City of Nashua Benefits

NSD TEACHERS
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 full-time status. Please request prorated rates if you work part-time.

Title I teachers may purchase health insurance at group rates at own expense.

Type of Benefit	Benefits Detail	Benefit Cost	Per Pay:	22	26
Health Insurance	**Anthem HMO 1500/3000**		Single:	**$ 147.39**	**$ 124.72**
	Access Blue New England		2 Person:	**$ 296.92**	**$ 251.24**
	(PCP Required)		Family:	**$ 397.01**	**$ 335.93**
	Anthem POS		Single:	**$ 308.16**	**$ 260.75**
	Blue Choice New England		2 Person	**$ 620.34**	**$ 524.90**
	(PCP Required)		Family:	**$ 830.71**	**$ 702.91**
	Anthem HDHP w/ HSA*		Single:	**$ 146.08**	**$ 123.61**
	Blue Choice New England		2Person:	**$ 293.84**	**$ 248.64**
	(PCP required)		Family:	**$ 383.61**	**$ 324.60**

***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 for 55+ years of age)

	Anthem HDHP w/no HSA		Single:	**$ 132.20**	**$ 111.86**
	Blue Choice New England		2 Person:	**$ 266.33**	**$ 225.35**
	(PCP Required)		Family:	**$ 356.10**	**$ 301.31**
Dental Insurance	**NE Delta Dental**		**2000 Plan**		
	Plans options are based on Employee Groups		Single:	$ 0.00	$ 0.00
	and Collective Bargaining Agreements		2 Person:	$ 0.00	$ 0.00
	($2000/ high option includes orthodontic benefit)		Family:	$ 0.00	$ 0.00
Vision Insurance	**Vision Service Plan (VSP)**		Single:	$ 4.03	$ 3.41
	(no ID cards issued, access benefit with		2 Person:	$ 8.05	$ 6.81
	providers using your name, DOB, SSN)		Family:	$ 12.95	$ 10.96

Term Life Insurance — **The Hartford**
Basic Life: 100% Employer Paid, 1 x Annual Base
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 — **Met Life**
Offered by Union at Teacher'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**
Medical Bridge | Critical Illness
Accident Insurance | Life Insurance
Contact Colonial Life
www.coloniallife.com
Payroll deductions start after being notified by Colonial.

Pension Plans — **Mandatory enrollment based on position/job classification and full-time status**
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
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).