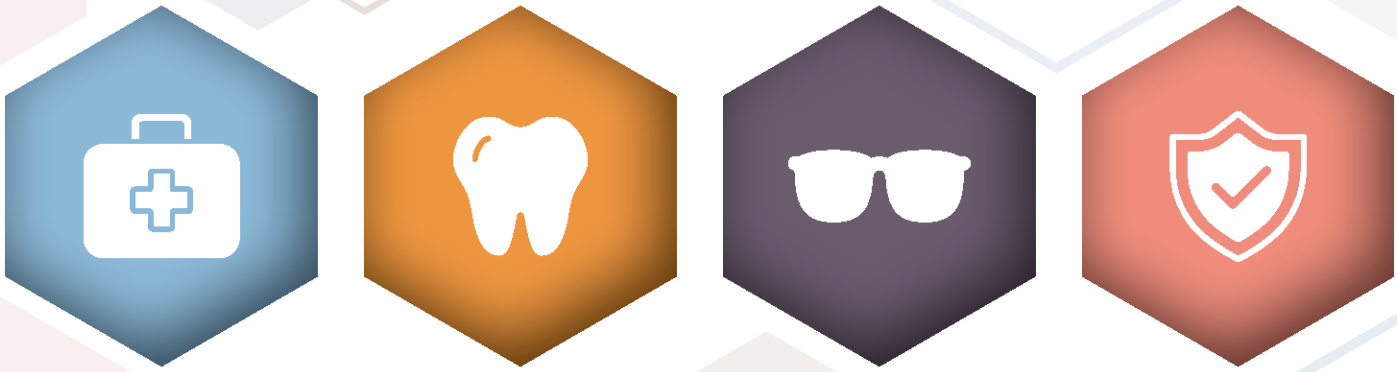
2027 BENEFITS GUIDE

January 1 - December 31, 2027



An overview of your 2027 benefits

Police 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

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)
Dental (page 17)
Vision (page 18)

Wealth

Health Savings Account (HSA) (page 20)
Flexible Spending Accounts (FSAs) (page 22)
Transit & Parking FSA (page 23)
414(h) Pension Plan (page 24)
457(b) Deferred Compensation Plan (page 25)
Life Insurance (page 26)

Additional Benefits

Voluntary Benefits (page 28)

Wellbeing

Employee Assistance Program (EAP) (page 32)
Time Off (page 33)
Other Benefits (page 35)

Resources

Important Contacts (page 38)

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

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	• Marriage certificate	Birth certificates are required if adding spouse's children
Death	• Death certificate	No additional documentation required
Divorce	• Certified copy of divorce decree	No additional documentation required
Adoption	• Placement for adoption paperwork • Legal documentation of adoption	No additional documentation required
Birth	• Birth certificate*	No additional documentation required
Loss or Gain of Coverage	• 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	• 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 20 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 $175, 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.

Coverage	Biweekly Contributions
	Police Bargaining
Employee Only	$48.70
Employee + 1	$162.33
Family	$227.26

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!

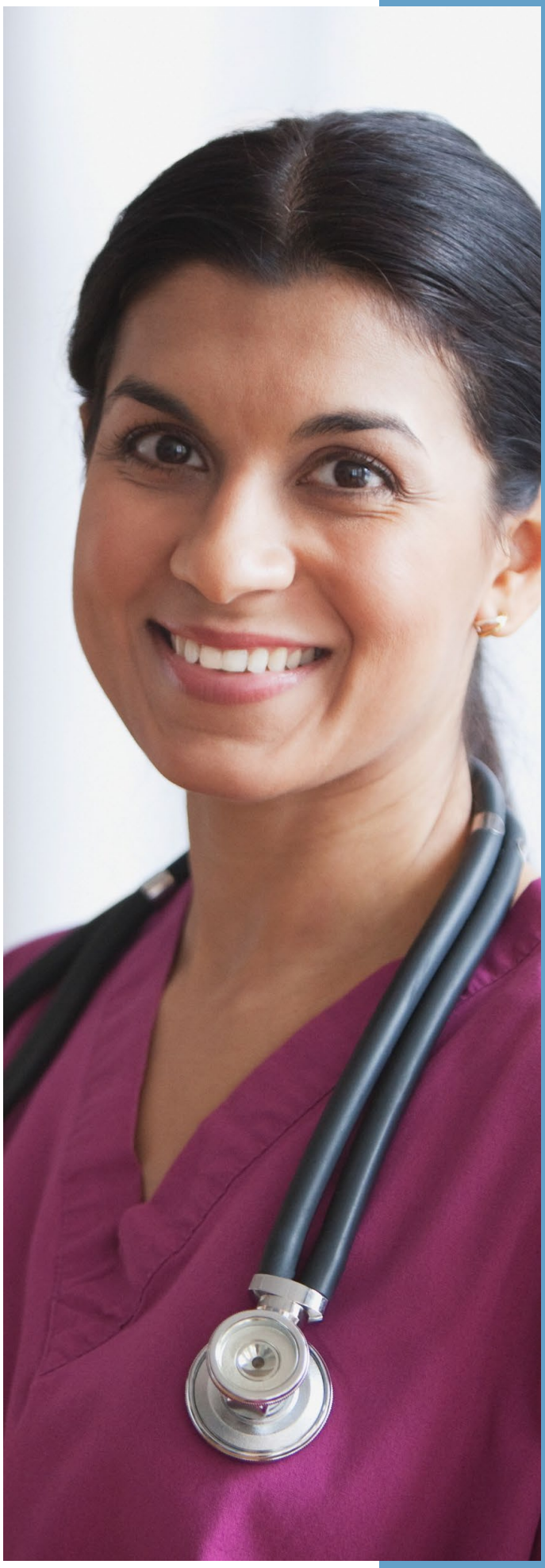
Download the NebraskaBlue app from the Google Play or App Store.

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

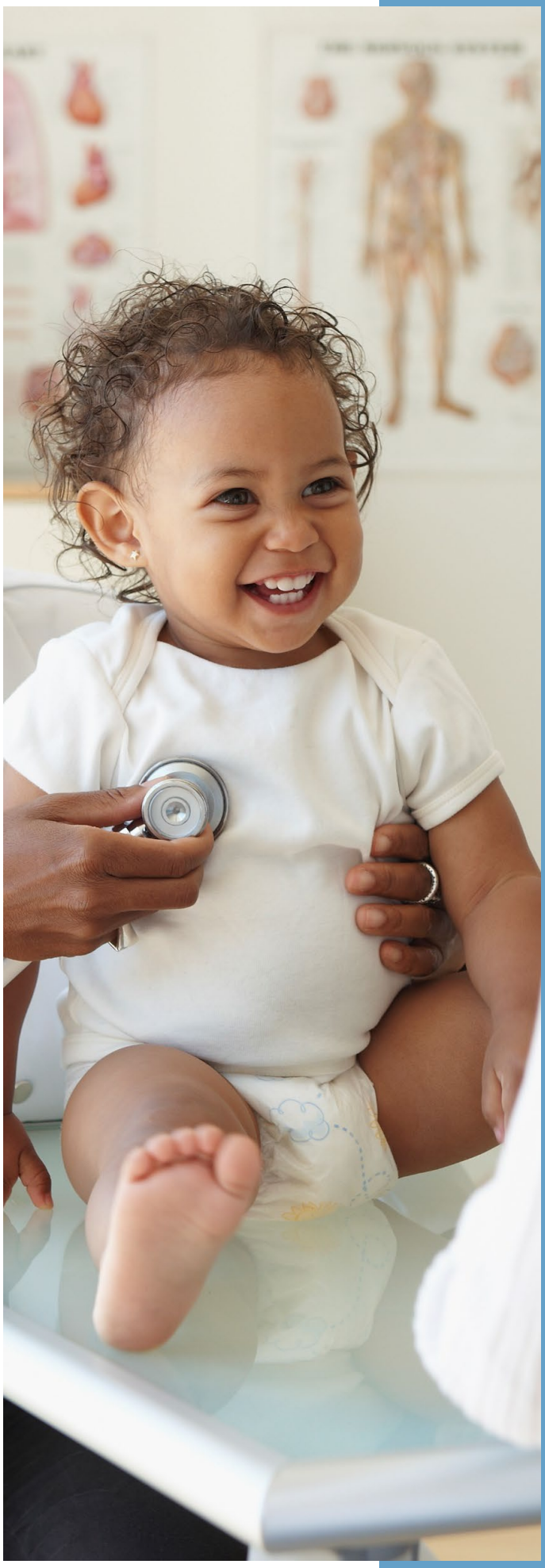
Do I Need the Emergency Room?

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.

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)	$1,750	
Preventive Services	0%	20%
Basic Services	10%	20%
Major Services	30%	40%
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
	Police Bargaining
Employee Only	$3.24
Employee + 1	$12.46
Family	$12.46

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 1	
	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
	Police Bargaining
Employee Only	$3.35
Employee + 1	$6.29
Family	$8.95

WEALTH

HEALTH SAVINGS ACCOUNT (HSA)

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

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make 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

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- 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 Medicare[2] 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.

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.

	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	Available to employees who are eligible for a high-deductible health plan	Available to all eligible employees
Examples of Qualified Expenses	• Dental and vision coinsurance only • Dental and vision deductibles only • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia	• 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.**
- **LPFSA:** This type of account can be used toward eligible dental and vision expenses only.
- **Grace Period:** There is 2.5 month grace period for the Limited-Purpose FSA and the Dependent Care FSA. During this grace period, you can continue to use your remaining limited-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	• Bus • Commuter train • Ferry • Subway • Vanpooling	• 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 16.29% 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	• 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.

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

Years of Service (YOS)	Accrual Rate*	Maximum/ Carryover	Pay Off at Separation/ Retirement**
Under 26 YOS	4.77 hours/pay period	N/A	1-1,200 hours: 1:1 1,201-3,200: 1:4
After 26 YOS			1-1,300 hours: 1:1 1,301-3,200: 1:4
After 27 YOS			1-1,400 hours: 1:1 1,401-3,200: 1:4
After 28 YOS			1-1,500 hours: 1:1 1,501-3,200: 1:4
After 29 YOS			1-1,600 hours: 1:1 1,601-3,200: 1:4
30+ YOS			1-1,700 hours: 1:1 1,701-3,200: 1:4

*If an employee has a sick leave balance of least 1,000 hours and used 40 hours of sick leave or less in the prior payroll year, they shall be entitled to an additional accrual of two hours/pay period of annual leave. If sick leave usage was used exclusively as family sick leave, the threshold will be 56 hours or less.
**Receives if retires, dies or resigns/terminates with 20+ YOS.

Family Sick Leave

Employees may utilize up to 56 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).

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 each pay period. See the chart below for the annual leave accrual rates, maximum carryover rates, and pay off rates at separation or retirement.

Years of Service (YOS)	Accrual Rate	Maximum/ Carryover	Pay Off at Separation/ Retirement
0 to 4 YOS	4.57 hours/pay period	320 hours	1:1
After 4 to 5 YOS	5.69 hours/pay period		
After 5 to 19 YOS	6.5 hours/pay period		
After 19 to 24 YOS	7.27 hours/pay period		
After 24 YOS	7.58 hours/pay period		

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
- Veterans Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Floating holiday

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 Parental Leave

If you are a full-time employee and meet FMLA criteria, you may be eligible for up to six weeks (240 hours) of full pay for leave to facilitate bonding with a new child (birth, adoption, or foster placement). Parental leave runs concurrently with FMLA.

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

Employees are granted three consecutive working days of funeral leave for the death of a:

- Parent
- Sibling
- Grandparent
- Spouse
- Child (related by blood, marriage, or adoption; stepparent or grandchild)

Employees are granted two consecutive working days of funeral leave for the death of a:

- Parent-in-law
- Sibling-in-law
- Grandparent-in-law

The Department Head may permit funeral leave in other instances where the Department Head shall determine are justified by the relationship between the deceased and the employee.

OTHER BENEFITS

Communication Skills

If an employee is proficient in a language other than English, including sign language for the deaf, and is required to use that skill in performance of their duties, the employee shall receive "Premium Pay" (an additional 3% of the maximum Police Officer's base pay). This pay is contingent upon the Chief of Police specifically assigning and requiring the use of such skills.

For employees who believe they may qualify for this additional pay, please reach out to compensation@cityofomaha.org to organize the necessary language proficiency testing.

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 10 years	$66 per pay period
11 to 15 years	$123.75 per pay period
16 to 20 years	$165 per pay period
21 years or more	$247.50 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 18 months 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	Blue Cross Blue Shield of Nebraska	844-664-9371	NebraskaBlue.com/Omaha
Prescription Drug Coverage	CVS Caremark	844-757-0452	www.caremark.com
Dental	Ameritas Dental	800-487-5553	www.ameritas.com
Vision	Ameritas Vision	800-877-7195	www.ameritas.com www.vsp.com
Health Savings Account (HSA) Flexible Spending Accounts (FSAs)	HSA Bank	800-357-6246	www.hsabank.com
Life/AD&D	Securian Financial, NCPERS	866-293-6047, 800-525-8056	CSClientServices@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