

# City of Nashua Benefits

## NSD FOOD SERVICE WORKERS

### 2024-25 Plan Year



The effective date 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.

The health rates listed within this document are based on 30 hours/wk. Check with HR for full cost health premiums, if applicable to you.

Type of Benefit	Benefit Detail	Benefit Cost Per Pay: 37	
Health Insurance	<b>Anthem HMO 1500/3000</b>	Single:	\$ 70.43
	Access Blue New England (PCP Required)	2 Person:	\$ 141.88
		Family:	\$ 189.71
	<b>Anthem POS</b>	Single:	\$ 147.25
	Blue Choice New England (PCP Required)	2 Person:	\$ 296.42
		Family:	\$ 396.94
	<b>Anthem HDHP w/ HSA*</b>	Single:	\$ 71.42
	Blue Choice New England (PCP Required)	2Person:	\$ 143.62
		Family:	\$ 186.52
*Employees must have an HSA account with <b>Anthem WealthCare</b> prior to the City's contribution to be deposited in the first week of 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 \$2,650/tax year one person, up to \$5,300/tax year for two person or family			
<u>Annual Combined Contribution Max</u> = \$4,150/one person and \$8,300/2P or family (+ \$1,000 for 55+ years of age)			
	<b>Anthem HDHP w/no HSA</b>	Single:	\$ 63.17
	Blue Choice New England (PCP Required)	2 Person:	\$ 127.26
		Family:	\$ 170.16
Dental Insurance	<b>NE Delta Dental 1500 Plan</b>		
	Plan options are based on Employee Groups and Collective Bargaining Agreements	Single:	\$ 0.00
		2 Person:	\$ 16.27
		Family:	\$ 39.30
		<b>Cooks</b>	<b>Assistants</b>
			\$ 18.32
			\$ 34.59
			\$ 57.63
Vision Insurance	<b>Vision Service Plan (VSP)</b>	Single:	\$ 2.39
	(no ID cards issued, access benefit with providers using your name, DOB, SSN)	2 Person:	\$ 4.79
		Family:	\$ 7.70
Term Life Insurance	<b>The Hartford</b>		
	Basic Life: 100% Employer Paid, Tier I- 1 x Annual Base Tier 2 and 3- \$7,500		
	Optional Life*: 100% Employee paid / cost varies according to age. *maximum of \$250,000, combined maximum of \$300,000 for basic and optional coverage		
Disability Plan	<b>Met Life</b>		
	Offered by Union at Employee's sole expense. *Review your CBA or Employee Group Rules and Regulations for eligibility requirements		
Flex Spending Account	<b>Voya</b>		
	1. <u>Dependent Care (DCA)</u> (November Open Enrollment)		Plan Max: \$5,000 (Jan 1 – Dec 31)
	2. <u>Health Care (FSA)*</u> *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)		Plan Max: \$3,200 (Jul 1 – Jun 30)
Other Insurances	<b>Colonial Life</b>		Contact Colonial Life
	1. Medical Bridge		800-350-8167
	2. Accident Insurance		Payroll deductions start after being notified by Colonial with the enrollments and changes
Pension Plan	<b>Mandatory enrollment based on position/job classification and full-time status (35+ hrs)</b>		
	Employees contribute the following: Group I: 7% of wage		
Retirement Plans	<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 your CBA or Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).