



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2026 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – TEAMSTERS

Rev: 3 | Date: 01/12/2026

Cigna MEDICAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

TEAMSTERS Tier of Coverage*	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
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

ALL RATES ARE BIWEEKLY

TEAMSTERS Tier of Coverage	Cigna Dental Care DHMO			Cigna DPPO		
	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$7.97	\$7.97	\$0.00	\$25.03	\$25.03	\$0.00
Employee + Spouse	\$13.95	\$13.95	\$0.00	\$46.90	\$46.90	\$0.00
Employee + Child(ren)	\$16.75	\$16.75	\$0.00	\$48.22	\$48.22	\$0.00
EE + Family (Spouse + Child(ren))	\$23.47	\$23.47	\$0.00	\$60.77	\$60.77	\$0.00

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

Employee + Domestic Partner (DP)	\$13.95	\$7.97	\$5.98	\$46.90	\$25.03	\$21.87
Employee + DP Child(ren)	\$16.75	\$7.97	\$8.78	\$48.22	\$25.03	\$23.19
EE + Child(ren) + DP	\$23.47	\$16.75	\$6.72	\$60.77	\$48.22	\$12.55
EE + DP + DP Child(ren)	\$23.47	\$7.97	\$15.50	\$60.77	\$25.03	\$35.74
EE + Child(ren) + DP + DP Child(ren)	\$23.47	\$16.75	\$6.72	\$60.77	\$48.22	\$12.55

VSP VISION Plan Premium Rates

ALL RATES ARE BIWEEKLY

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

\$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