



Active Employees:

Police Bargaining &
Police Management



2025
BENEFIT
GUIDE

.....
January 1 - December 31, 2025

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your 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.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you are the legal guardian (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

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).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company 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.

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How to Enroll

Please contact the Benefits Call Center at 888-350-4209 or visit openenrollment.cityofomaha.org for self service.

Medical

We are proud to offer you a medical plan through BCBSNE that provides comprehensive medical coverage and a prescription drug plan through CVS. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan.

HDHP

A High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Nebraska network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

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.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 70 percent and you may pay 30 percent.
- ▶ **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 percent 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 percent for that individual.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. For Police Bargaining and Police Management, the City will contribute \$2,100 annually to your HSA if you enroll in employee-only coverage and \$4,200 annually if you enroll yourself and one or more family members. **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.**
- ▶ HSA is administered by HSA Bank



Important: Your contributions, in addition to the City contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the City. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical (Cont'd)

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

Key Medical Benefits	HDHP	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$3,300 / \$6,600	\$6,600 / \$13,200
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,300 / \$6,600	\$13,200 / \$26,400
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)		
Individual / Family	Police Bargaining/Police Management: \$2,100 / \$4,200	
Covered Services		
Office Visits (physician/specialist)	\$0*	30%*
Routine Preventive Care	\$0	Employee Only: Plan Pays 100% of first \$175, then subject to Deductible and Coinsurance. Dependents: Not covered
Outpatient Diagnostic (lab/X-ray)	\$0*	30%*
Complex Imaging	\$0*	30%*
Chiropractic	\$0*	30%*
Ambulance	\$0*	30%*
Emergency Room	\$0*	30%*
Urgent Care Facility	\$0*	30%*
Inpatient Hospital Stay	\$0*	30%*
Outpatient Surgery	\$0*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	\$0*	30%* plus 50% penalty
Mail Order (90-day supply)	\$0*	Not covered

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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.



Medical Coverage Cost

Coverage Tier	Employee Contribution (Per Pay Period)
Employee Only	\$53.27
Employee + 1	\$163.35
Family	\$228.69

Dental

We are proud to offer you a dental plan.

Ameritas PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Ameritas PPO Dental Plan	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$0 / \$0	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,000	
Covered Services		
Preventive Services	10%	20%
Basic Services	10%	20%
Major Services	30%	40%
Orthodontia (Child Only)	\$2,000 Max Benefit	

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Dental Coverage Cost

Coverage Tier	Employee Contribution (Per Pay Period)	
	Police Bargaining	Police Management
Employee Only	\$2.61	\$0.00
Family	\$10.04	\$10.04



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Allstate are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance 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.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Hospital Indemnity with Assurity

Pays a benefit of \$1,000 for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident.

Pays a daily benefit for services received with a hospital stay due to a covered sickness or an injury sustained in a covered accident.

Hospital Indemnity	
Hospital Confinement	\$100
Benefit Period	30 days
Intensive Care Unit	\$200
Benefit Period	10 days

Pre-Existing Condition: Assurity will not pay benefits for a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescription medication. This also includes a 10-month pregnancy exclusion in which being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise termination pregnancy during the 10 month period immediately following the issue date.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Allstate Identity Protection

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Replacing documents, cutting through red tape, and untangling fraud is daunting. But with help from the Allstate Identity Protection experienced team, available 24/7, restoration takes place quickly and effectively, giving customers peace of mind. This benefit is paid entirely by you.



Vision

We are proud to offer you a vision plan.

The **Ameritas** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Ameritas network.

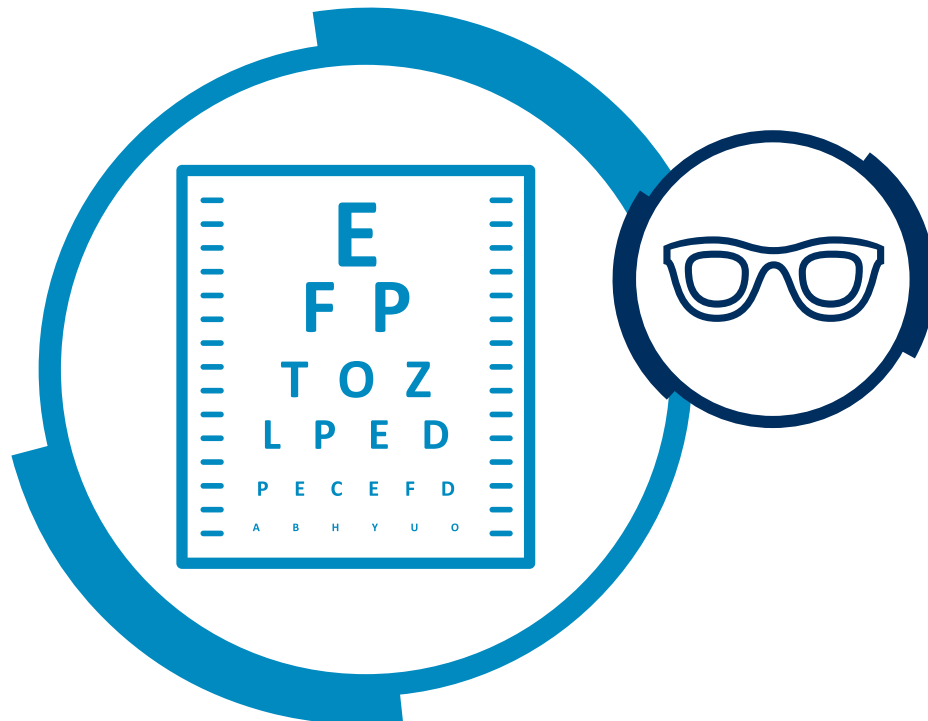
Following is a high-level overview of the coverage available.

Note: If you are enrolled in the BCBSNE medical plan you may receive one (1) routine eye exam per calendar year under the medical plan.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	\$10 Deductible/Covered up to \$45
Materials Copay	\$25	\$25
Lenses (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal		
Frames (once every 24 months)	Covered up to \$150	Up to \$75
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Not covered

Vision Coverage Cost

Coverage Tier	Employee Contribution (Bi-Weekly)
Employee Only	\$3.35
Employee + 1	\$6.29
Family	\$8.95



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified dental and vision care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Limited-Purpose Health Care FSA (for HSA participants)

This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses. For 2024, you may contribute up to \$3,200.

Please Note: The IRS has not released the limits for 2025.

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Parking and Mass Transit

2024 Contribution Limits: \$315/month or \$3,780 annually. **Please Note: The IRS has not released the limits for 2025.**

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Limited-Purpose FSA: Each plan year, you can incur expenses through March 15th, and must file claims by March 31st.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Securian.

Benefit Amount	
Employee	Police Bargaining: \$50,000 Police Management: \$45,000

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue ¹
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

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

NOTE: Employee may increase by one increment of \$20,000 during annual Open Enrollment without providing Evidence of Insurability (EOI) not to exceed \$140,000.

NOTE: If you have previously been declined you will need to submit EOI.

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.

National Conference on Public Employee Retirement Systems (NCPERS)

- ▶ Additional offering through the National Conference on Public Employee Retirement Systems (NCPERS)
- ▶ 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.

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is 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 others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

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

EAP Contact Information:

402-398-5566 or 888-847-4975

www.chihealth.com/eap

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BCBSNE	844-664-9371	NebraskaBlue.com/Omaha
Prescription Drug Coverage	CVS Caremark	844-757-0452	www.caremark.com
Accident/Critical Illness	Allstate	Liz Salkin: 402-964-5636 or Tanya Mulder: 402-964-5607	mybenefits.allstate.com
Identity Protection	Allstate Identity Protection		myaip.com
Hospital Indemnity	Assurity		www.assurity.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) and Health Savings Account (HSA)	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
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 7am-5pm CST	cityofomahabenefits.com

Questions?

If you have additional questions, you may also contact:

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



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.

