

2026 CITY OF HASTINGS INSURANCE INFORMATION

Non-Union Employees

Effective 1-1-26

HEALTH PLAN - Blue Cross/Blue Shield of NE -- PPO Plan (Embedded Deductible)								
	MONTHLY COSTS				DEDUCTIBLES		MAX OUT OF POCKET (includes deductibles)	
	Employee	Employer	Total MO Premium	% of Premium	In Network	Out-of-Network	In Network	Out-of-Network
Single	\$238	\$953	\$1,191	20 / 80	\$1,250	\$2,500	\$3,000	\$6,000
EE + Sp	\$468	\$1,870	\$2,338	20 / 80	\$2,500	\$5,000	\$6,000	\$12,000
EE+ Ch	\$447	\$1,788	\$2,235	20 / 80	\$2,500	\$5,000	\$6,000	\$12,000
Family	\$548	\$2,192	\$2,740	20 / 80	\$2,500	\$5,000	\$6,000	\$12,000
HEALTH PLAN - Blue Cross/Blue Shield of NE -- Qualified High-Deductible Health Plan (Aggregate Deductible)								
Single	\$175	\$992	\$1,167	15 / 85	\$1800	\$3,600	\$2,750	\$5,500
EE + Sp	\$348	\$1,971	\$2,319	15 / 85	\$3,600	\$7,200	\$5,500	\$11,000
EE+ Ch	\$334	\$1,890	\$2,224	15 / 85	\$3,600	\$7,200	\$5,500	\$11,000
Family	\$405	\$2,292	\$2,697	15 / 85	\$3,600	\$7,200	\$5,500	\$11,000
OFFICE CO-PAYS							CO-INSURANCE	
Physician			In Network		Out of Network		In Network	Out of Network
PPO - Primary Care Physician			\$0 Telehealth \$35 Office		50% after deductible		80 / 20	50 / 50
PPO - Specialty Physician			\$0 Telehealth \$75 Office		50% after deductible			
QHDHP - Primary Care Physician			20% after deductible		50% after deductible		80 / 20	50 / 50
QHDHP - Specialty Physician			20% after deductible		50% after deductible			
RETAIL PRESCRIPTIONS Per 30-day supply								
Generic* - PPO			Preferred Brand Name* - PPO		Non-Preferred Brand Name* - PPO		Specialty -- PPO	
\$15 copay plus 10% of remaining balance			\$50 copay plus 20% of remaining balance		\$75 copay plus 30% of remaining balance		30% up to \$500 max per prescription through designated pharmacy only	
			Preferred Brand Name* - QHDHP		Non-Preferred Brand Name* - QHDHP		Specialty - QHDHP	
20% after deductible			20% after deductible		20% after deductible		20% after deductible	
MAIL ORDER - Per 90-day supply								
Generic** - PPO			Preferred Brand Name** - PPO		Non-Preferred Brand Name** - PPO		*Retail Prescriptions - 25% added penalty if using out-of-network provider pharmacy.	
\$45 copay plus 10% of remaining balance			\$150 copay plus 20% of remaining balance		\$225 copay plus 30% of remaining balance			
Generic* -QHDHP			Preferred Brand Name* - QHDHP		Non-Preferred Brand Name* - QHDHP		** Mail Order Prescriptions – not covered if using out-of-network provider pharmacy.	
20% after deductible			20% after deductible		20% after deductible			
DENTAL PLAN - Blue Cross/Blue Shield of NE					LONG-TERM DISABILITY - Mutual of Omaha			
Election	DENTAL - Blue Cross/Blue Shield				Up to 60% of before-tax monthly earnings			
	Employee	Employer	Total MO Premium		Benefits begin after 90 calendar days after onset of disabling injury or illness			
Single	\$10.74	\$21.81	\$32.55		VOLUNTARY SHORT-TERM DISABILITY - Mutual of Omaha			
EE + Sp	\$23.00	\$51.25	\$74.25		Up to 60% of before-tax monthly earnings			
EE + Ch*	\$30.14	\$68.14	\$98.28		Benefits begin after 7 calendar days after onset of disabling injury or illness			
Family*	\$37.05	\$75.99	\$113.04		LIFE INSURANCE – Mutual of Omaha			
					Annual Salary rounded up to nearest \$1,000; max. of \$50,000			

*Includes Orthodontia coverage for children under age 19.

VISION PLAN - Ameritas (VSP)		
Election	Employee	Employer
Single	\$12.12	\$0.00
Emp + Spouse	\$25.64	\$0.00
Emp + Children	\$23.06	\$0.00
Family	\$33.98	\$0.00

Employer HSA Annual Contribution Amount (paid out on a semi-monthly basis)	
Election	Employer
Single	\$1,350
Emp + Spouse	\$2,300
Emp + Children	\$2,300
Family	\$2,300