

2027 BENEFITS GUIDE

January 1 - December 31, 2027



*An overview of your
2027 benefits*



Fire Bargaining

WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. 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



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BENEFIT ENROLLMENT

When Coverage Begins

New Hires: You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

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

When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of the month in which your employment with the City of Omaha ends or you lose full-time eligibility status.

When Coverage Ends for Your Children

Your children are eligible for medical, dental 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.



HOW TO ENROLL

Enrolling in benefits is easy. Our self-service platform is available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access. You may also enroll over the phone with our benefits enrollment center.

Enrolling via Self Service

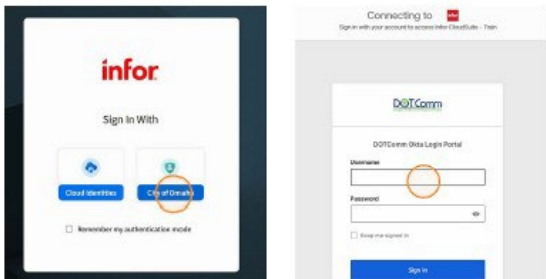
Step 1:

New hires: go.cityofomaha.org/newhireenrollment

Open enrollment: go.cityofomaha.org/openenroll

Step 2:

If prompted, select “City of Omaha” and enter your username and password.



If needed, select the event “New Hire” waiting for you.

Step 3:

Add your beneficiaries and/or dependents in the “Dependents and Beneficiaries” section.

Step 4:

Make your coverage selections. Either enroll in one of the benefit coverage options or select the waive option to waive coverage. You must make a choice for each insurance offering available to you.

Step 5:

Upload any necessary documentation.

Step 6:

Review and submit your enrollment.

Make sure to click the Submit button when you have finished making your selections!

Enrolling via Benefits Enrollment Center

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?

If you do not know your username or password, please contact DOTComm at 402-444-3663.

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:

- Active, full-time employees on the first of the month following your date of hire
- 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.

New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 31 days of their date of hire.

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 AND PRESCRIPTION COVERAGE

Omaha Firefighters Healthcare Trust

The City offers you a comprehensive health insurance plan which includes both medical and prescription drug coverage. The medical plan is offered through the Omaha Firefighters Healthcare Trust. The medical coverage is administered by Imagine360 and prescription drug coverage is administered by Serve You Rx. Below is a brief summary of the plan. Please contact the Trust with questions about the plan.

This plan includes deductible and prescription costs in the out-of-pocket maximum.

Annual Deductible and Out-of-Pocket Maximum	FACILITY AND IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Deductible (Individual/Family)	\$750/\$1,500	\$1,500/\$3,000
Out-of-Pocket Max (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000

	In-Network	Out-of-Network
Retail Pharmacy (Non-Maintenance)	Generic: \$10 Copay Formulary Brand: \$30 Copay Non-Formulary Brand: \$60 Copay	Generic: \$10 Copay Formulary Brand: \$30 Copay Non-Formulary Brand: \$60 Copay
Retail Pharmacy (Maintenance)	Generic: \$20 Copay Formulary Brand: \$60 Copay Non-Formulary Brand: \$120 Copay	Generic: \$20 Copay Formulary Brand: \$60 Copay Non-Formulary Brand: \$120 Copay
Mail Order Pharmacy*	Generic: \$20 Copay Formulary Brand: \$60 Copay Non-Formulary Brand: \$120 Copay	Generic: \$20 Copay Formulary Brand: \$60 Copay Non-Formulary Brand: \$120 Copay
Specialty Drugs	20% to Out of Pocket Maximum	20% to Out of Pocket Maximum

*If medication qualifies, may be \$0 copay.

Coverage	Biweekly Contributions
	Fire Bargaining
Employee Only	\$50.20
Employee + I	\$100.34
Family	\$140.58

DENTAL COVERAGE

Ameritas

The dental plan, provided through Ameritas, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

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

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

Key Benefits	PPO	
	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$0 / \$0	
Annual Benefit Maximum (per person)	\$1,200	
Preventive Services	0%	0%
Basic Services	20%	20%
Major Services	20%	20%
Orthodontic Services (Child Only)	30%, \$2,000 Ortho Lifetime Maximum	40%, \$2,000 Ortho Lifetime Maximum

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

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

Coverage	Biweekly Contributions
	Fire Bargaining
Employee Only	\$2.81
Employee + 1	\$8.97
Family	\$8.97

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	Biweekly Contributions
	Fire Bargaining
Employee Only	\$3.35
Employee + I	\$6.29
Family	\$8.95



WEALTH

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through HSA Bank, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Full-Purpose FSA (FPFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	Available to Fire Bargaining employees	Available to all eligible employees
Examples of Qualified Expenses	<ul style="list-style-type: none">• Medical plan copays and deductibles• Prescription medications• Over-the-counter medicines (pain relievers, allergy meds)• First aid supplies (bandages, gauze)• Dental treatments and fillings• Eye exams and eyeglasses	<ul style="list-style-type: none">• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$3,400	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **Grace Period:** There is 2.5 month grace period for the Full-Purpose FSA and the Dependent Care FSA. During this grace period, you can continue to use your remaining full-purpose FSA balance in the next plan year. This grace period ends on March 15, and you must submit expenses for reimbursement by March 31. **Any funds remaining in your account from the prior plan year that are unused following the 2.5 month grace period will be forfeited.**



TRANSIT & PARKING FSA

This program, provided through HSA Bank, allows you to save pre-tax dollars to offset the cost of transit and parking, reducing your overall commuting expenses. You set aside pre-tax funds in a commuter benefits account through automatic payroll deductions, thus decreasing your taxable income and reducing your income taxes, so you end up with more money in your paycheck.

IRS-approved, eligible expenses fall into two types of accounts:

	Transit	Parking
Monthly Limit	\$340	\$340
Annual Contribution Limit	\$4,080	
Examples of Eligible Expenses	<ul style="list-style-type: none">• Bus• Commuter train• Ferry• Subway• Vanpooling	<ul style="list-style-type: none">• Parking at or near your workplace• Transit station parking

414(H) PENSION PLAN

Full-time employees contribute a portion of their wages into the City of Omaha Police and Fire Retirement System (COPFRS). The City will also make contributions into COPFRS to help fund the investments that will provide future pension benefits.

Participation

All full-time sworn employees are required to participate in COPFRS as a condition of employment.

Contributions by Employee

The percentage of pay that is contributed into COPFRS is set by labor agreement or the Omaha Municipal Code. The employee contribution is 17.275% of pensionable earnings. Employee contributions cannot be more or less than the identified amount. Contributions are made pre-tax as allowed by the IRC §414(h). Employees contribute to Medicare benefits, but do not contribute to Social Security.

Service Credit

Service credit is earned for each pay period of paid employment in which contributions are made into the COPFRS. An adjustment is made to the date of pension membership for any employee who takes leave without pay for two or more consecutive pay periods.

Service credit is granted for military service as long as the member reenters the service of the City within 90 days from the date of termination of active military service. The maximum period of time allowed for military service is 5 years.

Vested

An employee is considered vested in the pension system after 10 years of full-time service with the City. This means that a former employee has the right to a future pension benefit when the employee reaches retirement age as long as the employee did not take a refund.

Service Retirement

Your pension eligibility depends on your age and years of service. It also depends on hire date as there are different pension tiers. Please see your union contract on the HR website for the full pension eligibility chart for the tier related to your hire date.

For additional information on your pension plan, please see hr.omaha.gov/employee-groups

457(B) DEFERRED COMPENSATION PLAN

Deferred compensation is an additional way City employees can save part of their salary for retirement. The employee decides how much to defer (set aside). In 2026, the employee can defer up to \$24,500 per year. Employees aged 50 and older can contribute an additional \$8,000 per year. The amount deferred is automatically deposited from the paycheck and is invested by Voya.

The City offers two options for its deferred compensation plan. Employees can elect to participate in either the traditional 457(b) Deferred Compensation plan option which contemplates 100% pre-tax contributions, or they can elect to participate in the Roth 457(b) option which contemplates 100% post-tax contributions. Employees must select only one of the available options and cannot mix contributions between the two options. Once an employee makes their selection, that election remains for the entire payroll year.

Employees may change their biweekly contribution amounts, but they cannot switch plan options. The employee can increase, reduce, stop, or restart according to guidelines for that plan. If the employee stops deferrals, the investment will remain in the account.

If an employee resigns or is terminated, the amount of the account may be paid then or at a future date. When an employee retires, the employee can choose to receive funds from the account.

For more information, contact Voya at 402-445-2043.



LIFE INSURANCE

Life insurance, provided through Securian, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	\$50,000

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	\$20,000 increments up to \$500,000	\$140,000
Spouse	\$10,000 increments up to \$100,000 or 50% of employee's election	\$50,000
Child(ren)	Under 6 months: \$250/6 months to age 26: \$10,000	\$10,000

Note: During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

Supplemental Life/AD&D Cost

Deductions for supplemental life/AD&D are taken from your paycheck after taxes. Rates are available online during enrollment at www.cityofomahabenefits.com.

Decreasing Term Life Insurance

Term life insurance, provided through the National Conference on Public Employee Retirement Systems (NCPERS), offers temporary coverage for a period of years—hence its name. Your designated beneficiaries will then receive a death benefit if you die within the term of your policy. However, your beneficiaries will not receive the benefit if you live past the policy term. Because term life insurance doesn't build cash value that you can borrow against, it is a lower cost alternative to permanent or whole life insurance.

- Decreasing Term Life and Accidental Death & Dismemberment coverage for you and your family. You pay \$17 a month regardless of age and it will never increase. The amount of coverage decreases as you and your spouse get older. A Student Loan Protection Benefit is included at no extra cost. For members age 45 and under, the plan will reimburse the amount of student loans you owe up to a maximum of \$50,000 should you become totally disabled under the terms of the policy and have an outstanding student loan balance.



ADDITIONAL BENEFITS

VOLUNTARY BENEFITS

Accident Insurance

Accident insurance, provided through The Standard, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- X-rays
- Physical therapy sessions
- CT or MRI scan
- Urgent care or ER visit

Accident Insurance in Practice	
Situation	Abed broke his leg in a bike accident.
Covered Benefits	<ul style="list-style-type: none">• Doctor's office visits• Diagnostic exams• Broken leg rehab treatment• Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250

Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through The Standard, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

Critical Illness Insurance in Practice	
Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).

VOLUNTARY BENEFITS

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.¹ Hospital indemnity, provided through The Standard, pays a fixed cash benefit directly to you when you experience:

- Hospital admissions
- Hospital stays
- Intensive care unit stays

1. Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.

Hospital Indemnity Insurance in Practice	
Situation	Craig was hospitalized following a car accident.
Covered Benefits	<ul style="list-style-type: none">• Hospital admission• Hospital stay• Intensive care unit stay
Total Benefit Paid Directly to Employee	\$2,250

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

QUESTIONS?

To learn more, visit myaip.com.

For questions, contact Allstate Identity Protection at 800-789-2720.

PLAN CONTRIBUTIONS

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Accident Insurance (Pre-tax)

Coverage	Biweekly Contributions	
	Plan 1	Plan 2
Employee Only	\$5.98	\$7.98
Employee + Spouse	\$10.34	\$13.80
Employee + Child(ren)	\$12.84	\$17.22
Family	\$16.36	\$21.78

Critical Illness Insurance (Pre-tax)

Employee or Employee + Child(ren) Biweekly Contribution Rates – Plan 1						
Age	18-29	30-39	40-49	50-59	60-64	65+
Rate	\$1.66	\$2.62	\$4.14	\$7.04	\$11.52	\$16.08

Employee + Spouse or Family Biweekly Contribution Rates – Plan 1						
Age	18-29	30-39	40-49	50-59	60-64	65+
Rate	\$2.90	\$4.38	\$6.68	\$11.08	\$17.98	\$24.74

Employee or Employee + Child(ren) Biweekly Contribution Rates – Plan 2						
Age	18-29	30-39	40-49	50-59	60-64	65+
Rate	\$2.84	\$4.66	\$8.16	\$14.02	\$22.42	\$29.34

Employee + Spouse or Family Biweekly Contribution Rates – Plan 2						
Age	18-29	30-39	40-49	50-59	60-64	65+
Rate	\$4.78	\$7.54	\$12.90	\$21.90	\$34.80	\$45.16

Hospital Indemnity Insurance (Pre-tax)

Coverage	Biweekly Contributions
Employee Only	\$5.46
Employee + Spouse	\$13.90
Employee + Child(ren)	\$7.38
Family	\$19.38

Identity Theft Protection (After tax)

Coverage	Biweekly Contributions
Employee Only	\$4.13
Family	\$7.82



WELLBEING



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through CHI Health.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to 5 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

QUESTIONS?

To learn more, visit www.chihealth.com/eap.

For questions, contact CHI Health at 402-398-5566 or 888-847-4975.

TIME OFF

Sick Leave

Employees accrue sick leave at the start of each pay period. See the chart below for the sick leave accrual rates, maximum carryover rates, and pay off rates at separation or retirement.

	Accrual Rate*	Maximum Carryover	Pay Off at Separation/Retirement
Suppression	5.7 hours/ payroll year	None	Convert to suppression hours. Paid 65% of total sick leave accum. For each quarter an employee does not use sick and/or family sick leave, an addl. 0.25% will be added. Max 75%
Division	4.1 hours/ payroll year	None	

*If an employee does not use any sick leave and/or family sick leave in a payroll year, then the employee shall earn one additional work day of annual leave in the subsequent payroll year. Sick leave and/or family sick leave for the birth of a child shall not cause the employee to lose their additional annual leave day.

Family Sick Leave

Suppression employees may utilize up to 120 hours of their own sick leave annually to care for illness or injury to their immediate family members (immediate family member is defined as those individuals covered by the FMLA). Division employees may utilize up to 40 hours of their own sick leave annually.

Sick Leave Without Pay

It may be granted at the discretion of the Department Head for an entire period of illness. If the sickness exceeds one year, it may be renewed by providing a doctor's certificate or by obtaining a medical/physical examination at the direction of the Department Head or the Human Resources Director. All applications for sick leave without pay shall be supported by a doctor's certificate.

Annual Leave

Employees accrue annual leave at the start of each payroll year. See the chart below for the annual leave accrual rates, maximum carryover rates, and pay off rates at separation or retirement.

	Accrual Rate (under 7 years of service)	Accrual Rate (over 7 years of service)	Maximum Carryover	Pay Off at Separation/Retirement
Suppression	120 hours/ payroll year	240 hours/ payroll year	432 hours	Convert to suppression hours. Paid 1:1
Division	86 hours/ payroll year	172 hours/ payroll year	292 hours	

Holidays

Time off with pay is granted for observance of these holidays:

- New Year's Day
- Birthday of Martin Luther King, Jr.
- President's Day
- Memorial Day
- Juneteenth National Independence Day
- Independence Day
- Labor Day
- Patriots Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Employee's Birthday

TIME OFF

Leave of Absence

We offer a variety of leave of absence policies to our employees. The reason for your absence will determine the type of leave you can take.

The following is a brief summary of the types of leave the City of Omaha offers, including the eligibility requirements associated with each.

Family and Medical Leave (FMLA)

If you have worked at City of Omaha for at least 12 months and have worked 1,250 hours in the 12 months preceding your leave, you are eligible for leave under the Family Medical Leave Act (FMLA). FMLA is a federal law that provides unpaid and job-protected leaves of absence for medical and/or family reasons.

You may take FMLA for:

- Birth of a child or to care for a newborn
- Adoption of a child or placement in foster care
- Care for your child, spouse or parent due to a serious health condition
- Care for yourself due to a serious health condition
- Care for a covered military service member

If you are eligible, your job (or an equivalent position) will be held for you for up to 12 weeks. Additional protected time may be available depending on state regulations.

Paid Military Leave

You may be eligible for up to 15 days of full pay for serving in the Uniformed Services of the U.S.

Bereavement Leave

Funeral leave shall be used only for funeral-related activities.

In the event of the death of the employee's immediate family, the employee will be granted 48 hours of funeral leave (Suppression) or 3 consecutive duty shifts (Division), from the time the relative passes away up to and including 2 calendar days from the date of the funeral.

Immediate family includes:

- Parent
- Sibling
- Grandparent
- Grandchild
- Parent-in-law
- Stepparent
- Stepsibling

In the event of the death of the employee's non-immediate family, the employee will be granted 24 hours of funeral leave (Suppression) or 2 consecutive duty shifts (Division), from the time the relative passes away up to and including 2 calendar days from the date of the funeral. on-immediate family includes:

- Spouse's grandparent
- Spouses' grandchild
- Aunt or uncle
- Great grandparents
- Siblings-in-law
- Niece or nephew
- Spouse's sibling-in-law

The Fire Chief or their designee may, at their discretion, grant funeral leave in addition to that provided above.

OTHER BENEFITS

Longevity

Full-time employees shall receive longevity pay in addition to their base pay based on years of service. See the below chart for the breakdown.

Years of Service	
5 to 9 years	\$44 per pay period
10 to 12 years	\$83 per pay period
13 to 16 years	\$110 per pay period
17 to 19 years	\$125 per pay period
20 to 24 years	\$165 per pay period
Over 25 years	\$200 per pay period

Workers' Compensation/Injured on Duty (IOD)

All employees are covered by the Workers' Compensation laws of the State of Nebraska. The City will pay, in lieu of Workers' Compensation, the full salary up to 365 calendar days at full pay for those injured on duty and considered temporarily disabled. The City will also pay all reasonable medical, surgical and hospital expenses relating to the injury.



OTHER BENEFITS

Employee Mentoring Opportunity

The City of Omaha has introduced a new mentoring opportunity for employees. Staff may now use up to one hour per week (or four hours per month) of paid time to participate in mentoring activities. To engage in this opportunity, employees must:

1. Identify a reputable mentoring organization that matches your interests or skills
2. Complete a Mentoring Request Form and submit it for approval
3. Coordinate travel and scheduling with your supervisor to ensure your participation aligns with work responsibilities

Library Card

City of Omaha employees are able to receive a free library card as a result of their employment. With a library card, employees can check out up to 40 items from all City libraries including books, audiobooks, CDs, DVDs, and more. There are always different programs being offered by the library so be sure to keep an eye on your local branch to see what may be offered next! You can complete an application for the library card at any library location or download the application on the library website and bring it to any library.

Parks Corporate Membership

City of Omaha employees can purchase a corporate membership which allows access to most City recreation facilities. A membership allows employees to access most City recreation facilities and utilize the many amenities and programs the facilities have to offer. Memberships are available for families, couples, and seniors, but the employee must be listed as the primary member. You must purchase the membership at the Common Ground recreation facility.





RESOURCES

IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Imagine360	800-827-7223	imagine360.com/members-login/
Prescription Drug Coverage	ServeYou Rx	800-759-3203	serveyou.rxportal.sxc.com/
Dental	Ameritas Dental	800-487-5553	www.ameritas.com
Vision	Ameritas Vision	800-877-7195	www.ameritas.com www.vsp.com
Flexible Spending Accounts (FSAs)	HSA Bank	800-357-6246	www.hsabank.com
Life/AD&D	Securian Financial, NCPERS	866-293-6047, 800-525-8056	CSCClientServices@securian.com NCPERS@memberbenefits.com
Accident/Critical Illness	The Standard	Liz Salkin: 402-964-5636 or Tanya Mulder: 402-964-5607	standard.com/ahl/mybenefits
Hospital Indemnity			
Identity Protection	Allstate Identity Protection	800-789-2720	myaip.com
Employee Assistance Program (EAP)	CHI Health	402-398-5566 or 888-847-4975	www.chihealth.com/eap
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

