



City of Nashua Benefits

PARA EDUCATORS

2026-27 Plan Year

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

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;
- 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.

Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	37 Pays	*Personal Checks
Health Insurance	Anthem HMO 1500/3000 Access Blue New England (PCP Required)	Single:	\$ 87.64	*additional due each month for family enrollment: \$ 917.45**
		2 Person:	\$ 532.19	
		Family:	\$ 532.19*	
	Anthem POS Blue Choice New England (PCP Required)	Single:	\$ 122.17	*additional due each month for family enrollment: \$1,285.58**
		2 Person:	\$ 740.84	
		Family:	\$ 740.84*	
	Anthem HDHP w/ HSA* Blue Choice New England (PCP Required)	Single:	\$ 86.86	No Monthly
		2 Person:	\$189.18	
		Family:	\$ 324.32	

*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 \$2,900/tax year one person, up to \$5,750/tax year for two person or family
Annual Combined Contribution Max = \$4,400/one person and \$8,750/2P or family (+ \$1,000 for 55+ years of age)

	Anthem HDHP w/no HSA Blue Choice New England (PCP Required)	Single:	\$ 78.61	
		2 Person:	\$ 175.67	
		Family:	\$ 297.29	No Monthly

Dental Insurance	NE Delta Dental Plan options are based on Employee Groups and Collective Bargaining Agreements	1500 Plan		
		Single:	\$ 0.00	
		2 Person:	\$ 17.89	
		Family:	\$ 43.30	

Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	Single:	\$ 2.39
		2 Person:	\$ 4.79
		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 expense. *Review your CBA or Employee Group Rules and Regulations for eligibility requirements

Flex Spending Account	Voya	
	1. <u>Dependent Care (DCA)</u>	Plan Max: \$7,500 (Jul 1 – Jun 30)
	2. <u>Health Care (FSA)*</u>	Plan Max: \$3,400 (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	www.coloniallife.com
	Accident Insurance Term Life Ins.	Payroll deductions start after being notified by Colonial.

Pension Plan **Mandatory enrollment based on position/job classification and full-time status (35+ hrs.)**
 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
 2026 annual contribution limit: \$24,500 (+ \$8,000 for 50+ years of age) (+\$11,500 catch-up Age 60-63)

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

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.