  NE Delta Dental 1500 Plan Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups Bringle: S 0.00 S 18.32 S 2.39 Family: S 39.30 S 57.63  Vision Insurance Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN) Family: S 7.70  Term Life Insurance The Hartford Basic Life: 100% Employee Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500 Optional Life*: 100% Employee paid / cost varies according to age. **maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurance  Colonial Life 1. Medical Bridge 2. Accident Insurance  Colonial Life 2. Accident Insurance  Mandatory enrollment based on position/job classification and full-time status (35+ hrs) Employees contribute the following: Group 1: 7% of wage  Retirement Plans  Ad3(b) Plan - Contact NSD Human Resources 457(b) Plan - Emplower Customer Service 855-756-4738						
Blue Choice New England (PCP Required) (PCP Required)  NE Delta Dental 1500 Plan Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups and Collective Bargaining Agreements Plan options are based on Employee Groups Bargily: \$ 10,00 \$ 18,32 \$ 2 Person: \$ 16,27 \$ 3,34,59 \$ 39,30 \$ \$ 57,63   **Single: \$ 2,39 **(no ID cards issued, access benefit with providers \$ 2 Person: \$ 4,79 ** 7,70  **Term Life Insurance  The Hartford Basic Life: 100% Employee Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500 Optional Life*: 100% Employee paid / cost varies according to age. **maximum of \$50,000, combined maximum of \$300,000 for basic and optional coverage  **Preview your CBA or Employee's sole expense. **Review your CBA or Employee's sole expense. **Review your CBA or Employee's sole expense and Regulations for eligibility requirements  **Flex Spending Account**  **Plan Max: \$5,000 (Jan 1 – Dec 31) Plan Max: \$3,200 (Jul 1 – Jun 30) **Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  **Other Insurance**  **Colonial Life** 1. Medical Bridge 2. Accident Insurance  **Colonial Life** 2. Accident Insurance  **Colonial Life** 3. Accident Insurance  **Colonial Life** 3. Accident Insurance  **Payroll deductions start after being notified by Colonial with the enrollments and changes  **Pension Plan**  **Medical Bridge* 2. Accident Insurance  **Payroll deductions start after being notified by Colonial with the enrollments and changes  **Pension Plan**  **Medical Bridge* 3. Accident Insurance  **Payroll deductions start after being notified by Colonial with the enrollments and changes  **Pension Plan**  **Medical Bridge* 3. Acc	Annual Combined Contrib		•			
CPCP Required   Family: \$ 170.16						
NE Delta Dental 1500 Plan   Cooks   Assistants   Plan options are based on Employee Groups   Single:   \$ 0.00   \$ 18.32   and Collective Bargaining Agreements   2 Person:   \$ 16.27   \$ 34.59   Family:   \$ 39.30   \$ 57.63   \$ 34.59   Family:   \$ 7.70   \$ 30.00   \$ 57.63   \$ 34.59   Family:   \$ 7.70   \$ 30.00   \$ 57.63   \$ 34.59   \$ 39.30   \$ 57.63   \$ 34.59   \$ 39.30   \$ 57.63   \$ 34.59   \$ 39.30   \$ 57.63   \$ 39.30   \$ 3						
Plan options are based on Employee Groups and Collective Bargaining Agreements 2 Person: \$ 16.27 \$ 34.59   Family: \$ 39.30 \$ 57.63    Vision Insurance Vision Service Plan (VSP) Single: \$ 2.39   (no ID cards issued, access benefit with providers 2 Person: \$ 4.79   using your name, DOB, SSN) Family: \$ 7.70    Term Life Insurance Basic Life: 100% Employee Paid, Tier I-1 x Annual Base Tier 2 and 3-\$7,500   Optional Life*: 100% Employee paid / cost varies according to age. **maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) Plan Max: \$3,200 (Jul 1 – Jun 30)   **Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurance Colonial Life		(PCP Required)	Family:	\$ 170.16		
And Collective Bargaining Agreements    2 Person:	Dental Insurance			Cooks	Assistants	
Vision Insurance Vision Service Plan (VSP) (no ID cards issued, access benefit with providers 2 Person: \$ 4.79 using your name, DOB, SSN) Family: \$ 7.70  Term Life Insurance The Hartford Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3-\$7,500 Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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 1. Dependent Care (DCA) (November Open Enrollment) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances Colonial Life 1. Medical Bridge 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 wage  Retirement Plans 403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		Plan options are based on Employee Groups	Single:		\$ 18.32	
Vision Insurance Vision Service Plan (VSP) (no ID cards issued, access benefit with providers 2 Person: \$ 4.79 using your name, DOB, SSN) Family: \$ 7.70  Term Life Insurance The Hartford Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500 Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		and Collective Bargaining Agreements	2 Person:		\$ 34.59	
(no ID cards issued, access benefit with providers using your name, DOB, SSN)  The Hartford Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3 - \$7,500 Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 2. Accident Insurance  Pension Plan  Mandatory enrollment based on position/job classification and full-time status (35+ hrs) Employees contribute the following: Group I: 7% of wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738			Family:	\$ 39.30	\$ 57.63	
Using your name, DOB, SSN)  The Hartford Basic Life: 100% Employer Paid, Tier I-1 x Annual Base Tier 2 and 3-\$7,500 Optional Life*: 100% Employee paid / cost varies according to age. **maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage    Disability Plan	Vision Insurance	Vision Service Plan (VSP)	Single:	\$ 2.39		
Term Life Insurance  The Hartford  Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500  Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* Plan Max: \$5,000 (Jan 1 – Dec 31) 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 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		(no ID cards issued, access benefit with providers	2 Person:	\$ 4.79		
Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3-\$7,500 Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* Plan Max: \$5,000 (Jan 1 – Dec 31) 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 1. Medical Bridge 2. Accident Insurance Pension Plan  Mandatory enrollment based on position/job classification and full-time status (35+ hrs) Employees contribute the following: Group I: 7% of wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		using your name, DOB, SSN)	Family:	\$ 7.70		
Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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  1. Dependent Care (DCA) (November Open Enrollment) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738	<b>Term Life Insurance</b>	The Hartford				
*maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage  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) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500				
Disability Plan   Met Life   Offered by Union at Employee's sole expense. *Review your CBA or Employee Group Rules and Regulations for eligibility requirements						
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) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738			nd optional coverage			
*Review your CBA or Employee Group Rules and Regulations for eligibility requirements    To be a	Disability Plan					
Flex Spending Account  1. Dependent Care (DCA) (November Open Enrollment) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 2. Accident Insurance Pension Plan  Mandatory enrollment based on position/job classification and full-time status (35+ hrs)  Employees contribute the following: Group I: 7% of wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		Offered by Union at Employee's sole expense.				
1. Dependent Care (DCA) (November Open Enrollment) 2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738						
2. Health Care (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738	Flex Spending Account	Voya				
*Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)  Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans 403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738			Pla	n Max: \$5,000 (Ja	n 1 – Dec 31)	
Other Insurances  Colonial Life 1. Medical Bridge 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 wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738				n Max: \$3,200 (Ju	1 1 – Jun 30)	
1. Medical Bridge 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 wage  Retirement Plans 403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738						
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 wage  Retirement Plans 403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738	Other Insurances					
Pension Plan  Mandatory enrollment based on position/job classification and full-time status (35+ hrs)  Employees contribute the following: Group I: 7% of wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		•	800			
Pension Plan  Mandatory enrollment based on position/job classification and full-time status (35+ hrs)  Employees contribute the following: Group I: 7% of wage  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738		2. Accident Insurance				
Employees contribute the following: Group I: 7% of wage  Retirement Plans  403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738						
Retirement Plans 403(b) Plan - Contact NSD Human Resources 457(b) Plan - Empower Customer Service 855-756-4738	Pension Plan	· · · · · · · · · · · · · · · · · · ·				
457(b) Plan - Empower Customer Service 855-756-4738		Employees contribute the following: Group I: 7% of wage				
457(b) Plan - Empower Customer Service 855-756-4738	Retirement Plans	403(b) Plan - Contact NSD Human Resources				
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).