



# City of Nashua Benefits

NSD NON-UNION AFFILIATED EMPLOYEE  
SNMGMTFY, SNSUPPFY & SNSUPPSY

## 2026-27 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	\$ 62.36	\$ 87.64	\$ 124.72	\$ 147.39
2P	\$125.62	\$ 176.55	\$ 251.24	\$ 296.92
Family	\$167.97	\$ 236.06	\$ 335.93	\$ 397.01
<b>Anthem POS: (PCP Required)</b>				
Single	\$ 130.37	\$ 183.23	\$ 260.75	\$ 308.16
2P	\$ 262.45	\$ 368.85	\$ 524.90	\$ 620.34
Family	\$ 351.45	\$493.93	\$ 702.91	\$ 830.71

HEALTH PLAN	52 Pays	37 Pays	26 Pays	22 Pays
<b>Anthem HDHP With HSA *</b>				
Single	\$ 61.80	\$ 86.86	\$ 123.61	\$ 146.08
2P	\$ 124.32	\$ 174.72	\$ 248.64	\$ 293.84
Family	\$ 162.30	\$ 228.09	\$ 324.60	\$ 383.61
<b>Anthem HDHP With no HSA</b>				
Single	\$ 55.93	\$ 78.61	\$ 111.86	\$ 132.20
2P	\$ 112.68	\$ 158.36	\$225.35	\$ 266.33
Family	\$ 150.66	\$ 211.73	\$301.31	\$ 356.10

\*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 \$2,900/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 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>SNMGMTFY (Mech/Tech) &amp; Grandfathered Staff High Option \$2000 Max</b>	Single	\$1.31	\$1.84	\$2.62	\$3.10
	2P	\$2.66	\$3.74	\$5.32	\$6.29
	Family	\$5.51	\$7.74	\$11.02	\$13.03
<b>Non-Affiliated Non-Grandfathered Staff \$1500 Max</b>	Single	\$0.00	\$0.00	\$0.00	\$0.00
	2P	\$12.13	\$17.05	\$24.26	\$28.67
	Family	\$29.32	\$41.21	\$58.64	\$69.31
<b>Non-Affiliated Non-Grandfathered Staff \$2000 Max</b>	Single	\$1.31	\$1.84	\$2.62	\$3.10
	2P	\$14.80	\$20.81	\$29.61	\$34.99
	Family	\$34.92	\$49.08	\$69.84	\$82.54

**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)      Plan Max: \$7,500 (Jul 1 – Jun 30)  
2. Health Care (FSA)\*      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](http://www.coloniallife.com)  
Accident Insurance      Term Life Insurance      Payroll deductions start after being notified by Colonial.

**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**  
2026 annual contribution limit: \$24,500 (+ \$8,000 for 50+ years of age) (+\$11,500 catch-up Age 60-63)

Please see Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).