

City of Nashua Benefits

NSD SCHOOL CUSTODIAN

2026-27 Plan Year



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.

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

Type of Benefit	Benefit Detail	Benefit Cost Per Pay	37 Pays	52 Pays
Health Insurance	Anthem HMO 1500/3000	Single:	\$ 87.64	\$ 62.36
	Access Blue New England	2 Person:	\$ 176.55	\$ 125.62
	(PCP Required)	Family	\$ 236.06	\$ 167.97
	Anthem POS	Single:	\$ 183.23	\$ 130.37
	Blue Choice New England	2 Person	\$ 368.85	\$ 262.45
	(PCP Required)	Family:	\$ 493.93	\$ 351.45
	Anthem HDHP w/ HSA*	Single:	\$ 86.86	\$ 61.80
	Blue Choice New England	2Person:	\$ 174.72	\$ 124.32
	(PCP required)	Family:	\$ 228.09	\$ 162.30
*Employees must have an HSA account with Anthem WealthCare prior to the City’s contribution to be deposited in July.				
<u>Health Savings Account</u> (HSA): 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)				
	Anthem HDHP w/no HSA	Single:	\$ 78.61	\$ 55.93
	Blue Choice New England	2 Person:	\$ 158.36	\$ 112.68
	(PCP Required)	Family:	\$ 211.73	\$ 150.66
Dental Insurance		NE Delta 750 Plan		
	Plan options are based on Employee Groups and Collective Bargaining Agreements Effective: 1 st of month following completion of 90-day probation period.	Single:	\$ 0.00	\$ 0.00
		2 Person:	\$ 9.61	\$ 6.84
		Family:	\$ 23.06	\$ 16.41
		NE Delta 2000 Plan		
		Single:	\$ 10.27	\$ 7.31
		2 Person:	\$ 40.01	\$ 28.47
		Family:	\$ 68.17	\$ 48.50
Vision Insurance	Vision Service Plan (VSP) (no ID cards issued, access benefit with providers using your name, DOB, SSN)	Single:	\$ 2.39	\$ 1.70
		2 Person:	\$ 4.79	\$ 3.41
		Family:	\$ 7.70	\$ 5.48
Term Life Insurance	Equitable Basic Life: 100% Employer Paid, Flat Rate of \$10,000, 1st of month following 30 calendar days employment. Optional Life*: 100% Employee paid / cost varies according to age.			
Short-Term Disability	Equitable 3 year eligibility period/ elimination period 21 days. 60% earnings up to \$1,500 weekly max. Employer paid.			
Long-Term Disability	The Hartford 3 year eligibility period/ elimination period 180 days. 60% earnings up to \$5,000 monthly max. Employer Paid			
Flex Spending Account	Voya 1. <u>Dependent Care</u> (DCA) 2. <u>Health Care</u> (FSA)* *Employees are not eligible for FSA while contributing to a HSA Account (with HDHP)	Plan Max: \$7,500 (Jul 1 – Jun 30) Plan Max: \$3,400 (Jul 1 – Jun 30)		
Other Insurances	Colonial Life Medical Bridge Accident Insurance	Critical Illness Term Life Ins.	Contact Colonial Life 800-325-4368 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 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).