

City of Nashua Benefits

NSD TEACHERS

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.

Title I teachers may purchase health insurance at group rates at own expense.

Type of Benefit	Benefits Detail	Benefit Cost	Per Pay:	22	26
Health Insurance	Anthem HMO 1500/3000		Single:	\$ 130.44	\$ 110.38
	Access Blue New England		2 Person:	\$ 262.78	\$ 222.35
	(PCP Required)		Family:	\$ 351.36	\$ 297.30
	Anthem POS		Single:	\$ 272.72	\$ 230.76
	Blue Choice New England		2 Person	\$ 549.01	\$ 464.54
	(PCP Required)		Family:	\$ 735.18	\$ 622.08
	Anthem HDHP w/ HSA*		Single:	\$ 130.95	\$ 110.80
	Blue Choice New England		2Person:	\$ 263.36	\$ 222.84
	(PCP required)		Family:	\$ 342.80	\$ 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</u> (HSA): 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:	\$ 117.00	\$ 99.00
	Blue Choice New England		2 Person:	\$ 235.70	\$ 199.44
	(PCP Required)		Family:	\$ 315.15	\$ 266.66
Dental Insurance	NE Delta Dental		2000 Plan		
	Plans options are based on Employee Groups		Single:	\$ 0.00	\$ 0.00
	and Collective Bargaining Agreements		2 Person:	\$ 0.00	\$ 0.00
	(\$2000/ high option includes orthodontic benefit)		Family:	\$ 0.00	\$ 0.00
Vision Insurance	Vision Service Plan (VSP)		Single:	\$ 4.03	\$ 3.41
	(no ID cards issued, access benefit with		2 Person:	\$ 8.05	\$ 6.81
	providers using your name, DOB, SSN)		Family:	\$ 12.95	\$ 10.96
Term Life Insurance	The Hartford				
	Basic Life: 100% Employer Paid, 1 x Annual Base				
	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	Met Life				
	Offered by Union at Teacher's sole expense.				
*Review your CBA or Employee Group Rules and Regulations for eligibility requirements					
Flex Spending Account	Voya				
	1. <u>Dependent Care</u> (DCA) (November Open Enrollment)		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 to a HSA Account (with HDHP)					
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 Plans	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).