

City of Nashua Benefits

NSD CLERICAL (SECRETARIES)

2026-27 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 **30 hrs. per week**. Contact Benefits Dept to obtain pro-rated cost.

HEALTH PLAN	52 Pays	49 Pays	
Anthem HMO 1500/3000: (PCP Required)			
Single	\$ 62.36	\$ 66.18	
Two Person	\$125.62	\$ 133.31	
Family	\$167.97	\$ 178.25	
Anthem POS: (PCP Required)			
Single	\$ 130.37	\$ 138.36	
Two Person	\$ 262.45	\$ 278.52	
Family	\$ 351.45	\$372.97	

HEALTH PLAN	52 Pays	49 Pays	
Anthem HDHP w/ HSA*			
Single	\$ 61.80	\$ 65.59	
Two Person	\$ 124.32	\$ 131.93	
Family	\$ 162.30	\$ 172.23	
Anthem HDHP w/no HSA			
Single	\$ 55.93	\$59.36	
Two Person	\$ 112.68	\$ 119.58	
Family	\$ 150.66	\$ 159.88	

*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 \$5750/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)

DENTAL AND VISION	PLAN	District Share	52 Pays	49 Pays	
Secretaries \$1500 Max Dental	Single	Single Cap	\$0.00	\$0.00	
	Two Person	Single Cap	\$12.14	\$12.88	
	Family	Single Cap	\$29.32	\$31.12	
Secretaries \$2000 Max Dental	Single	Low Plan Cap	\$1.31	\$1.39	
	Two Person	Low Plan Cap	\$14.80	\$15.70	
	Family	Low Plan Cap	\$34.92	\$37.06	
Secretaries VSP (vision)	Single	EE Paid	\$1.70	\$1.81	
	Two Person	EE Paid	\$3.41	\$3.61	
	Family	EE Paid	\$5.48	\$5.81	

Schedule I = 52 pays
Schedule II = 49 pays

Vision Insurance **Vision Service Plan (VSP)** **100% Paid by Employee**
(no ID cards issued, access benefit with providers using your name, DOB, SSN)

Term Life Insurance **The Hartford**
Basic Life: 100% Employer Paid, Schedule I & II: \$10,000
Optional Life*: 100% Employee paid / cost varies according to age.

Disability Plan **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. 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
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 your CBA or Employee Group Rules and Regulations for more information (i.e., tuition reimbursement and leave plans).