



# City of Nashua Benefits

NSD NON-UNION AFFILIATED EMPLOYEE

## 2025-26 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>				
Single	\$ 55.19	\$ 77.56	\$ 110.38	\$ 130.44
2P	\$111.18	\$ 156.25	\$ 222.35	\$ 262.78
Family	\$148.65	\$ 208.91	\$ 297.30	\$ 351.36
<b>Anthem POS: (PCP Required)</b>				
Single	\$ 115.38	\$ 162.16	\$ 230.76	\$ 272.72
2P	\$ 232.27	\$ 326.44	\$ 464.54	\$ 549.01
Family	\$ 311.04	\$437.14	\$ 622.08	\$ 735.18

HEALTH PLAN	52 Pays	37 Pays	26 Pays	22 Pays
<b>Anthem HDHP With HSA*</b>				
Single	\$ 55.40	\$ 77.86	\$ 110.80	\$ 130.95
2P	\$ 111.42	\$ 156.59	\$ 222.84	\$ 263.36
Family	\$ 145.03	\$ 203.83	\$ 290.06	\$ 342.80
<b>Anthem HDHP With no HSA</b>				
Single	\$ 49.50	\$ 69.57	\$ 99.00	\$ 117.00
2P	\$ 99.72	\$ 140.15	\$199.44	\$ 235.70
Family	\$ 133.33	\$ 187.39	\$266.66	\$ 315.15

\*Employees must have an HSA account with **Anthem WealthCare** prior to the City's contribution to be deposited in 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 \$2,800/tax year one person, up to \$5,550/tax year for two person or family

**Annual Combined Contribution Max** = \$4,300/one person and \$8,550/2P 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>	Single	\$0.00	\$0.00	\$0.00	\$0.00
	2P	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00
<b>N/A Management, Technical, and Grandfathered Staff High Option \$2000 Max</b>	Single	\$1.27	\$1.79	\$2.54	\$3.01
	2P	\$2.58	\$3.63	\$5.16	\$6.10
	Family	\$5.34	\$7.51	\$10.69	\$12.63
<b>Non-Affiliated Non-Grandfathered Staff \$1500 Max</b>	Single	\$0.00	\$0.00	\$0.00	\$0.00
	2P	\$11.77	\$16.54	\$23.54	\$27.82
	Family	\$28.44	\$39.97	\$56.88	\$67.22
<b>Non-Affiliated Non-Grandfathered Staff \$2000 Max</b>	Single	\$1.27	\$1.79	\$2.54	\$3.01
	2P	\$14.35	\$20.17	\$28.70	\$33.92
	Family	\$33.78	\$47.48	\$67.56	\$79.85

**Vision Insurance**      **Vision Service Plan (VSP)**      **100% Paid by Employer**  
(No ID cards issued, access benefit with providers using your name, DOB, SSN)

**Term Life Insurance**      **The Hartford**  
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

**Long Term Disability**      **UNUM**  
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

**Flex Spending Account**      **Voya**  
1. Dependent Care (DCA) (November Open Enrollment)      Plan Max: \$5,000 (Jan 1 – Dec 31)  
2. Health Care (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      800-325-4368  
Accident Insurance      GradFin - 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 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 Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).