

TOWN OF MILFORD

DEPARTMENT OF HUMAN RESOURCES



Town of Milford – Flexible Benefits Plan for AFSCME Employees

Medical Insurance – Anthem through Local Government Center:

1. **Access Blue 15/40** – \$1,000/\$3,000 deductible
 - a. At the present time, the Town of Milford covers 85% of the cost of the lowest HMO rate for all levels of coverage (single, 2-person, family); however, this could be subject to change depending on annual premium costs. Must select a Primary Care Physician. Most services require a \$25.00 co-pay at time of service and some services require a \$1,000/person (\$3,000/family) deductible per calendar year. A Cost Sharing Schedule is available in your new hire materials. Emergency Room Co-pay of \$250 of which Town will reimburse \$100.
2. **Access Blue SOS** – \$ 3,000/\$9,000 deductible
 - a. The Town of Milford covers 100% of the cost of the Site of Service (SOS) plan for all levels of coverage (single, 2-person, family); however, this could be subject to change depending on annual premium costs. Most services require a \$25.00 co-pay at time of service and some services require a \$ 3k/person (\$9k/family) deductible per calendar year. A Cost Sharing Schedule is available in your new hire materials.

Dental Insurance – Delta Dental:

1. **Low Option** – Covers basic dental needs: twice a year cleanings; bite-wing x-rays; regular fillings; tooth extractions; periodontal work, etc. For Basic Coverage there is a \$25 deductible per person per plan year with a maximum deductible of \$75 per family each plan year. For Diagnostic/Preventive Coverage there is no deductible. Town of Milford covers the premium cost of low option/employee only. The employee is responsible for coverage of dependents. Maximum benefit per year is \$750/person.
2. **High Option** – Covers everything under the low option plan noted above with the addition of prosthodontics (crowns, bridges, etc.) and orthodontics (braces) for children which are covered at 50%. For Diagnostic/Preventative there is no deductible and services are covered at 100%. For Basic and Major Coverage, there is a \$25 deductible per person per plan year with a maximum deductible of \$75 per family each plan year. Services are covered at 80% for Basic and 50% for Major. For Orthodontics Coverage there is no deductible and services are covered at 50%. Employee is responsible for all premium costs above the employee low option rate. Maximum benefit per calendar year is \$1,500/person.

Short-term Disability Insurance (100% Employer Paid):

The Town covers every regular, full-time employee under its Short-term Disability Insurance Plan. From the 1st day of an accident or the 8th day of a bona fide disability/illness (as certified by an attending physician), the employee will be covered under the Town's short-term disability plan for a period not to exceed 6 months. The first 8 days of illness are covered under the employee's sick / personal / vacation leave. The short-term disability plan covers the employee at 2/3's of the employee's weekly salary (as provided by the Town of Milford). In the event that an employee is receiving short-term disability benefits, that employee shall be "made whole" by the Town with the Town charging that employee's sick, personal, holiday and vacation time exempting, at any given time, a balance of not less than forty (40) hours of annual leave (prorated for non-standard work week).

Long-term Disability Insurance (100% Employee Paid):

As an option under the Town's Flexible Benefits Plan, a regular, full-time employee will have the opportunity to enroll in the Town's Long-term Disability Insurance Plan. Enrollment in this Plan is strictly optional/voluntary and the Town of Milford pays no portion of the premium for long-term disability. Premium is dependent upon employee's salary/ age, etc.

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Life-Insurance Plan (1x and 2x Life paid by Employer; 3x life Employee paid):

The Town of Milford provides regular, full-time employees with term life insurance at the rate of two (2) times the employee's annual salary. The employee has the option of dropping down to one (1) time salary and using the savings to fund other benefits or increasing to three (3) times salary and paying the difference in premium – again based upon the employee's salary/age, etc.

Employee Reimbursement Accounts (FSA – Flex Spending Account):

The Town offers both health care and dependent care reimbursement accounts. When contributing dollars to either or both of these reimbursement accounts, you pay no taxes (Federal Income or Social Security) on those dollars. Enrollment in this benefit is strictly optional / voluntary. Enrollment is on an annual basis, **the information does not carry year to year.** HealthTrust administers the program. Employee, at their expense, also has the option of selecting a Benny Card. All insurance eligible employees are able to participate whether or not they are covered by HealthTrust or another plan.

Retirement Plans: ([NH EMPLOYER CONTRIBUTION RATES](#) / [NH EMPLOYEE CONTRIBUTION RATES](#))

NHRS – All regular, full-time employees of the Town of Milford who work thirty-five (35) or more hours per week are required to join the New Hampshire Retirement System immediately upon employment with the Town.

	Group 1 – Employee	Group 1 – Teacher	Group II – Police	Group II – Fire
Employee	7%	7%	11.55%	11.8%
Employer 2020-2021	11.17%	17.8%	28.43%	30.09%
Employer 2022-2023	14.06%	21.02%	33.88%	32.99%

OTHER – 457 Plan – In addition, the Town offers voluntary enrollment in a Section 457 Deferred Compensation Plans: VALIC. Enrollment is 100% the responsibility of the employee. The Town does not contribute to this fund.

Career Incentives:

Upon approval by the Board of Selectmen and/or the Department Head, the Town shall pay for course work required for certification or minimum education mandated by Federal, State, or local regulation(s) for the employee's current position. Courses, seminars or workshops taken during working hours and required by the Town shall be paid by the Town upon approval by the Board of Selectmen and/or the Department Head and are not a part of the reimbursement program. Regular, full-time employees shall be eligible for tuition reimbursement of approved course work from an accredited college or university. Said tuition reimbursement shall be with Board of Selectmen/Department Head approval in accordance with the Town's "Education Reimbursement Policy."

Annual (Vacation) Leave:

All regular, full-time AFSCME employees of the Town of Milford shall be entitled to eighty (80) hours of vacation time after one full year of employment. Vacation time is augmented dependent on years of service and additional information on this benefit would be provided at time of enrollment.

Sick Leave:

The Town of Milford provides paid sick leave to regular, full-time AFSCME employees with the equivalent of eighty (80) hours of sick time annually. New employees shall accrue sick leave at the rate of 6.15 hours per month beginning the first of the month following the month of employment. Sick Leave can eventually be converted to vacation time. Additional information on this benefit would be provided at time of enrollment. **(AFSCME Employees please refer to your contract.)**

Holidays:

The Town of Milford provides regular, full-time AFSCME employees with the equivalent of one hundred (100) hours of paid holidays per year. These holidays would be further explained at time of enrollment. Full-time members of the Bargaining Unit shall receive a lump-sum payment for the above holidays during the second week of December each year.

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Personal Leave:

The Town of Milford provides regular, full-time and part-time employees who work twenty (20) or more hours per week with 20 hours personal leave per year, pro-rated. These personal days shall be granted at the discretion of the Chief of Police or his designee. These personal days become effective 90 days after employment.

Bereavement Leave:

The Town of Milford provides regular, full-time AFSCME employees with forty (40) hours of bereavement leave for a death within the employee's immediate family as defined in the Collective Bargaining Agreement.

Other:

In addition to the foregoing, Town of Milford employees are eligible to join Hampshire Hills Sports & Fitness Center through the Town's membership plan and eligible to obtain a Library Card through the Wadleigh Library.

All other leave benefits (e.g., Military, Jury Duty, Leave of Absence, etc.) will be further explained at time of enrollment. Additional information on these benefits will be provided at time of enrollment.

The contents of this overview are subject to change at Management's discretion.

Benefits	100%		
Hrs wrkd	40		Full-time
	Hrs/year	# of Days/wks	
Sick	64	8 days	If not used in 1 st year, 40 hrs goes to additional week of vacation and 24 hrs gets put into a "sick bank"
Vacation	80	2 weeks	
Personal	20	1.5 days	
Holiday	96	12 days	

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2022 Health and Dental Rates – Monthly Rates

HealthTrust – Anthem

Health Insurance – AccessBlue 15/40 \$1,000/\$3,000 Ded	Monthly Rate	Town Pays 85%	Employee Pays 15%
Single	\$ 973.07	\$ 827.11	\$ 145.96
2-Person	\$ 1,946.14	\$ 1,654.22	\$ 291.92
Family	\$ 2,627.29	\$ 2,233.20	\$ 394.09
Health Insurance – Access Blue SOS \$3,000/\$9,000 Ded	Monthly Rate	Town Pays 100%	Employee Pays 0%
Single	\$ 661.86	\$ 661.86	\$.00
2-Person	\$ 1,323.71	\$ 1,323.71	\$.00
Family	\$ 1,787.01	\$ 1,787.01	\$.00

HealthTrust – Delta Dental

DENTAL LOW	Type of Plan	Monthly Rate	Town Pays Single Low rate	Employee Pays Balance
	Single	\$ 32.88	\$ 32.88	\$ 0.00
	2-Person	\$ 64.35	\$ 32.88	\$ 31.47
	Family	\$ 129.74	\$ 32.88	\$ 96.86
DENTAL HIGH	Single	\$ 50.73	\$ 32.88	\$ 17.85
	2-Person	\$ 98.13	\$ 32.88	\$ 65.25
	Family	\$ 178.77	\$ 32.88	\$ 145.89

Opt-Outs

AFSCME - Cash back amount per year equal to forty (40%) percent of the Town's Annual Contribution to lowest HMO Single, 2 Person or Family level.			
	Single	2-Person	Family
Town Annual Contribution to Single Low HMO	\$ 9,925.31	\$ 19850.63	\$ 26,798.36
40% of Annual	\$ 3,970.13	\$ 7,940.25	\$ 10,719.34
Div by 24 pays	\$ 165.42	\$ 330.84	\$ 446.64

Opt Out Option based on Low, Single plan -	
Dental	\$ 6.58 / pay period (Annual \$ 157.82)

Details of the *Town of Milford Flex Benefit Plan and Health/Dental Rate Sheet for Employees* are subject to change. If you decide to opt out of Town Health or Dental, you will need to complete a waiver form and provide proof of coverage.