



# City of Nashua Benefits

## NSD NON-UNION AFFILIATED EMPLOYEE

### 2024-25 Plan Year

*The rates listed within this document are based on **full-time status**. Please request prorated rates if you work part-time*

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 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.

HEALTH PLAN	52 Pays	37 Pays	26 Pays	22 Pays
<b>Anthem HMO 1500/3000: (PCP Required)</b>				
<b>Single</b>	\$ 50.11	\$ 70.43	\$ 100.23	\$ 118.45
<b>2P</b>	\$ 100.96	\$ 141.88	\$ 201.91	\$ 238.62
<b>Family</b>	\$ 134.98	\$ 189.71	\$ 269.97	\$ 319.05
<b>Anthem POS: (PCP Required)</b>				
<b>Single</b>	\$ 104.77	\$ 147.25	\$ 209.55	\$ 247.65
<b>2P</b>	\$ 210.92	\$ 296.42	\$ 421.83	\$ 498.53
<b>Family</b>	\$ 282.44	\$ 396.94	\$ 564.88	\$ 667.59

HEALTH PLAN	52 Pays	37 Pays	26 Pays	22 Pays
<b>Anthem HDHP With HSA*</b>				
<b>Single</b>	\$ 50.82	\$ 71.42	\$ 101.64	\$ 120.12
<b>2P</b>	\$ 102.19	\$ 143.62	\$ 204.38	\$ 241.54
<b>Family</b>	\$ 132.72	\$ 186.52	\$ 265.43	\$ 313.69
<b>Anthem HDHP With no HSA</b>				
<b>Single</b>	\$ 44.95	\$ 63.17	\$ 89.89	\$ 106.24
<b>2P</b>	\$ 90.55	\$ 127.26	\$ 181.10	\$ 214.03
<b>Family</b>	\$ 121.07	\$ 170.16	\$ 242.15	\$ 286.17

\*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**: 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 55+ years of age)

<b>DENTAL INSURANCE:</b>		52 Pays	37 Pays	26 Pays	22 Pays
<b>Non-Affiliated Grandfathered Staff \$1500 Max</b>	<b>Single</b>	\$0.00	\$0.00	\$0.00	\$0.00
	<b>2P</b>	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Family</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>N/A Management, Technical, and Grandfathered Staff High Option \$2000 Max</b>	<b>Single</b>	\$1.27	\$1.79	\$2.54	\$3.01
	<b>2P</b>	\$2.58	\$3.63	\$5.16	\$6.10
	<b>Family</b>	\$5.34	\$7.51	\$10.69	\$12.63
<b>Non-Affiliated Non-Grandfathered Staff \$1500 Max</b>	<b>Single</b>	\$0.00	\$0.00	\$0.00	\$0.00
	<b>2P</b>	\$11.77	\$16.54	\$23.54	\$27.82
	<b>Family</b>	\$28.44	\$39.97	\$56.88	\$67.22
<b>Non-Affiliated Non-Grandfathered Staff \$2000 Max</b>	<b>Single</b>	\$1.27	\$1.79	\$2.54	\$3.01
	<b>2P</b>	\$14.35	\$20.17	\$28.70	\$33.92
	<b>Family</b>	\$33.78	\$47.48	\$67.56	\$79.85

<b>Vision Insurance</b>	<b>Vision Service Plan (VSP)</b> (No ID cards issued, access benefit with providers using your name, DOB, SSN)	<b>100% Paid by Employer</b>
<b>Term Life Insurance</b>	<b>The Hartford</b> Basic Life: 100% Employer Paid, 1.5 x Annual Base w/\$100k 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	
<b>Long Term Disability</b>	<b>UNUM</b> 60% earnings, max benefit of \$6,000 month, 180 day elimination period. Employer Paid, minimum 20 hrs/wk. *Review Employee Group Rules and Regulations for eligibility requirements	
<b>Flex Spending Account</b>	<b>Voya</b> 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)
<b>Other Insurances</b>	<b>Colonial Life</b> 1. Medical Bridge 2. Accident Insurance Payroll deductions start after being notified by Colonial with the enrollments and changes	Contact Colonial Life 800-325-4368
<b>Pension Plan</b>	<b>NHRS: Mandatory enrollment based on position/job classification and full-time status: Group I: 7% of wages</b>	
<b>Retirement Plans</b>	<b>403(b) Plan - Contact NSD Human Resources</b> <b>457(b) Plan - Empower Customer Service 855-756-4738</b> 2024 annual contribution limit: \$23,000 (+ \$7,500 for 50+ years of age)	

Please see Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).