HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION



2024 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – MGMT/SUPV/PROF & CONFIDENTIAL Rev: 1 | Date: 09/18/2023 | Print Date: 09/18/2023

2024 BENEFITS OPEN ENROLLMENT

October 25, 2023 - November 15, 2023

ELIGIBLE EMPLOYEES MUST ENROLL OR RE-ENROLL TO HAVE BENEFITS IN 2024

All enrollments and changes <u>must</u> be completed by November 15, 2023.

ALL RATES ARE BIWEEKLY

ates:								
th a Tax Qu	alified Dep	endent(s)						
•				Consumer Driven Health Plan (CDHP)				
Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
\$104.46	\$104.46	\$0.00	\$79.31	\$79.31	\$0.00	\$42.71	\$42.71	\$0.00
\$213.89	\$213.89	\$0.00	\$161.06	\$161.06	\$0.00	\$87.85	\$87.85	\$0.00
\$141.77	\$141.77	\$0.00	\$106.15	\$106.15	\$0.00	\$58.57	\$58.57	\$0.00
\$192.76	\$192.76	\$0.00	\$145.20	\$145.20	\$0.00	\$79.31	\$79.31	\$0.00
\$297.22	\$297.22	\$0.00	\$223.29	\$223.29	\$0.00	\$122.01	\$122.01	\$0.00
B: Employee with a Non-Tax Qualified Domestic Partner and/or Child(ren) of a Non-Tax Qualified Domestic Partner								
Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
\$213.89	\$104.46	\$109.43	\$161.06	\$79.31	\$81.75	\$87.85	\$42.71	\$45.14
\$141.77	\$104.46	\$37.31	\$106.15	\$79.31	\$26.84	\$58.57	\$42.71	\$15.86
\$192.76	\$104.46	\$88.30	\$145.20	\$79.31	\$65.89	\$79.31	\$42.71	\$36.60
\$297.22	\$141.77	\$155.45		4		\$122.01	\$58.57	\$63.44
	th a Tax Qu Open Acco (OA) Total \$104.46 \$213.89 \$141.77 \$192.76 \$297.22 fied Domes Total \$213.89 \$141.77 \$192.76	Open Access Plus In-Ne (OAPIN 1) or HM0 Total Pre-Tax \$104.46 \$104.46 \$213.89 \$213.89 \$141.77 \$192.76 \$297.22 \$297.22 fied Domestic Partner Total Pre-Tax \$104.46 \$104.46 \$213.89 \$104.46 \$297.22 \$104.46 \$104.46 \$104.46 \$104.46 \$104.46	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Total Pre-Tax Post-Tax \$104.46 \$104.46 \$0.00 \$213.89 \$213.89 \$0.00 \$141.77 \$141.77 \$0.00 \$297.22 \$297.22 \$0.00 Fied Domestic Partner and/or C Total Pre-Tax Post-Tax \$141.77 \$104.46 \$109.43 \$141.77 \$104.46 \$37.31 \$192.76 \$104.46 \$88.30	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Open Acc (OAPIN 1) or HMO 1 Total Pre-Tax Post-Tax Total \$104.46 \$104.46 \$0.00 \$79.31 \$213.89 \$213.89 \$0.00 \$161.06 \$141.77 \$141.77 \$0.00 \$161.50 \$192.76 \$192.76 \$0.00 \$223.29 Fied Domestic Partner and/or Child(ren) of Total Pre-Tax Post-Tax Total \$213.89 \$104.46 \$109.43 \$161.06 \$141.77 \$104.46 \$37.31 \$106.15 \$192.76 \$104.46 \$88.30 \$145.20	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Open Access Plus In-N (OAPIN 2) or HM Total Pre-Tax Post-Tax Total Pre-Tax \$104.46 \$104.46 \$0.00 \$79.31 \$79.31 \$213.89 \$213.89 \$0.00 \$161.06 \$161.06 \$141.77 \$141.77 \$0.00 \$106.15 \$106.15 \$192.76 \$192.76 \$0.00 \$223.29 \$223.29 Fied Domestic Partner and/or Child(ren) of a Non-Tax Total Pre-Tax Post-Tax Total Pre-Tax \$104.46 \$109.43 \$161.06 \$79.31 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Open Access Plus In-Network 2 (OAPIN 2) or HMO 2 Total Pre-Tax Post-Tax Total Pre-Tax Post-Tax \$104.46 \$104.46 \$0.00 \$79.31 \$79.31 \$0.00 \$213.89 \$213.89 \$0.00 \$161.06 \$161.06 \$0.00 \$141.77 \$141.77 \$0.00 \$161.5 \$106.15 \$0.00 \$192.76 \$192.76 \$0.00 \$145.20 \$145.20 \$0.00 \$297.22 \$297.22 \$0.00 \$223.29 \$0.00 Fied Domestic Partner and/or Child(ren) of a Non-Tax Qualified Total Pre-Tax Post-Tax Total Pre-Tax Post-Tax \$213.89 \$104.46 \$109.43 \$161.06 \$79.31 \$81.75 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31 \$26.84 \$192.76 \$104.46 \$88.30 \$145.20 \$79.31 \$65.89	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Open Access Plus In-Network 2 (OAPIN 2) or HMO 2 Col Hea Total Pre-Tax Post-Tax Total Pre-Tax Post-Tax Total \$104.46 \$104.46 \$0.00 \$79.31 \$79.31 \$0.00 \$42.71 \$213.89 \$213.89 \$0.00 \$161.06 \$161.06 \$0.00 \$87.85 \$141.77 \$141.77 \$0.00 \$106.15 \$106.15 \$0.00 \$58.57 \$192.76 \$192.76 \$0.00 \$145.20 \$145.20 \$0.00 \$79.31 \$297.22 \$297.22 \$0.00 \$223.29 \$223.29 \$0.00 \$122.01 Fied Domestic Partner and/or Child(ren) of a Non-Tax Qualified Domestic Total Pre-Tax Post-Tax Total Pre-Tax Post-Tax \$213.89 \$104.46 \$109.43 \$161.06 \$79.31 \$87.85 \$141.77 \$104.46 \$109.43 \$161.06 \$79.31 \$87.85 \$141.77 \$104.46 \$37.31 \$106.15 \$79.31 \$87.85	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1 Open Access Plus In-Network 2 (OAPIN 2) or HMO 2 Consumer Driv Health Plan (CD Total Pre-Tax Post-Tax Total Pre-Tax Post-Tax Total Pre-Tax \$104.46 \$104.46 \$0.00 \$79.31 \$79.31 \$0.00 \$42.71 \$42.71 \$213.89 \$213.89 \$0.00 \$161.06 \$106.15 \$0.00 \$87.85 \$87.85 \$141.77 \$141.77 \$0.00 \$106.15 \$106.15 \$0.00 \$79.31 \$79.31 \$297.22 \$297.22 \$0.00 \$223.29 \$20.00 \$122.01 \$122.01 Fied Domestic Partner and/or Child(ren) of a Non-Tax Qualified Domestic Partner Total Pre-Tax Post-Tax Total Pre-Tax \$213.89 \$104.46 \$109.43 \$161.06 \$79.31 \$87.85 \$213.89 \$104.46 \$109.43 \$161.06 \$79.31 \$87.85 \$42.71 Fied Domestic Partner and/or Child(ren) of a Non-Tax Qualified Domestic Partner Total Pre-Tax

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	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70
EE + Children + DP + DP Children	\$297.22	\$192.76	\$104.46	\$223.29	\$145.20	\$78.09	\$122.01	\$79.31	\$42.70
EE + DP + DP Child	\$297.22	\$104.46	\$192.76	\$223.29	\$79.31	\$143.98	\$122.01	\$42.71	\$79.30
EE + DP + DP Children	\$297.22	\$104.46	\$192.76	\$223.29	\$79.31	\$143.98	\$122.01	\$42.71	\$79.30
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: City of Fort Lauderdale contributes 100% of the cost of dental premiums for Full-Time employees classified in Management, Supervisory and Professional employee groups.

UnitedHealthcare VISION Plan Premium Rates:

A: Employee Only or Employee with a Tax Qualified Dependent(s)

		-							
CONFIDENTIAL	Cigna Dental Care DHMO***			Cigna DPPO				Vision Plan	
Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$4.18	\$4.18	\$0.00	\$13.13	\$13.13	\$0.00	\$2.29	\$2.29	\$0.00
Employee + Spouse	\$7.32	\$7.32	\$0.00	\$24.59	\$24.59	\$0.00	\$4.38	\$4.38	\$0.00
Employee + Child(ren)	\$8.78	\$8.78	\$0.00	\$25.28	\$25.28	\$0.00	\$4.64	\$4.64	\$0.00
EE + Family (Spouse + Child(ren))	\$12.31	\$12.31	\$0.00	\$31.86	\$31.86	\$0.00	\$7.18	\$7.18	\$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)	\$7.32	\$4.18	\$3.14	\$24.59	\$13.13	\$11.46		\$4.38	\$2.29	\$2.09
Employee + DP Child(ren)	\$8.78	\$4.18	\$4.60	\$25.28	\$13.13	\$12.15		\$4.64	\$2.29	\$2.35
EE + Child(ren) + DP	\$12.31	\$8.78	\$3.53	\$31.86	\$25.28	\$6.58		\$7.18	\$4.64	\$2.54
EE + DP + DP Child(ren)	\$12.31	\$4.18	\$8.13	\$31.86	\$13.13	\$18.73		\$7.18	\$2.29	\$4.89
EE + Child(ren) + DP + DP Child(ren)	\$12.31	\$8.78	\$3.53	\$31.86	\$25.28	\$6.58		\$7.18	\$4.64	\$2.54

PLEASE TURN OVER FOR SELERIX BENSELECT ONLINE ENROLLMENT INSTRUCTIONS.



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ONLINE ENROLLMENT INSTUCTIONS:

You must complete the online Selerix BenSelect enrollment between 10/25/2023 – 11/15/2023 if you wish to have benefits for 2024.

Two options to enroll:

1. Schedule an appointment to speak with a virtual Professional Benefits Counselor/Enroller at https://fbmc-scheduler.com/COFL-OE or call 1-888-661-3262.

2. Self-enroll or waive **both** core and voluntary coverage by following these simple steps to complete your enrollment in <u>ALL</u> 2024 benefits.

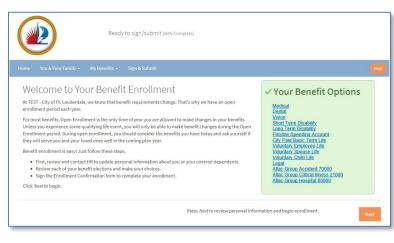
LOGIN TO SELF-ENROLL:

STEP 1. Go to https://www.benselect.com/enroll.

STEP 2. To login, enter your employee ID and 4-digit PIN. All pins have been reset to a 4-digit default pin, which is your 2-digit birth month and the last two digits of your birth year. For example, if you were born May 21, 1973, your PIN would be "0573".



STEP 3. When the Welcome Page appears on your screen, that means you have successfully logged in! Follow the onscreen instruction to enroll in your benefits, find answers to your questions, download forms and more. If you experience login issues and need assistance, please contact the Benefits Section, HR at 954-828-5160.



COMPLETE YOUR BENEFITS ENROLLMENT:

4 of 5 in process (this Complete) 2: 4	
Home You & Your Family + My Benefits + Sign & Submit	Back Next
My Benefits	
Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.	My Benefits
Medical 3	Medical Dental Vision Short Term Disability Long Term Disability Fickible Spending Account Chr Pall Back Term Life Voluntary Employee Life Voluntary Spouse Life
O Dental Review You have to complete enrollment in this plan.	Voluntary Child Life Legal Aflac Group Accident 70000 Aflac Group Critical Illness 21000 Aflac Group Hospital 80000
	Employer Cost \$0.00 Pre-tax cost \$0.00
O Vision Review	Post-tax cost \$0.00 Total Cost \$000

STEP 1. Review Personal Information

Start your benefits enrollment by clicking on **Next** or **You & Your Family** to update information on yourself and your dependents.

STEP 2. Review Your Current Benefits

Click **My Benefits** to view a snapshot of your current benefit elections.

STEP 3. Enroll

Click **Next** to continue through the plan information or on the benefit plan names under **My Benefits** to enroll or waive coverage for 2024. A green check means "enrolled". A red X means "waived or "not eligible". A blank means "not yet enrolled". You can move from plan to plan by clicking **Next** or clicking **Review**. You must complete all steps to process your 2024 enrollment choices. When you have finished making your selections, click **Sign & Submit**.

STEP 4. Sign & Submit

In this step, you will first review your enrollment elections on the **Review Elections** page. If the elections are correct, click Next. When the **Review & Sign Forms** page appears, you may need to sign several forms electronically using your 4-digit PIN. To sign and submit each of the forms you will need to enter your 4-digit PIN and click Sign Form.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.								
	PIN:		Sign Form					

The **Sign & Submit Complete** page will appear after all forms have been signed and submitted. **Print your Benefit Confirmation to compare with your 1/12/2024 paycheck deductions.** An email will also be sent to you at the end of the day confirming that you completed your open enrollment. If you do not receive the email, please contact Benefits Section, HR at 954-828-5160. You can log back into the enrollment site anytime during the open enrollment period to make changes and check over benefit offerings.

NOTE: You must provide the Social Security number and documentation (Example: birth or marriage certificate) for each eligible dependent you choose to enroll. **Eligible dependents will not be covered without their required Social Security number and eligibility documentation.**

Approved by: Jerome Post, Director of Human Resources Uncontrolled in hard copy unless otherwise marked

