

City of Nashua Benefits

NSD FOOD SERVICE WORKERS

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

Type of Benefit	Benefit Detail	Benefit Cost Per Pay: 37	
Health Insurance	Anthem HMO 1500/3000	Single:	\$ 77.56
	Access Blue New England	2 Person:	\$ 156.25
	(PCP Required)	Family:	\$ 208.91
	Anthem POS	Single:	\$ 162.16
	Blue Choice New England	2 Person:	\$ 326.44
	(PCP Required)	Family:	\$ 437.14
	Anthem HDHP w/ HSA*	Single:	\$ 77.86
	Blue Choice New England	2 Person:	\$ 156.59
	(PCP Required)	Family:	\$ 203.83
*Employees must have an HSA account with Anthem WealthCare prior to the City's contribution to be deposited in 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> : 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 Insurance	Anthem HDHP w/no HSA	Single:	\$ 69.57
	Blue Choice New England	2 Person:	\$ 140.15
	(PCP Required)	Family:	\$ 187.39
	NE Delta Dental 1500 Plan		
	Plan options are based on Employee Groups	Single:	\$ 0.00
	and Collective Bargaining Agreements	2 Person:	\$ 16.27
		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	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.		
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)	Plan Max: \$5,000 (Jan 1 – Dec 31)	
	2. <u>Health Care (FSA)*</u>	Plan Max: \$3,300 (Jul 1 – Jun 30)	
Other Insurances	Colonial Life	Contact Colonial Life	
	Medical Bridge Critical Illness - new	800-350-8167	
	Accident Insurance GradFin - new	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 - New Loan Option		
	2025 annual contribution limit: \$23,500 (+ \$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).