HUMAN RESOURCES DEPARTMENT – BENEFITS DIVISION

2027 CITY OF FORT LAUDERDALE BENEFITS RATE SHEET – TEAMSTERS

Rev: 3 | **Date:** 10/12/2026

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)		
Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
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	
Tier of Coverage*	Total	Pre-Tax	Total	Pre-Tax	Total	Pre-Tax	Total	Pre-Tax
Employee (EE) Only	$8.37	$8.37	$26.28	$26.28	$2.11	$2.11	$3.64	$3.64
EE + Spouse	$14.65	$14.65	$49.25	$49.25	$4.22	$4.22	$7.28	$7.28
EE + Child(ren)	$17.59	$17.59	$50.63	$50.63	$4.52	$4.52	$7.80	$7.80
EE + Family	$24.65	$24.65	$63.81	$63.81	$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)	$14.65	$8.37	$6.28	$49.25	$26.28	$22.97
EE + DP Child(ren)	$17.59	$8.37	$9.22	$50.63	$26.28	$24.35
EE + DP + DP Child(ren)	$24.65	$8.37	$16.28	$63.81	$26.28	$37.53
EE + Child(ren) + DP / EE + Child(ren) + DP + DP Child(ren)	$24.65	$17.59	$7.06	$63.81	$50.63	$13.18
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

Approved by: Jerome Post, Director of Human Resources

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