

2026 – 2027 BENEFITS GUIDE

PRE-65 RETIREES

September 1, 2026 - August 31, 2027



*An overview of your
2026 – 2027 benefits*

TAKE A LOOK INSIDE



Health

Medical
Dental



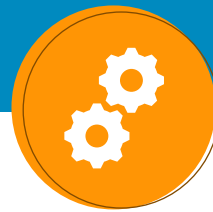
Wealth

Health Savings
Account (HSA)



Perks

Employee
Discounts



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BENEFIT ENROLLMENT

Benefit Eligibility

A Pre-65 Retiree and/or Dependent of a Retiree must meet ALL of the following criteria:

1. The retiree is between the ages of 50 – 64;
AND
2. The retiree has worked in the Westside Community School District, or any other school district in Nebraska that is affiliated with the Educators Health Alliance AND covered under the Group Insurance plan for a minimum of 60 continuous months.
3. A dependent of an eligible Pre-65 Retiree that has been covered on the Pre-65 retiree plan for a period of no more than 4 years.

Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody who are under age 26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

Open Enrollment: Changes made during Open Enrollment are effective September 1, 2026 – August 31, 2027.

To enroll or make changes to your current elections, you will need to complete the Pre-65 Enrollment/Change Form.

Changes include: adding/dropping dependents or adding/dropping coverage.

The Pre-65 Enrollment/Change Form is attached to the open enrollment email and is included in the open enrollment mailing.





HEALTH

MEDICAL COVERAGE

PPO

The Preferred Provider Organization (PPO) plan, provided through UnitedHealthcare, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

- You may pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor’s office visits and prescription drugs if you are enrolled in the \$2,500 PPO Plan option.
- Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.



 Scan this code to watch
a video about comparing
medical plan types.



MEDICAL COVERAGE

HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through UnitedHealthcare, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

For more information on the HSA, see page 11 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.



MEDICAL COVERAGE

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

Key Benefits	PPO		HDHP + HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,800 / \$7,600	\$7,600 / \$15,200
Out-of-Pocket Max (Individual/Family)	\$7,350 / \$14,700	\$14,700 / \$29,400	\$4,350 / \$8,700	\$13,000 / \$26,000
Office Visits (physician/specialist)	PCP: \$50 copay / Specialist: Designated Network: \$50 copay/Network: \$70 copay	40%*	10%*	20%*
Routine Preventive Care	No charge	40%*	No charge	20%*
Diagnostics (lab/X-ray)	No charge	40%*	10%*	20%*
Complex Imaging	30%*	40%*	10%*	20%*
Chiropractic	30%*	40%*	10%*	20%*
Ambulance	30%*		10%*	20%*
Emergency Room	\$100 copay, then 30%*		10%*	
Urgent Care Facility	\$70 copay, then 30%*	40%*	10%*	20%*
Inpatient Hospital Stay	30%*	40%*	10%*	20%*
Outpatient Surgery	30%*	40%*	10%*	20%*

Coinurance 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.

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

PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit MyUHC or the UHC app > Pharmacies & Prescriptions on the top blue banner > Find a Pharmacy. If you do not have a myUHC account or the UHC app, we strongly recommend creating an account, but you can go to myuhc.com > Find a Pharmacy > Enter location > Start your search.

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the OptumRx program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

Contact OptumRX at 877-266-4832.

If you have an existing prescription that is available for mail order (via Optum Home Delivery), that option will be displayed on the prescription details on myUHC or the app & you can follow the prompts to set it up.

Key Benefits	PPO		HDHP + HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy				
Tier 1	30% coinsurance (\$12 minimum/\$45 maximum)	60%*	10%*	
Tier 2	30% coinsurance (\$55 minimum/\$110 maximum)			
Tier 3	30% coinsurance (\$75 minimum/\$150 maximum)			
Tier 4	25% coinsurance (\$125 minimum/\$250 maximum)			
Mail Order Pharmacy				
Tier 1	30% coinsurance (\$36 minimum/\$135 maximum)	No benefit	10%*	No benefit
Tier 2	30% coinsurance (\$165 minimum/\$330 maximum)			
Tier 3	50% coinsurance (\$225 minimum/\$450 maximum)			
Tier 4	N/A			



Scan this code to watch a video about prescription drug coverage.

DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through UnitedHealthcare, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the UnitedHealthcare network.

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

Key Benefits	DPPO	
	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$25 / \$25	\$50 / \$50
Annual Benefit Maximum (per person)	\$5,000	
Preventive Services	0%	30%
Basic Services	20%	30%*
Major Services	50%*	50%*
Orthodontic Services (Child Only)	\$25 deductible, then 50% up to \$1,000 Lifetime Maximum	\$50 deductible, then 50% up to \$1,000 Lifetime Maximum

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.

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





WEALTH

HEALTH SAVINGS ACCOUNT (HSA)

Available for those enrolled in the Pre-65 \$3,800 HSA Medical Plan

Key Features of the HSA

- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Contribution Limits

Coverage Tier	2026
Individual	\$4,400
Family	\$8,750
Catch-up Contributions	\$1,000

Preventive Medications List

If you are enrolled in an HSA-compatible medical plan, you may be able to access a range of preventive medications for a copay or coinsurance before meeting your deductible. These medications are contained in the HSA Preventive Drug List provided by your employer.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502 (<https://www.irs.gov/forms-pubs/about-publication-502>).
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969 (<https://www.irs.gov/forms-pubs/about-publication-969>).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.



Scan this code to watch a video about how an HSA works.



PERKS



A World of
Discounts is Waiting...

Save Big.
Every Day.

Sign up for the Westside BenefitHub Perk Program!

**Enjoy discounts, rewards, and perks on 1,000s of brands
you love in a variety of categories:**

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Auto & Home Insurance

Hertz

LEGOLAND

**Office
DEPOT**

Lenovo

GROUPON

Budget

TrueCar

sam's club



GARMIN

CityPASS

AVIS

It's easy to access and start saving!

1. Go to: <https://westside66.benefithub.com>
2. Not Registered? Click on link for "Don't have an account? Signup"
3. Complete Registration using Referral Code: FT93MR

Or scan here now!





RESOURCES

IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	UnitedHealthcare	844-234-7921	myuhc.com
Dental	UnitedHealthcare	877-816-3596	www.myuhcdental.com

QUESTIONS?

If you have additional questions, you may also contact: Human Resources at 402-390-2144 or at hrdept@westside66.net.

