



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2026 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – MGMT/SUPV/PROF & CONFIDENTIAL

Rev: 3 | Date: 1/12/2026

Cigna MEDICAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

MGMT/SUPV/PROF & CONFIDENTIAL	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
Employee (EE) Only	\$104.46	\$104.46	\$0.00	\$79.31	\$79.31	\$0.00	\$42.71	\$42.71	\$0.00
Employee + Spouse/Tax Qualified DP	\$213.89	\$213.89	\$0.00	\$161.06	\$161.06	\$0.00	\$87.85	\$87.85	\$0.00
Employee + Child	\$141.77	\$141.77	\$0.00	\$106.15	\$106.15	\$0.00	\$58.57	\$58.57	\$0.00
Employee + Children	\$192.76	\$192.76	\$0.00	\$145.20	\$145.20	\$0.00	\$79.31	\$79.31	\$0.00
EE + Family (Spouse + Child(ren))	\$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 CHILD(REN) OF DOMESTIC PARTNER COVERAGE:

Employee + Domestic Partner (DP)	\$213.89	\$104.46	\$109.43	\$161.06	\$79.31	\$81.75	\$87.85	\$42.71	\$45.14
Employee + DP Child	\$141.77	\$104.46	\$37.31	\$106.15	\$79.31	\$26.84	\$58.57	\$42.71	\$15.86
Employee + DP Children	\$192.76	\$104.46	\$88.30	\$145.20	\$79.31	\$65.89	\$79.31	\$42.71	\$36.60
Employee + Child + DP	\$297.22	\$141.77	\$155.45	\$223.29	\$106.15	\$117.14	\$122.01	\$58.57	\$63.44
Employee + Children + DP	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70
Employee + Child + DP + DP Child	\$297.22	\$141.77	\$155.45	\$223.29	\$106.15	\$117.14	\$122.01	\$58.57	\$63.44
Employee + 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

* For Adult Child Rates (ages 26-30), contact the Benefits Section, HR.

Cigna DENTAL Plan Premium Rates: City of Fort Lauderdale contributes 100% of the cost of dental premiums for Full-Time employees classified in Management, Supervisory and Professional employee groups

Cigna DENTAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

VSP VISION Plan Premium Rates

ALL RATES ARE BIWEEKLY

CONFIDENTIAL	Cigna Dental Care DHMO			Cigna DPPO		
	Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax
Employee (EE) Only	\$4.18	\$4.18	\$0.00	\$13.13	\$13.13	\$0.00
Employee + Spouse	\$7.32	\$7.32	\$0.00	\$24.59	\$24.59	\$0.00
Employee + Child(ren)	\$8.78	\$8.78	\$0.00	\$25.28	\$25.28	\$0.00
EE + Family (Spouse + Child(ren))	\$12.31	\$12.31	\$0.00	\$31.86	\$31.86	\$0.00

Core Plan			Buy-Up Plan		
Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
\$2.11	\$2.11	\$0.00	\$3.64	\$3.64	\$0.00
\$4.22	\$4.22	\$0.00	\$7.28	\$7.28	\$0.00
\$4.52	\$4.52	\$0.00	\$7.80	\$7.80	\$0.00
\$7.22	\$7.22	\$0.00	\$12.46	\$12.46	\$0.00

ONLY FOR EMPLOYEES W/ DOMESTIC PARTNER AND/OR CHILD(REN) OF DOMESTIC PARTNER:

Employee + Domestic Partner (DP)	\$7.32	\$4.18	\$3.14	\$24.59	\$13.13	\$11.46
Employee + DP Child(ren)	\$8.78	\$4.18	\$4.60	\$25.28	\$13.13	\$12.15
EE + Child(ren) + DP	\$12.31	\$8.78	\$3.53	\$31.86	\$25.28	\$6.58
EE + DP + DP Child(ren)	\$12.31	\$4.18	\$8.13	\$31.86	\$13.13	\$18.73
EE + Child(ren) + DP + DP Child(ren)	\$12.31	\$8.78	\$3.53	\$31.86	\$25.28	\$6.58

\$4.22	\$2.11	\$2.11	\$7.28	\$3.64	\$3.64
\$4.52	\$2.11	\$2.41	\$7.80	\$3.64	\$4.16
\$7.22	\$4.52	\$2.70	\$12.46	\$7.80	\$4.66
\$7.22	\$2.11	\$5.11	\$12.46	\$3.64	\$8.82
\$7.22	\$4.52	\$2.70	\$12.46	\$7.80	\$4.66