

# City of Nashua Benefits

NASHUA ASSOCIATION OF SCHOOL PRINCIPALS (NASP)

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 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 rates listed within this document are based on full-time status. Please request prorated rates if you work part-time.

Type of Benefit	Benefits Detail	Benefit Cost Per Pay:	26
<b>Health Insurance</b>	<b>Anthem HMO 1500/3000</b>	Single:	\$ 124.72
	Access Blue New England (PCP Required)	2 Person:	\$ 251.24
		Family:	\$ 335.93
	<b>Anthem POS</b>	Single:	\$ 260.75
	Blue Choice New England (PCP Required)	2 Person:	\$ 524.90
		Family:	\$ 702.18
	<b>Anthem HDHP w/ HSA*</b>	Single:	\$ 123.61
	Blue Choice New England (PCP Required)	2 Person:	\$ 248.64
		Family:	\$ 324.60
*Employees must have an HSA account with <b>Anthem WealthCare</b> prior to the City's contribution to be deposited in 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 \$2,900/tax year one person, up to \$5,750/tax year for two person or family			
<u>Annual Combined Contribution Max</u> = \$4,400/one person and \$8,750/2P or family (+ \$1,000 for 55+ years of age)			
	<b>Anthem HDHP w/no HSA</b>	Single:	\$111.86
	Blue Choice New England (PCP Required)	2 Person:	\$225.35
		Family:	\$301.31
<b>Dental Insurance</b>	<b>NE Delta Dental</b>	<b>2000 Plan</b>	
	Plans options are based on Employee Groups and Collective Bargaining Agreements (\$2000/ high option includes orthodontic benefit)	Single:	\$ 0.00
		2 Person:	\$ 0.00
		Family:	\$ 0.00
<b>Vision Insurance</b>	<b>Vision Service Plan (VSP)</b>	Single:	\$ 0.00
	(no ID cards issued, access benefit with providers using your name, DOB, SSN)	2 Person:	\$ 0.00
		Family:	\$ 0.00
<b>Term Life Insurance</b>	<b>The Hartford</b>		
	Basic Life: 100% Employer Paid, 2 x Annual Base w/\$200k 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		
<b>Long Term Disability</b>	<b>UNUM</b>		
	60% earnings, max benefit of \$6,000 month, 180 day elimination period. Employer Paid *Review your CBA or Employee Group Rules and Regulations for eligibility requirements		
<b>Flex Spending Account</b>	<b>Voya</b>		
	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 an HSA Account (with HDHP)		
<b>Other Insurances</b>	<b>Colonial Life</b>	Contact Colonial Life	
	Medical Bridge      Critical Illness	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	
	Accident Insurance      Life Insurance	Payroll deductions start after being notified by Colonial	
<b>Pension Plan</b>	<b>Mandatory enrollment based on position/job classification and full-time status</b> Employees contribute the following: Group I: 7% of wages		
<b>Retirement Plans</b>	<b>403(b) Plan - Contact NSD Human Resources</b>		
	<b>457(b) Plan - Empower Customer Service 855-756-4738</b>		
	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).