



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## 2025 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – IAFF/FIRE

Rev: 3 Date: 01/12/2026

### Cigna MEDICAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

Cigna MEDICAL Plans Premium Rates:									
A: Employee Only or Employee with a Tax Qualified Dependent(s)									
IAFF/FIRE	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1			Open Access Plus In-Network 2 (OAPIN 2) or HMO 2			Consumer Driven Health Plan (CDHP)		
	Tier of Coverage*	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax
Employee (EE) Only	\$114.41	\$114.41	\$0.00	\$89.25	\$89.25	\$0.00	\$52.65	\$52.65	\$0.00
Employee + Spouse/Tax Qualified DP	\$234.35	\$234.35	\$0.00	\$181.51	\$181.51	\$0.00	\$108.30	\$108.30	\$0.00
Employee + Child	\$155.40	\$155.40	\$0.00	\$119.79	\$119.79	\$0.00	\$72.20	\$72.20	\$0.00
Employee + Children	\$211.22	\$211.22	\$0.00	\$163.66	\$163.66	\$0.00	\$97.77	\$97.77	\$0.00
EE + Family (Spouse + Child(ren))	\$325.62	\$325.62	\$0.00	\$251.70	\$251.70	\$0.00	\$150.41	\$150.41	\$0.00

B: Employee with a Non-Tax Qualified Domestic Partner and/or Child(ren) of a Non-Tax Qualified Domestic Partner									
Tier of Coverage*	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee + Domestic Partner (DP)	\$234.35	\$114.41	\$119.94	\$181.51	\$89.25	\$92.26	\$108.30	\$52.65	\$55.65
Employee + DP Child	\$155.40	\$114.41	\$40.99	\$119.79	\$89.25	\$30.54	\$72.20	\$52.65	\$19.55
Employee + DP Children	\$211.22	\$114.41	\$96.81	\$163.66	\$89.25	\$74.41	\$97.77	\$52.65	\$45.12
Employee + Child + DP	\$325.62	\$155.40	\$170.22	\$251.70	\$119.79	\$131.91	\$150.41	\$72.20	\$78.21
Employee + Children + DP	\$325.62	\$211.22	\$114.40	\$251.70	\$163.66	\$88.04	\$150.41	\$97.77	\$52.64
Employee + Child + DP + DP Child	\$325.62	\$155.40	\$170.22	\$251.70	\$119.79	\$131.91	\$150.41	\$72.20	\$78.21
Employee + Child + DP + DP Children	\$325.62	\$155.40	\$170.22	\$251.70	\$119.79	\$131.91	\$150.41	\$72.20	\$78.21
EE + Children + DP + DP Child	\$325.62	\$211.22	\$114.40	\$251.70	\$163.66	\$88.04	\$150.41	\$97.77	\$52.64
EE + Children + DP + DP Children	\$325.62	\$211.22	\$114.40	\$251.70	\$163.66	\$88.04	\$150.41	\$97.77	\$52.64
EE + DP + DP Child	\$325.62	\$114.41	\$211.21	\$251.70	\$89.25	\$162.45	\$150.41	\$52.65	\$97.76
EE + DP + DP Children	\$325.62	\$114.41	\$211.21	\$251.70	\$89.25	\$162.45	\$150.41	\$52.65	\$97.76
ADULT CHILD (Age 26 – 30): Post-Tax	Tier Above + \$163.31/Adult Child			Tier Above + \$172.21/Adult Child			Tier Above + \$127.88/Adult Child		

Cigna DENTAL Plan Premium Rates				VSP VISION Plan Premium Rates					
ALL RATES ARE BIWEEKLY				ALL RATES ARE BIWEEKLY					
IAFF/FIRE	Cigna DPPO			Core Plan			Buy-Up Plan		
	Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax
Employee (EE) Only	\$4.65	\$4.65	\$0.00	\$2.11	\$2.11	\$0.00	\$3.64	\$3.64	\$0.00
Employee + Spouse	\$9.32	\$9.32	\$0.00	\$4.22	\$4.22	\$0.00	\$7.28	\$7.28	\$0.00
Employee + Child(ren)	\$9.08	\$9.08	\$0.00	\$4.52	\$4.52	\$0.00	\$7.80	\$7.80	\$0.00
EE+ Family	\$15.58	\$15.58	\$0.00	\$7.22	\$7.22	\$0.00	\$12.46	\$12.46	\$0.00
Employee + Domestic Partner (DP)	\$9.32	\$4.65	\$4.67	\$4.22	\$2.11	\$2.11	\$7.28	\$3.64	\$3.64
Employee + DP Child(ren)	\$9.08	\$4.65	\$4.43	\$4.52	\$2.11	\$2.41	\$7.80	\$3.64	\$4.16
EE + Child(ren) + DP	\$15.58	\$9.08	\$6.50	\$7.22	\$4.52	\$2.70	\$12.46	\$7.80	\$4.66
EE + DP + DP Child(ren)	\$15.58	\$4.65	\$10.93	\$7.22	\$2.11	\$5.11	\$12.46	\$3.64	\$8.82
EE + Child(ren) + DP + DP Child(ren)	\$15.58	\$9.08	\$6.50	\$7.22	\$4.52	\$2.70	\$12.46	\$7.80	\$4.66