Omaha NATIONAL

Employee Benefits

2025 Overview

Omaha National Benefits at a Glance

Benefit	Key Features	Coverage Begins
Medical	Medical coverage for employees and their family. Choice between three plans within one network. Cost is shared between Omaha National and the employee.	First day of the month following or coinciding with employment
Dental	Dental coverage for employee and their family. Employee cost is 100% covered by Omaha National. Cost for family is shared between Omaha National and the employee.	First day of the month following or coinciding with employment
Vision	Vision coverage for employee and their family. Employee cost is 100% covered by Omaha National. Cost for family is shared between Omaha National and the employee.	First day of the month following or coinciding with employment
Flexible Spending Account	Employees may pay non-reimbursed medical, dental and vision and/or child-care expenses on a pretax basis per IRS guideline.	First day of the month following or coinciding with employment
Health Savings Accounts	Employees may save pre-tax dollars to pay non-reimbursed medical, dental, and vision expenses. Employer contribution per paycheck.	First day of the month following or coinciding with employment
Short-Term Disabilities	Omaha National pays the cost of income replace for up to 60% of weekly pay after 8 days of accident/illness for up to 25 weeks.	First day of the month following or coinciding with employment
Long-Term Disabilities	Omaha National pays the cost of income replace for up to 60% of monthly pay after 180 days of accident/illness up to Social Security Retirement Age.	First day of the month following or coinciding with employment
Basic Life	Company pays the cost of basic life coverage for employees.	First day of the month following or coinciding with employment
Voluntary Life	Employee paid supplemental life insurance for employee and dependents.	First day of the month following or coinciding with employment
Retirement - 401 (k)	Omaha National provides up to 4% match with immediate vesting.	First day of the month following or coinciding with employment
Paid Time Off	Vacation is accrued per pay period based on tenure. All employees will receive 5 days of sick time per year, with the option to rollover unused time. Time off may be taken in 4 hour increments.	Date of hire
Holidays	Omaha National recognizes 8 paid holidays each year: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, and Floating Holiday.	Date of hire
Educational Support	ON supports pursuing education that advance their expertise. The maximum reimbursement amount is $6,500 per year. Reimbursable costs include tuition, fees, and books.	Date of hire
Employee Assistance Program (EAP)	Confidential professional counseling and guidance for personal or work-related issues.	Date of hire
New Parent Leave	Provides full – time employees with 160 hours paid at 50% of their salary associated with birth or adoption of a child.	First day of the month following or coinciding with employment
Accident Insurance	Voluntary benefit that pays cash to employees for covered accidental injuries.	First day of the month following or coinciding with employment
Critical Illness Insurance	Voluntary benefit that pays cash to employees if diagnosed with covered critical illnesses such as cancer, stroke or heart attack.	First day of the month following or coinciding with employment
Identity Protection	Voluntary benefit that offers comprehensive identity monitoring, cyber feature and fraud resolution.	First day of the month following or coinciding with employment

The **Employee Benefits Overview** is intended to give you high-level overview of benefits offered to Omaha National employees and is not intended to be a complete description of our benefit plans. The contents of this are for general information only, and the language used is not intended to create or constitute an employment contract of any kind. The company has the right to modify policies, both written and unwritten, as situations dictate. Please refer to plan documents and summaries for a full list of plan provisions.

Medical Plan Options

We are proud to offer a choice between three different medical plans: Two UnitedHealthcare PPOs, One UnitedHealthcare HSA/HDHP. These plans provide comprehensive medical and prescription drug coverage.

Key Medical Benefits	United Healthcare		
	$1,500 PPO	$2,500 PPO	$3,300 HSA/HDHP
	In-Network	In-Network	In-Network
Deductible (per calendar year)			
Individual / Family	$1,500 / $3,000 (embedded)	$2,500 / $5,000 (embedded)	$3,300 / $6,600 (embedded)
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	$3,000 / $6,000	$5,500 / $11,000	$6,000 / $12,000
Coinsurance			
	20%	30%	20%
Company Contribution to Your Health Savings Account (HSA)			
	N/A	N/A	$30 / Pay Period ($780 / year)
Prescription Drugs (Tier 1 = Generic, Tier 2 = Preferred Brand, Tier 3 = Non-preferred Brand, Tier 4 = Specialty)			
Retail Pharmacy **(30-day supply)**	$10 / $35 / $70 / $200	$10 / $35 / $70 / $200	Deductible then $10 / $35 / $70
Mail Order (90-day supply)	3x Retail	3x Retail	3x Retail

Dental Plan

Key Dental Benefits	United Healthcare	
	In-Network	Out-of-Network
Deductible (per calendar year)		
Individual / Family	$50 / $150	$50 / $150
Benefit Maximum (per calendar year; Preventive, basic, and Major Services combined)		
Per Individual	$1,500	$1,500
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia (Children to age 19)	50% / $1,500 Lifetime Maximum	50% / $1,500 Lifetime Maximum

Vision Plan

Key Vison Benefits	In-Network	Out-of-Network
Exam	$10	Up to $45
Materials Copay	$25	N/A
Lenses		
Single Vision	No charge after materials copay	Up to $30
Bifocal		Up to $50
Trifocal		Up to $65
Frames	$150 allowance	Up to $70
Contact Lenses	$150 allowance	Up to $105

Flexible Spending Accounts (FSA)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through iSolved.

Key Benefits	Max Contribution
Health Care FSA	$3,300
Limited Purpose FSA	$3,300 *dental and vision expenses only
Dependent FSA	$5,000

Health Savings Account (HSA)

Employees may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

2022 HSA IRS maximum Annual Contribution Limit	Max Contribution	ON Annual Contribution
Employee Only	$3,520	$780
Family (employee + 1 or more)	$7,770	$780

Paid Time Off (PTO)

Tenure	Bi-Weekly Accrual	Annual Accrual	Max Accrual
1-2 Years	3.08 hours	10 days	20 days
3-4 Years	4.00 hours	13 days	40 days
5-9 Years	5.23 hours	17 days	40 days
10 + Years	6.15	20 days	40 days

Holidays

Omaha National recognizes 8 paid holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Floating Holiday
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Short-Term and Long-Term Disability are Employer-Paid.

Short-Term Disability	
Provided at NO COST	
Benefit Percentage	60%
Weekly Benefit Maximum	$1,250
When Benefits Begin	8th day of disability
Maximum Benefit Duration	25 weeks

Long-Term Disability	
Provided at NO COST	
Benefit Percentage	60%
Weekly Benefit Maximum	$10,000
When Benefits Begin	180 days
Maximum Benefit Duration	SSNRA

Life and AD&D Insurance

Life Insurance provides your named beneficiary (ies) with benefit in the event of your death. Benefit amount for full time employees is $25,000. This benefit is provided at no cost to you.

Supplemental Life/AD&D (Employee-paid, if you determine you need more than the basic coverage, you may purchase additional coverage through Principal for yourself and your eligible family members.

Retirement Plan

Employees may elect to make regular contributions to the plan up to the maximum amount allowed by federal law. The Company will match 100% of the first 3% of salary dollars employees contribute, 50% of the 4th percent contributed, and 50% of the 5th percent contributed. Employees are 100% vested upon enrollment. Employees are eligible to participate in the 401(k) plan on the first day of the month following your date of hire.

Medical

Your contribution toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Coverage Tier	$1,500 PPO	$2,500 PPO	$3,200 HSA/HDHP
Employee Only	$78.49	$62.50	$54.69
Employee + Spouse	$178.57	$132.91	$116.92
Employee + Child(ren)	$152.44	$112.36	$98.71
Family	$252.62	$184.63	$162.00

Dental Plan

Coverage Tier	
Employee Only	$0.00
Employee + Spouse	$13.15
Employee + Child(ren)	$25.59
Family	$41.81

Vision Plan

Coverage Tier	
Employee Only	$0.00
Employee + Spouse	$3.72
Employee + Child(ren)	$4.40
Family	$9.00