



Police Bargaining Retirees on or after
09/19/2010 & Police Management
Retirees after 05/19/2010



2026

Benefits Guide

January 1 – December 31, 2026

Welcome

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

An eligible retiree is:

- ▶ Under age 65;
- ▶ Goes directly from active to retirement status without a break;
- ▶ Certain disability retirees under age 65 as determined by the bargaining agreements or Chapter 23 of the Omaha Municipal code at the time of retirement;
- ▶ A former employee who meets certain age and years of service requirements and pays the full COBRA premium for a specified period of time as provided under the bargaining agreements and Chapter 23 of the Omaha Municipal Code.

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.

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
- ▶ 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 City 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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To make changes, Contact the Benefits Call Center at 888-350-4209. Benefits experts will answer your questions so you can feel confident you are making the right choice for you and your family.

NOTE: No action is necessary unless you want to make changes to your HSA contributions or benefit election.

Medical Plan

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). HSA contributions are made with post-tax dollars. Your taxable income will be adjusted when you file your taxes. 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 may be responsible for a percentage of your medical expenses, 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	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. 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.

Medical Plan (Cont'd.)

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska and CVS. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	HDHP	
	In-Network	Out-of-Network¹
Deductible (per calendar year)		
Individual / Family	\$3,400 / \$6,800	\$6,800 / \$13,600
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,400 / \$6,800	\$13,600 / \$27,200
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)	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Routine Preventive Care	Plan pays 100%	Employee Only: Plan Pays 100% of first \$175, then subject to Deductible and Coinsurance. Dependents: Not covered
Preventive Vision Exam (one exam/calendar year)	Plan pays 100%	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
Outpatient Diagnostic (lab/X-ray)	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Complex Imaging	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Chiropractic	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Ambulance	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Emergency Room	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Urgent Care Facility	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Inpatient Hospital Stay	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Outpatient Surgery	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	Plan pays 100% once deductible is met	Plan pays 70% once deductible is met and a 50% penalty is charged
Mail Order (90-day supply)	Plan pays 100% once deductible is met	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.

Allstate Identity Protection + Cyber

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 to Allstate directly.

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

Identity Protection Cost

Allstate Identity Protection Pro Plus + Cyber

\$8.95 per person / month

\$16.95 per family / month



Vision Plan

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.

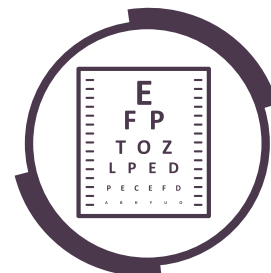
Following is a high-level overview of the coverage available.

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	
Single Vision		Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
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	Monthly Premium
Retiree Only	\$7.25
Retiree + 1	\$13.63
Family	\$19.40



Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BCBSNE	844-664-9371	NebraskaBlue.com/Omaha
Prescription Drugs	CVS Caremark	844-757-0452	www.caremark.com
Voluntary Benefits	Allstate Identity Protection	800-789-2720	www.myaip.com/cityofomahaprotect
Vision	Ameritas Vision	800-877-7195	www.ameritas.com , www.vsp.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
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

