

****MANAGEMENT/AEC****
REVIEW CHECK LIST
 (for office use only)

(name) _____

IMPORTANT NOTICE – ELECTIONS OF BENEFITS [MEDICAL, DENTAL, OPTIONAL LIFE, FLEXIBLE SPENDING ACCOUNTS (CHILD CARE , UNREIMBURSED MEDICAL)] CANNOT BE CHANGED UNTIL END OF PLAN YEAR PER IRS REGULATIONS (unless qualifying event occurs) !!!!

HEALTH INSURANCE – Blue Cross Blue Shield of Nebraska -- Premiums per pay period

Coverage begins the first day of month following employment if application is made. Preferred Provider Organization (PPO) plan. Well checks & routine eye exams are not covered items.

1. Single coverage	Rate: \$11.01 per pay period	Deductible: \$400	Non-PPO: City pays 70% of max allowed benefit PPO: 80%:20%
2. Single + 1 coverage	Rate: \$22.02 per pay period	Deductible: \$400 each	
3. Family coverage	Rate: \$33.42 per pay period	Deductible: \$800	
Yearly stop loss: \$600/single, \$600 each/single +1, \$1200/family		Lifetime max. insur cap: \$2 million per individual; \$20,000 for chemical dependency	

Preadmission Certification
 --Must advise Blue Cross as soon as it is known that hospitalization will occur or within 24 hours of emergency hospitalization
 --Failure to provide notice will result in significant penalties.

Prescription Card

Premium: None	Deductible: \$100 (single/family)	Generic: actual cost of drug up to \$5. Formulary: 20% of cost (minimum \$20, maximum \$40) Non-Formulary: 20% of cost (minimum \$30, maximum \$60)	Up to 30 day supply
Stop Loss: After \$750 of co-pays (after payment of deductible) in a calendar year, \$5 per prescription.			

Maintenance Drugs: Must use mail-order (Prime) After deductible is met, employee may obtain a 90-day supply upon payment of 2 co-pays.

Important! A one year waiting period applies for pre-existing conditions unless there is no break in health coverage from a previous employer greater than 63 days in the last 18 months.

DENTAL INSURANCE

Two plans are available.

City Self-Insured Dental Plan (Administered by the Blue Cross & Blue Shield) **Premium** Single: None Family: \$8.42 per pay period

--Employee may choose **any** dentist. Coverage begins the first day of the month following employment.

--Minor/Preventative Services <i>(cleanings, exams, x-rays, fillings, root canals)</i>	PPO: City pays 90% -- charges above max benefit absorbed by dentist Non-PPO: City pays 80% of maximum allowed benefit
--Major Services <i>(crowns, bridges & dentures)</i>	PPO: City pays 70% -- charges above max benefit absorbed by dentist Non-PPO: City pays 60% of maximum allowed benefit

--Maximum allowed benefit for above procedures is \$1000 per person, per year.
 --Orthodontics, up to age 19, are covered at 70% for PPO or 60% for Non-PPO up to \$2,000 per person per lifetime

OMNI Dental **Premium** Single: None Employee + Spouse: \$4.96 per pay period Family: \$5.94 per pay period

--Coverage begins approximately the month following employment
 --The dentist must be chosen from the enclosed list for all your dental services
 --Fee schedule is included
Caution: All services must be performed by the OMNI dentist you formally select from the provider list in order to receive benefits.

PENSION SYSTEM

Contributions -- 8.325% of total pay; employee's contributions will be returned with interest if he/she leaves City employment (application necessary for refund)

Vested -- after 5 years

Death Benefit --\$5000 to beneficiary(ies) (application necessary for benefit) [Benefit is retained by retired employees]

CHECK HERE IF YOU HAVE BEEN PREVIOUSLY EMPLOYED BY THE CITY OF OMAHA. YOU MAY HAVE ADDITIONAL RIGHTS.

LIFE INSURANCE

Employment coverage
 --Basic life insurance on employee is \$50,000/AD&D is \$50,000. No premium for employee.
 --Additional insurance (optional) is available for a premium (see rate sheet)

Dependent life insurance
 --Available for spouse and dependent children for one low premium of \$1.25/month through payroll deduction

--Coverage	Spouse - \$10,000	Each dependent child over age 6 mon. to 19 years (24 yrs if full time student) - \$4,000
------------	-------------------	--

PAYDAYS

--Pay disbursed every 2 weeks by automatic deposit.

FLEXIBLE SPENDING ACCOUNT

Program allows employees to set aside pre-tax money to apply towards unreimbursed medical expenses and dependent/child care.

-- **Maximum contributions:**

Unreimbursed Health Care	Dependent/Child Care	Parking Reimbursement	Transportation Reimbursement
\$3000/year	\$5,000/year/family	\$220/month	\$115/month

■ Employee selects amount of money to be withheld from each paycheck for entire year.

-- If terminated (voluntary/involuntary), can receive reimbursements for claims incurred before termination. Must submit claims within 30 days.
 -- Money set aside but not spent by end of the calendar year is forfeited by the employee.
 -- IRS disallows claims for **both** the 1040 child care credit and the flexible spending account. Only one type of claim can be used.

Additional special insurance (universal life, critical illness, cancer, and accident plans) available through Colonial at (402) 310-9270 (Must Dial Area Code).

DEFERRED COMPENSATION

Employees can set aside up to \$16,500 per year if under age 50 or \$22,000 if age 50 or older in 2005 tax deferred into a deferred compensation company which will invest it for you into a mutual fund you select from a list. 3 years prior to retirement, can set aside \$33,000 (catch-up).

Companies: **ING** (formerly AETNA) - Michael Cain: (402) 445-2046 **ICMA** – Rick Erdei: (888) 803-2731 [toll free] or Rick Schneider: (866) 731-1048 [toll free]