

Other Insurances

Pension Plan

City of Nashua Benefits

PARA EDUCATORS 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;

The rates listed within this document are based on full-time status.
Employees working less than 1080 hours per year are not eligible.

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	h of the month, coverage is effective the 1st of th	•	of employment.		
Please refer to re	spective plan documents for the effective date o	n all other benefits.			
Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	37 Pays	*Personal Checks	
Health Insurance	Anthem HMO 1500/3000	Single:		*additional due each month	
	Access Blue New England	2 Person:	\$ 470.99	for family enrollment:	
	(PCP Required)	Family	\$ 470.99*	\$ 811.95**	
	Anthem POS	Single:		*additional due each month	
	Blue Choice New England	2 Person:	\$ 655.70	for family enrollment:	
	(PCP Required)	Family:	\$ 655.70*	\$1,115.40 **	
	Anthem HDHP w/ HSA*	Single:	\$ 71.42		
	Blue Choice New England	2Person:	\$ 189.18		
	(PCP Required)	Family:	\$ 324.32	No Monthly	
Health Savings Account HSA City Contributions	an HSA account with Anthem WealthCare prior to (HSA): tax-deferred account for use with covering to \$1,500 for one person or \$3,000 for two person or	your deductible when enrolled in r family (see your CBA for distrib	the High Deduc ution schedule)		
	ations (optional): up to \$2,800/tax year one person,				
Annual Combined Contr	$\frac{\text{ribution Max}}{\text{Max}} = \$4,300/\text{one person and }\$8,550/2P \text{ o}$	• • • • • • • • • • • • • • • • • • • •			
	Anthem HDHP w/no HSA	Single:	\$ 63.17		
	Blue Choice New England	2 Person:	\$ 175.67		
	(PCP Required)	Family:	\$ 297.29	No Monthly	
Dental Insurance	NE Delta Dental	1500 Plan			
	Plan options are based on Employee Groups	•	\$ 0.00		
	and Collective Bargaining Agreements	2 Person:	\$ 17.36		
		Family:	\$ 41.99		
Vision Insurance	Vision Service Plan (VSP)	Single:	\$ 2.39		
	(no ID cards issued, access benefit with prov		\$ 4.79		
	using your name, DOB, SSN)	Family:	\$ 7.70		
Term Life Insurance	The Hartford				
	Basic Life: 100% Employer Paid, \$10,000				
	Optional Life*: 100% Employee paid / cost	varies according to age.			
Long Term Disability	Met Life				
	Offered by Union at Employee's sole expens				
	*Review your CBA or Employee Group Rules and Reg	gulations for eligibility requirements			
Flex Spending Account					
	1. Dependent Care (DCA) (November Open Enr.		Plan Max: \$5,000 (Jan 1 – Dec 31)		
	2. <u>Health Care</u> (FSA)* Plan Max: \$3,300 (Jul 1 – Jun 30)				
	*Employees are not eligible for FSA while contributing	g to a HSA Account (with HDHP)			
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Employees contribute the following: Group I: 7% of wages

Retirement Plans

403(b) Plan - Contact NSD Human Resources

Critical Illness - new

GradFin - new

455(1) Die E. G. (1967)

Colonial Life

Medical Bridge

Accident Insurance

457(b) Plan - Empower Customer Service 855-756-4738 - New Loan Option

**Employees must send additional monthly payment to Benefits Dept. each month. Coverage may cancel if payment is more than 30 days overdue.

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).

IMPORTANT: 37 installments are based on September – June contributions for October – September coverage. Off schedule changes and/or enrollments will require individual cost calculations. For example, requested Open Enrollment 7/1/xx changes will require "catch-up" contributions (or credits) to account for July, Aug, and September coverage.

Mandatory enrollment based on position/job classification and full-time status (35+ hrs.)

Contact Colonial Life

Payroll deductions start after being notified by Colonial with the enrollments and changes

800-325-4368