



HUMAN RESOURCES DEPARTMENT – BENEFITS DIVISION

2027 CITY OF FORT LAUDERDALE BENEFITS RATE SHEET – TEAMSTERS

Rev: 2 | Date: 9/4/2026

Cigna MEDICAL Biweekly Rates ¹	Open Access Plus In-Network 1 (OAPIN 1) Or HMO 1			Open Access Plus In-Network 2 (OAPIN 2) Or HMO 2			Choice Fund – Consumer Driven Health Plan (CDHP)		
	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Tier of Coverage									
Employee (EE) Only	\$104.46	\$104.46	\$0.00	\$79.31	\$79.31	\$0.00	\$42.71	\$42.71	\$0.00
EE+ Spouse/Tax Qualified DP	\$213.89	\$213.89	\$0.00	\$161.06	\$161.06	\$0.00	\$87.85	\$87.85	\$0.00
EE + Child	\$141.77	\$141.77	\$0.00	\$106.15	\$106.15	\$0.00	\$58.57	\$58.57	\$0.00
EE + Children	\$192.76	\$192.76	\$0.00	\$145.20	\$145.20	\$0.00	\$79.31	\$79.31	\$0.00
EE + Family	\$297.22	\$297.22	\$0.00	\$223.29	\$223.29	\$0.00	\$122.01	\$122.01	\$0.00

ONLY FOR EMPLOYEES WITH DOMESTIC PARTNER AND/OR DP CHILD(REN) COVERAGE:									
EE + Domestic Partner (DP)	\$213.89	\$104.46	\$109.43	\$161.06	\$79.31	\$81.75	\$87.85	\$42.71	\$45.14
EE + DP Child	\$141.77	\$104.46	\$37.31	\$106.15	\$79.31	\$26.84	\$58.57	\$42.71	\$15.86
EE + DP Children	\$192.76	\$104.46	\$88.30	\$145.20	\$79.31	\$65.89	\$79.31	\$42.71	\$36.60
EE + Child + DP	\$297.22	\$141.77	\$155.45	\$223.29	\$106.15	\$117.14	\$122.01	\$58.57	\$63.44
EE + Children + DP	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70
EE + Child + DP + DP Child	\$297.22	\$141.77	\$155.45	\$223.29	\$106.15	\$117.14	\$122.01	\$58.57	\$63.44
EE + Child + DP + DP Children	\$297.22	\$141.77	\$155.45	\$223.29	\$106.15	\$117.14	\$122.01	\$58.57	\$63.44
EE + Children + DP + DP Child(ren)	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70
EE + DP + DP Child(ren)	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70

¹ For Adult Child Rates (ages 27-30), contact HR - Benefits Division at healthyliving@fortlauderdale.gov or 954-828-5160.

Dental & Vision Biweekly Rates	Cigna Dental Care DHMO		Cigna Dental DPPO		VSP Vision CORE Plan		VSP Vision BUY-UP Plan	
	Total	Pre-Tax	Total	Pre-Tax	Total	Pre-Tax	Total	Pre-Tax
Tier of Coverage*								
Employee (EE) Only	\$8.18	\$8.18	\$25.68	\$25.68	\$2.11	\$2.11	\$3.64	\$3.64
EE + Spouse	\$14.32	\$14.32	\$48.13	\$48.13	\$4.22	\$4.22	\$7.28	\$7.28
EE + Child(ren)	\$17.19	\$17.19	\$49.48	\$49.48	\$4.52	\$4.52	\$7.80	\$7.80
EE + Family	\$24.09	\$24.09	\$62.36	\$62.36	\$7.22	\$7.22	\$12.46	\$12.46

ONLY FOR EMPLOYEES WITH DOMESTIC PARTNER AND/OR DP CHILD(REN) COVERAGE:				Cigna Dental Care DHMO			Cigna Dental DPPO		
Tier of Coverage*				Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
EE + Domestic Partner (DP)				\$14.32	\$8.18	\$6.14	\$48.13	\$25.68	\$22.45
EE + DP Child(ren)				\$17.19	\$8.18	\$9.01	\$49.48	\$25.68	\$23.80
EE + DP + DP Child(ren)				\$24.09	\$8.18	\$15.91	\$62.36	\$25.68	\$36.68
EE + Child(ren) + DP / EE + Child(ren) + DP + DP Child(ren)				\$24.09	\$17.19	\$6.90	\$62.36	\$49.48	\$12.88
ONLY FOR EMPLOYEES WITH DOMESTIC PARTNER AND/OR DP CHILD(REN) COVERAGE:				VSP Vision CORE Plan			VSP Vision BUY-UP Plan		
Tier of Coverage*				Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
EE + Domestic Partner (DP)				\$4.22	\$2.11	\$2.11	\$7.28	\$3.64	\$3.64
EE + DP Child(ren)				\$4.52	\$2.11	\$2.41	\$7.80	\$3.64	\$4.16
EE + DP + DP Child(ren)				\$7.22	\$2.11	\$5.11	\$12.46	\$3.64	\$8.82
EE + Child(ren) + DP / EE + Child(ren) + DP + DP Child(ren)				\$7.22	\$4.52	\$2.70	\$12.46	\$7.80	\$4.66