



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## 2026 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – TEMP FULL-TIME

Rev: 3 | Date: 01/12/2026

### Cigna MEDICAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

TEMP FULL-TIME 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	\$114.90	\$114.90	\$0.00	\$87.24	\$87.24	\$0.00	\$49.64	\$49.64	\$0.00
Employee + Spouse/Tax Qualified DP	\$595.73	\$595.73	\$0.00	\$525.50	\$525.50	\$0.00	\$479.44	\$479.44	\$0.00
Employee + Child	\$269.69	\$269.69	\$0.00	\$236.80	\$236.80	\$0.00	\$186.28	\$186.28	\$0.00
Employee + Children	\$502.66	\$502.66	\$0.00	\$450.82	\$450.82	\$0.00	\$395.84	\$395.84	\$0.00
EE + Family (Spouse + Child(ren))	\$968.58	\$968.58	\$0.00	\$863.25	\$863.25	\$0.00	\$814.96	\$814.96	\$0.00

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

Employee + Domestic Partner (DP)	\$595.73	\$114.90	\$480.83	\$525.50	\$87.24	\$438.26	\$479.44	\$49.64	\$429.80
Employee + DP Child	\$269.69	\$114.90	\$154.79	\$236.80	\$87.24	\$149.56	\$186.28	\$49.64	\$136.64
Employee + DP Children	\$502.66	\$114.90	\$387.76	\$450.82	\$87.24	\$363.58	\$395.84	\$49.64	\$346.20
Employee + Child + DP	\$968.58	\$269.69	\$698.89	\$863.25	\$236.80	\$626.45	\$814.96	\$186.28	\$628.68
Employee + Children + DP	\$968.58	\$502.66	\$465.92	\$863.25	\$450.82	\$412.43	\$814.96	\$395.84	\$419.12
Employee + Child + DP + DP Child	\$968.58	\$269.69	\$698.89	\$863.25	\$236.80	\$626.45	\$814.96	\$186.28	\$628.68
Employee + Child + DP + DP Children	\$968.58	\$269.69	\$698.89	\$863.25	\$236.80	\$626.45	\$814.96	\$186.28	\$628.68
EE + Children + DP + DP Child(ren)	\$968.58	\$502.66	\$465.92	\$863.25	\$450.82	\$412.43	\$814.96	\$395.84	\$419.12
EE + DP + DP Child(ren)	\$968.58	\$114.90	\$853.68	\$863.25	\$87.24	\$776.01	\$814.96	\$49.64	\$765.32

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

### Cigna DENTAL Plan Premium Rates

ALL RATES ARE BIWEEKLY

TEMP FULL-TIME 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