

City of Nashua Benefits

NASHUA ASSOCIATION OF SCHOOL PRINCIPALS (NASP)

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 full-time status. Please request prorated rates if you work part-time.

Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	26
Health Insurance	Anthem HMO 1500/3000	Single:	\$ 110.38
	Access Blue New England	2 Person:	\$ 222.35
	(PCP Required)	Family:	\$ 297.30
	Anthem POS	Single:	\$ 230.76
	Blue Choice New England	2 Person	\$ 464.54
	(PCP Required)	Family:	\$ 622.08
	Anthem HDHP w/ HSA*	Single:	\$ 110.80
	Blue Choice New England	2Person:	\$ 222.84
	(PCP Required)	Family:	\$ 290.06
*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)			
	Anthem HDHP w/no HSA	Single:	\$ 99.00
	Blue Choice New England	2 Person:	\$199.44
	(PCP Required)	Family:	\$266.66
Dental Insurance	NE Delta Dental	2000 Plan	
	Plans options are based on Employee Groups	Single:	\$ 0.00
	and Collective Bargaining Agreements	2 Person:	\$ 0.00
	(\$2000/ high option includes orthodontic benefit)	Family:	\$ 0.00
Vision Insurance	Vision Service Plan (VSP)	Single:	\$ 0.00
	(no ID cards issued, access benefit with	2 Person:	\$ 0.00
	providers using your name, DOB, SSN)	Family:	\$ 0.00
Term Life Insurance	The Hartford		
	Basic Life: 100% Employer Paid, 2 x Annual Base w/\$200k Cap		
	Optional Life*: 100% Employee paid / cost varies according to age.		
*maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage			
Long Term Disability	UNUM		
	60% earnings, max benefit of \$6,000 month, 180 day elimination period. Employer Paid		
	*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)	
	*Employees are not eligible for FSA while contributing to an HSA Account (with HDHP)		
Other Insurances	Colonial Life	Contact Colonial Life	
	Medical Bridge	Critical Illness - new	800-325-4368
	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		
	Employees contribute the following: Group I: 7% of wages		
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).