

2027 BENEFITS GUIDE

January 1 - December 31, 2027



*An overview of your
2027 benefits*



**AEC, CMPTEC, Civilian Bargaining,
Functional, and Fire Management
Retirees after 5/19/2010**

WELCOME

We are pleased to offer benefits that continue into your retirement. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

TAKE A LOOK INSIDE



Health

[Medical \(page 8\)](#)
[Prescription Coverage \(page 10\)](#)
[Manage Your Health Plan \(page 11\)](#)
[Virtual Visits \(page 12\)](#)
[Health and Rx Plan Programs \(page 13\)](#)
[Preventive Care \(page 15\)](#)
[Nurse Care Management \(page 16\)](#)
[Vision \(page 17\)](#)



Wealth

[Health Savings Account \(HSA\) \(page 19\)](#)



Additional Benefits

[Voluntary Benefits \(page 22\)](#)



Resources

[Important Contacts \(page 24\)](#)

BENEFIT ENROLLMENT

When Coverage Begins

Open Enrollment: Changes made during Open Enrollment are effective January – December.

When Coverage Ends

Medical and vision coverage for you and your family will end on the last day of the month prior to your 65th birthday.

When Coverage Ends for Your Children

Your children are eligible for medical and vision coverage until the end of the month in which they turn 26. Coverage may continue beyond age 26 if the child is disabled and meets certain requirements.

COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights should you qualify. If your coverage terminates and your spouse is under age 65, they will be notified of their COBRA rights. If your coverage terminates and your dependent is under age 26 (or beyond age 26 but meets certain requirements), they will be notified of their COBRA rights.



HOW TO ENROLL

Life Event

You have 30 days to update your benefits if you or a dependent experience a life event mid-year (marriage, divorce, loss of coverage, etc).

Step 1:

Contact benefits@cityofomaha.org to let us know about your life event.

Step 2:

Provide the necessary documentation related to your life event. See page 6 for a list of events and their supporting documentation.

Step 3:

The Benefits team will send a Health Enrollment form for you to complete regarding the updates you need for your insurance.

Step 4:

Complete the form and return to the Benefits team via email at benefits@cityofomaha.org.

Open Enrollment

Call the Benefits Enrollment Center at **888-350-4209** to complete your enrollment with a representative over the phone.

For a more user-friendly experience, you can visit cityofomahabenefits.com while on the phone with the Enrollment Center. This will allow the representative to share their screen with you and you can see the representative complete your enrollment.

After You Enroll

Save or print a copy of your Enrollment Summary after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the Benefits Division immediately at **402-444-5300** or benefits@cityofomaha.org so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.

QUESTIONS?

For questions about any of your benefits, contact City of Omaha Human Resources at 402-444-5300 or benefits@cityofomaha.org.

BENEFIT ELIGIBILITY

Who is Eligible

The following individuals are eligible to participate in the City of Omaha's benefits program:

- Retirees under 65 who go directly from active to retirement status without a break
- Certain disability retirees under age 65 as determined by the bargaining agreements or the Municipal Code
- Former vested employees who meet certain age and years of service requirements and pay the full COBRA premium for a specified period of time as determined by the bargaining agreements or the Municipal Code
- Your legally married spouse
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care

Dependent Information

To enroll your eligible dependents in benefits, you must provide their full legal names, Social Security numbers and dates of birth, so keep this information handy when making your benefit elections online.

DEPENDENT VERIFICATION DISCLAIMER

Dependent Verification Required

If you plan to cover any dependents this year, you will need to provide documentation confirming their eligibility within **31 days** of employment. You may be asked to submit proof of dependent status by providing a marriage certificate, birth certificate, tax return, etc. You are responsible for ensuring that any dependents who become ineligible are removed from the City of Omaha benefits. Dependents covered under the employee's benefits who are determined to be ineligible, or for whom sufficient proof of eligibility cannot be provided, will be removed immediately. Premiums will not be refunded, and you will be responsible for any claims that may have been paid on their behalf. You may also be subject to corrective action up to and including termination.

Dependent Information for Enrollment

When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA) requires the City of Omaha to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

BENEFIT ENROLLMENT AND QUALIFYING LIFE EVENTS (QLEs)

Enrollment Periods

Annual Open Enrollment

Each calendar year, the City of Omaha conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment ONLY if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 31 days of the QLE.

Listed below are qualifying life events (QLEs) that may allow you to make benefit changes:

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	<ul style="list-style-type: none"> Marriage certificate 	Birth certificates are required if adding spouse's children
Death	<ul style="list-style-type: none"> Death certificate 	No additional documentation required
Divorce	<ul style="list-style-type: none"> Certified copy of divorce decree 	No additional documentation required
Adoption	<ul style="list-style-type: none"> Placement for adoption paperwork Legal documentation of adoption 	No additional documentation required
Birth	<ul style="list-style-type: none"> Birth certificate* 	No additional documentation required
Loss or Gain of Coverage	<ul style="list-style-type: none"> Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected 	Adding spouse: marriage certificate Adding children: birth certificate
Loss or Gain of Medicare or Medicaid	<ul style="list-style-type: none"> Proof of enrollment or termination of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window) 	Adding spouse: marriage certificate Adding children: birth certificate

***May initiate event prior to receiving certificate as may not be issued in the QLE window. Must send certificate in once received.**

****All changes require verification of Social Security Number (SSN card or copy of tax return)**



HEALTH

MEDICAL COVERAGE

HDHP

The City offers you a comprehensive health insurance plan which includes both medical and prescription drug coverage. The medical plan is a High-Deductible Health Plan (HDHP), provided through Blue Cross Blue Shield of Nebraska. An HDHP typically has lower premiums, but a higher deductible than other health insurance plans. You can choose from a wide network of providers who participate in the BCBS network. You may see a provider who is outside of the BCBS network, but may be subject to higher out-of-pocket costs for services. Preventative care services, as defined by the ACA, are fully covered by the plan.

The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

For more information on the HSA, see page 17 in this benefit guide.

For more information on prescription drug coverage, see page 10 in this benefit guide.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual. Medical expenses and prescription drug expenses are applied towards the same deductible.
- **Coinsurance:** Once you've met the plan's annual deductible, you may be responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 70% and you may pay 30%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.

To find an in-network provider, visit www.nebraskablue.com/Member-Services/Find-a-Doctor.

MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Benefits	HDHP	
	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$3,500 / \$7,000	\$7,000 / \$14,000
Out-of-Pocket Max (Individual/Family)	\$3,500 / \$7,000	\$14,000 / \$28,000
Office Visits (physician/specialist)	Plan pays 100% once the deductible is met	Plan pays 70% once deductible is met
Preventive Vision Exam (one exam/calendar year)	Plan pays 100%	Not covered
Routine Preventive Care	Plan pays 100%	Employee Only: Plan Pays 100% of first \$200, then subject to Deductible and Coinsurance. Dependents: Not covered
Routine Colonoscopy	Plan pays 100%	Plan pays 70% once deductible is met
Routine Mammogram	Plan pays 100%	Plan pays 70% once deductible is met
Diagnostics (lab/X-ray)	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Complex Imaging	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Chiropractic	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Ambulance	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Emergency Room	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Urgent Care Facility	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Inpatient Hospital Stay	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met
Outpatient Surgery	Plan pays 100% once the deductible is met	Plan pays 70% once the deductible is met

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

PRESCRIPTION COVERAGE

Prescription drug coverage is part of your health insurance plan and is provided by CVS Caremark. CVS Caremark offers a variety of ways to manage your prescriptions. See below for the different ways you can access and save on your medications.

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit www.caremark.com or call 844-757-0452.

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the CVS Caremark program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	HDHP	
	In-Network	Out-of-Network
Retail Pharmacy		
Tier 1 (Generic)	Plan pays 100% once the deductible is met	Plan pays 70% once deductible is met and a 50% penalty is charged
Tier 2 (Preferred Brand Name)		
Tier 3 (Non-Preferred Brand Name)		
Mail Order Pharmacy		
Tier 1 (Generic)	Plan pays 100% once the deductible is met	Not covered
Tier 2 (Preferred Brand Name)		
Tier 3 (Non-Preferred Brand Name)		

MANAGE YOUR HEALTH PLAN

Your BCBS Plan is Online

Easily access up-to-date information about your coverage, view your member ID card and track your deductible and claims. Login to myNebraskaBlue.com to set up your online member account and manage your health plan.

- See your claims status – what your plan paid and what you paid
- Review your benefits, deductible and out-of-pocket amounts
- Find in-network doctors and facilities
- Set your communication preferences
- Estimate costs for health care services
- Get additional health care support
- And more

NebraskaBlue Mobile App

Take control of your health journey with the new and improved NebraskaBlue mobile app:

- Access your digital ID card anytime, anywhere
- Stay informed with real-time updates on claims and preauthorization status
- Enhanced security with biometric logins for peace of mind
- And more!

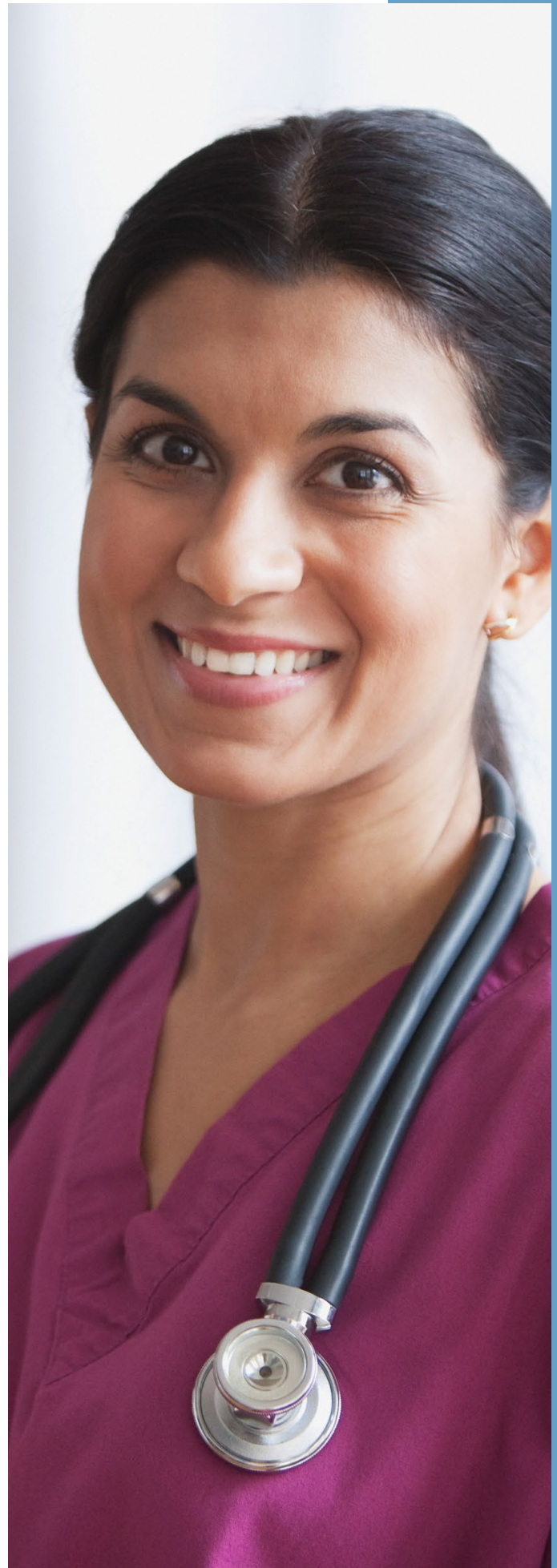
Download the NebraskaBlue app from the Google Play or App Store.

CVS Caremark

CVS Caremark provides your pharmacy benefits. You may view information about your pharmacy benefits by logging in to www.caremark.com. You will be directed to sign in or register, and from there you will find interactive tools to help manage your family's prescription drugs.

With CVS Caremark, you can find:

- Your prescription benefits
- Your drug claim history
- Prescription drug list (also known as a formulary)
- And more



VIRTUAL VISITS

Telescope Health

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

Why Use Telehealth?

It's Affordable

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to our telehealth program will cost you a flat \$67 copay/fee, regardless of your condition.

It's Convenient

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

It's Easy to Use

A telehealth medical professional is never more than a phone call, click or tap away! Call 844-908-3295, visit myNebraskaBlue.com or scan the QR code below.



Get Care in Minutes

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

Common Reasons to Call

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Diarrhea or constipation
- Ear infections
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections

Mental Health Care

Emergency Support

- 24/7 Crisis Line: **988**
- Suicide and Crisis Lifeline: **Call or text 988**
- Local Emergency: **Call 911**

Working Together

- Build a trusted relationship with your provider
- Learn practical coping skills
- Celebrate your progress
- Get support when you need it

Privacy and Support

- All sessions are completely private and secure
- Your information is protected; sessions are not recorded

HEALTH AND RX PLAN PROGRAMS

Virta (Diabetes Management)

Virta is a provider-led, research-backed treatment program. Patients can lower their blood sugar and A1C, all while reducing the need for diabetes medications and losing weight. If you have type 2 diabetes or prediabetes, your Blue Cross Blue Shield of Nebraska health plan fully covers the cost of Virta.

How does Virta work?

Virta uses nutritional ketosis to naturally lower blood sugar and turn the body into a fat-burning machine. There is NO surgery, required exercise or calorie counting with Virta.

With Virta's personalized treatment plan, each member gets:

- Medical supervision from a physician-led care team
- A one-on-one health coach
- Diabetes testing supplies, educational tools and private support community

If you have been diagnosed with type 2 diabetes or prediabetes, you can enroll in Virta today by scanning the code or visiting NebraskaBlue.com/Diabetes to learn more.



Hinge Health (Virtual Physical Therapy)

Feel better. Move easier. At no cost to you.

Hinge Health is a digital program designed to help you move better and live pain-free. Whether you're managing chronic pain, recovering from an injury or dealing with back, joint or pelvic discomfort, Hinge Health offers a convenient and effective way to help you get back to doing what you love most.

What members get

- Virtual physical therapy and personalized support
- Quick 15-minute exercise sessions
- One-on-one health coaching
- Available anywhere

Visit hinge.health/for-individuals today or scan the code.



HEALTH AND RX PLAN PROGRAMS

Zerigo Health (Phototherapy Program)

Your health plan already covers Zerigo Health – clinically proven, at-home phototherapy for psoriasis and eczema. No waiting rooms. No injections. No extra cost to you.

The Program Includes

- **One-on-one support** from your ZerigoCare™ Guide: a licensed team that keeps your treatment on track
- **Easy-to-use mobile app:** treatment reminders and progress tracking
- **FDA-cleared handheld UVB device:** use it at home or on the go
- **Virtual visits with licensed clinicians:** diagnose, prescribe, and guide your care throughout

What is Phototherapy?

Proven. 25+ years of clinical data support NB-UVB as effective treatment for psoriasis and atopic dermatitis. Recommended by the American Academy of Dermatology (AAD).

Science-backed. Calms overactive immune cells to smooth inflammation, and help skin heal. It's targeted to your skin, not your whole body.

It works. 78% of Zerigo members achieved clear or near-clear skin in 16 weeks.

To get started, sign up at zerigohealth.com, call 877-738-6041 (TTY:711) M-F 9 am – 10 pm ET and Saturday 12 pm – 4 pm ET or scan the QR code to the right



Progeny Health® (Maternity and NICU Care Management)

Supporting you through pregnancy, birth and beyond

As a Blue Cross Blue Shield of Nebraska member, you have access to Progeny Health Maternity & Neonatal Intensive Care (NICU) Case Management, a program designed to provide education, support and guidance throughout your pregnancy and after your baby arrives.

How Progeny Health can help

Your dedicated case manager can help you:

- Prepare for labor and delivery
- Access educational resources about pregnancy, postpartum and newborn care
- Understand and navigate NICU care if your baby needs specialized attention
- Adjust to life at home with your new baby

Scan the code to download the app or go to NebraskaBlue.com/PregnancyCare to learn more about Progeny Health.



PREVENTIVE CARE

What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.

KNOW WHERE TO GO

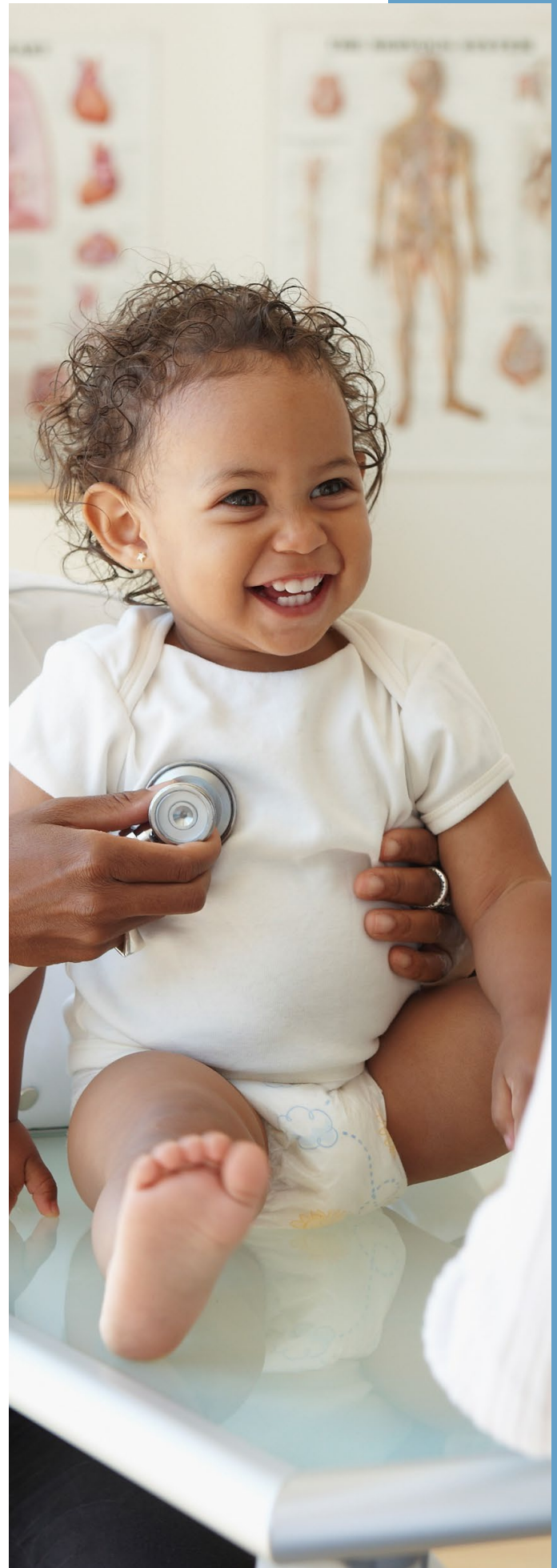
Do I Need the Emergency Room?

Hospital emergency rooms (ERs) are staffed to focus on medical emergencies. If you go to the ER for a problem that is not an emergency:

- You may spend a lot more time in the ER than you would during a telehealth visit or at a visit to a doctor's office or other care facility
- It will cost you more than a telehealth visit or another health care facility

Know your ER alternatives before you need them

Talk with your doctor. Find out if they have extended hours and ask for recommendations for an ER alternative located near you. Also, visit NebraskaBlue.com/DoctorFinder to find in-network doctors and facilities. Planning ahead can save you time and money.



NURSE CARE MANAGEMENT

Health Coaching

We understand that everyone's needs are different. With our care program, nurse care managers will support and guide you to better health. Whether that is to reduce your risk for illness, improve weight loss or better manage a health condition or a complex health problem.

With this program, you work with a nurse care manager, either through our mobile health app or over the phone, to create a personalized plan. Our nurses can help you:

- Understand symptoms
- Determine if you need to see a doctor
- Prepare for upcoming surgeries and medical tests
- Choose the right providers
- Achieve and maintain a healthy weight
- Manage high blood pressure and cholesterol
- Decrease blood sugar and A1C levels
- Reduce stress and identify triggers
- Manage pain

It's Easy to Get Started!

Scan the code to download the Wellframe app and enter your member ID (access code **NEWELL** will auto-populate). If you do not wish to use the app, see the information below.



QUESTIONS?

To learn more, visit NebraskaBlue.com/Wellbeing.

For questions, contact Blue Cross Blue Shield of Nebraska at 844-201-1546.

Case Management Program

If you are experiencing a complex medical condition or a catastrophic illness or accident, our case management program can help.

Advocate, Coordinate and Encourage

Blue Cross Blue Shield of Nebraska case managers are registered nurses able to assist you with cancer treatment, transplants, high-risk pregnancy, children with special needs, traumatic injuries, and many other complex conditions

Our case managers do not replace the care you receive from your health care providers, however, they can:

- Advocate for you and assist you in making informed health care decisions
- Coordinate your care plan with you, your health care providers, and other relevant caregivers (including family members)
- Provide information to help you understand your health insurance benefits
- Identify and refer services and resources to meet your needs
- Encourage involvement in your treatment program and empower you to manage your condition
- Contact you periodically to assure your needs are being met

No Cost to You

Blue Cross Blue Shield of Nebraska's case management program is offered at no cost to you, and you may opt out at any time. The program does not affect your claims payments or benefits.

For more information about case management, please call 800-247-1103.

VISION COVERAGE

Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Ameritas, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Ameritas VSP network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

Note: If you are enrolled in the BCBSNE medical plan, you may receive one routine eye exam per calendar year under the medical plan.

To find an in-network provider, visit <https://www.ameritas.com/employee-benefits/find-a-provider/>.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision Plan I	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 deductible	\$10 Deductible/Covered up to \$45
Materials Copay	\$25	\$25
Frames (once every 24 months)	Covered up to \$150	Up to \$75
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Contact Lenses (in lieu of glasses; once every 12 months)		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210

Coverage	Monthly Contributions
Employee Only	\$7.25
Employee + 1	\$13.63
Family	\$19.40



WEALTH

HEALTH SAVINGS ACCOUNT (HSA)

The High-Deductible Health Plan features an HSA provided through HSA Bank. The HSA lets you set aside money to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You may contribute through automatic payroll deductions or by a direct contribution from your personal bank account. Both are after-tax contributions that are deductible when you file your taxes.
- City of Omaha contributes the following amounts annually to your HSA account to help it grow:
 - **Employee only coverage: \$2,300**
 - **Employee + family coverage: \$4,600**
- You may change your contributions at any time throughout the year. Contact benefits@cityofomaha.org if you would like to make a change.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2027
Individual	\$4,500
Family	\$9,000
Catch-up Contributions	\$1,000



HEALTH SAVINGS ACCOUNT (HSA)

Key Features of the HSA

Tax Advantage

- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502 (<https://www.irs.gov/forms-pubs/about-publication-502>).
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare² and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969 (<https://www.irs.gov/forms-pubs/about-publication-969>).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.
2. Or another non-qualifying plan.



ADDITIONAL BENEFITS

VOLUNTARY BENEFITS

Identity Theft Protection

Your identity is made up of more than your Social Security number and credit score. It includes the trail of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through Allstate Identity Protection, for you and your family members.

Features

- \$1 million ID theft insurance
- Dark web monitoring
- High-risk transaction monitoring
- Social media monitoring
- IP address monitoring
- Lost wallet protection
- Solicitation reduction
- Credit monitoring and alerts
- Data breach notifications
- Stolen 401(k) and HSA funds reimbursement

Please contact Allstate directly to enroll at 800-789-2720 or <http://www.myaip/cityomahaprotect>.

Identity Theft Protection (After tax)

Coverage	Monthly Contributions
Employee Only	\$8.95 per person / month
Family	\$16.95 per family / month



RESOURCES

IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	844-664-9371	NebraskaBlue.com/Omaha
Prescription Drug Coverage	CVS Caremark	844-757-0452	www.caremark.com
Vision	Ameritas Vision	800-877-7195	www.ameritas.com www.vsp.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
Identity Protection	Allstate Identity Protection	800-789-2720	myaip.com/cityofomahaprotect
Call Center	City of Omaha Call Center for Benefit Enrollment	888-350-4209 Monday-Friday 7 am-5 pm CST	cityofomahabenefits.com

QUESTIONS?

If you have additional questions, you may also contact:

City of Omaha Human Resources
402-444-5300
benefits@cityofomaha.org

