



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2024 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – IAFF/FIRE

Rev: 2 | Date: 11/6/2023 | Print Date: 11/6/2023

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 must be completed by November 15, 2023.

ALL RATES ARE BIWEEKLY

Cigna MEDICAL Plans Premium Rates:

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

IAFF/FIRE 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			Consumer Driven Health Plan (CDHP)		
	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-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	\$155.40	\$170.22	\$251.70	\$119.79	\$131.91	\$150.41	\$72.20	\$78.21
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:

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

IAFF/FIRE Tier of Coverage	Cigna DPPO		
	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$4.65	\$4.65	\$0.00
Employee + Spouse	\$9.32	\$9.32	\$0.00
Employee + Child(ren)	\$9.08	\$9.08	\$0.00
EE + Family (Spouse + Child(ren))	\$15.58	\$15.58	\$0.00

UnitedHealthcare VISION Plan Premium Rates:

Vision Plan		
Total	Pre-Tax	Post-Tax
\$2.29	\$2.29	\$0.00
\$4.38	\$4.38	\$0.00
\$4.64	\$4.64	\$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
Employee + Domestic Partner (DP)	\$9.32	\$4.65	\$4.67	\$4.38	\$2.29	\$2.09
Employee + DP Child(ren)	\$9.08	\$4.65	\$4.43	\$4.64	\$2.29	\$2.35
EE + Child(ren) + DP	\$15.58	\$9.08	\$6.50	\$7.18	\$4.64	\$2.54
EE + DP + DP Child(ren)	\$15.58	\$4.65	\$10.93	\$7.18	\$2.29	\$4.89
EE + Child(ren) + DP + DP Child(ren)	\$15.58	\$9.08	\$6.50	\$7.18	\$4.64	\$2.54

PLEASE TURN OVER FOR SELERIX BENSELECT ONLINE ENROLLMENT INSTRUCTIONS.



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ONLINE ENROLLMENT INSTRUCTIONS:

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

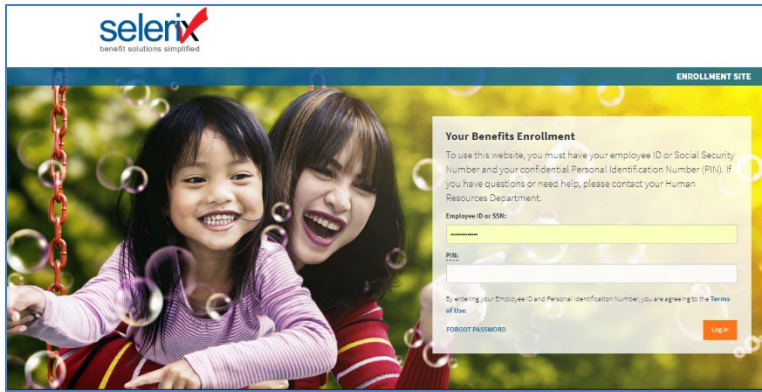
Two options to enroll:

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 ALL 2024 benefits.

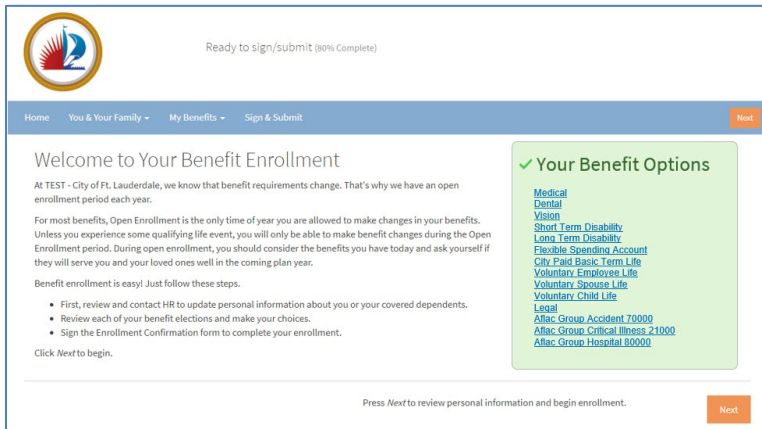
LOGIN TO SELF-ENROLL:

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

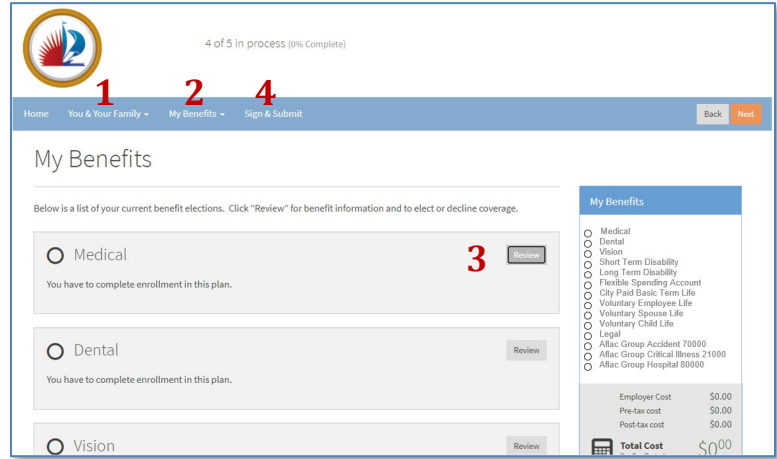
STEP 2. To login, enter your employee ID and 4-digit PIN. Your PIN is a combination of your two-digit birth month and last two digits of your birth year. For example, if you were born May 21, 1973, your PIN would be "0573".



STEP 3. When the Welcome Page appears on your screen, that means you have successfully logged in! Follow the onscreen instruction to create your new PIN/password and 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:



STEP 1. Review Personal Information

Start your benefits enrollment by clicking on **Next** or **You & Your Family** to verify your information and add eligible dependent(s) if applicable.

STEP 2. My Benefits

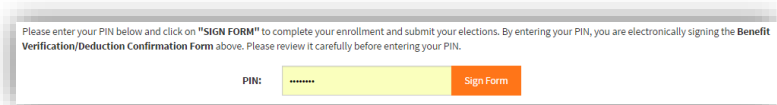
Click **My Benefits** to view a snapshot of your eligible benefits.

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 new PIN/Password that you created. To sign and submit each of the forms you will need to enter your new PIN/Password and click **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 paycheck deductions.**

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

