

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 Lump
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.					
<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:	\$ 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. <u>Dependent Care</u> (DCA)		Plan Max: \$7,500 (Jul 1 – Jun 30)		
	2. <u>Health Care</u> (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	Life Insurance			
			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).