



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

2024 CITY OF FORT LAUDERDALE BENEFITS PREMIUMS FORM – TEMP FULL-TIME

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 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)									
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			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

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)	\$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	\$968.58	\$502.66	\$465.92	\$863.25	\$450.82	\$412.43	\$814.96	\$395.84	\$419.12
EE + Children + DP + DP Children	\$968.58	\$502.66	\$465.92	\$863.25	\$450.82	\$412.43	\$814.96	\$395.84	\$419.12
EE + DP + DP Child	\$968.58	\$114.90	\$853.68	\$863.25	\$87.24	\$776.01	\$814.96	\$49.64	\$765.32
EE + DP + DP Children	\$968.58	\$114.90	\$853.68	\$863.25	\$87.24	\$776.01	\$814.96	\$49.64	\$765.32
ADULT CHILD (Age 26 – 30): Post-Tax	Tier Above + \$154.79/Adult Child			Tier Above + \$149.57/Adult Child			Tier Above + \$136.64/Adult Child		

Cigna DENTAL Plan Premium Rates:							UnitedHealthcare VISION Plan Premium Rates:		
A: Employee Only or Employee with a Tax Qualified Dependent(s)									
TEMP FULL-TIME Tier of Coverage	Cigna Dental Care DHMO***			Cigna DPPO			Vision Plan		
	Total	Pre-Tax	Post-Tax	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	\$2.29	\$2.29	\$0.00
Employee + Spouse	\$13.95	\$13.95	\$0.00	\$46.90	\$46.90	\$0.00	\$4.38	\$4.38	\$0.00
Employee + Child(ren)	\$16.75	\$16.75	\$0.00	\$48.22	\$48.22	\$0.00	\$4.64	\$4.64	\$0.00
EE + Family (Spouse + Child(ren))	\$23.47	\$23.47	\$0.00	\$60.77	\$60.77	\$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)	\$13.95	\$7.97	\$5.98	\$46.90	\$25.03	\$21.87	\$4.38	\$2.29	\$2.09
Employee + DP Child(ren)	\$16.75	\$7.97	\$8.78	\$48.22	\$25.03	\$23.19	\$4.64	\$2.29	\$2.35
EE + Child(ren) + DP	\$23.47	\$16.75	\$6.72	\$60.77	\$48.22	\$12.55	\$7.18	\$4.64	\$2.54
EE + DP + DP Child(ren)	\$23.47	\$7.97	\$15.50	\$60.77	\$25.03	\$35.74	\$7.18	\$2.29	\$4.89
EE + Child(ren) + DP + DP Child(ren)	\$23.47	\$16.75	\$6.72	\$60.77	\$48.22	\$12.55	\$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.

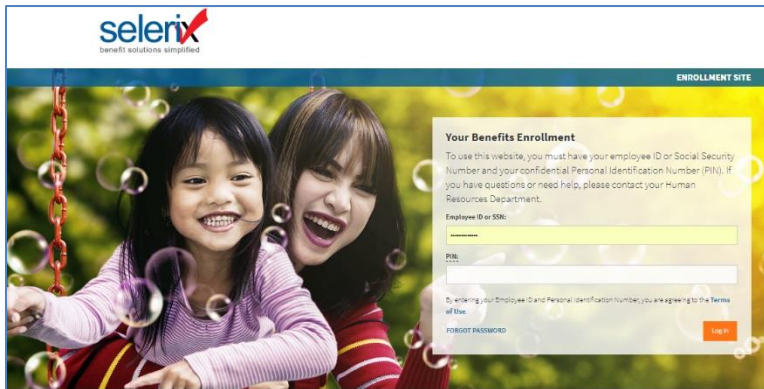
Two options to enroll:

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.

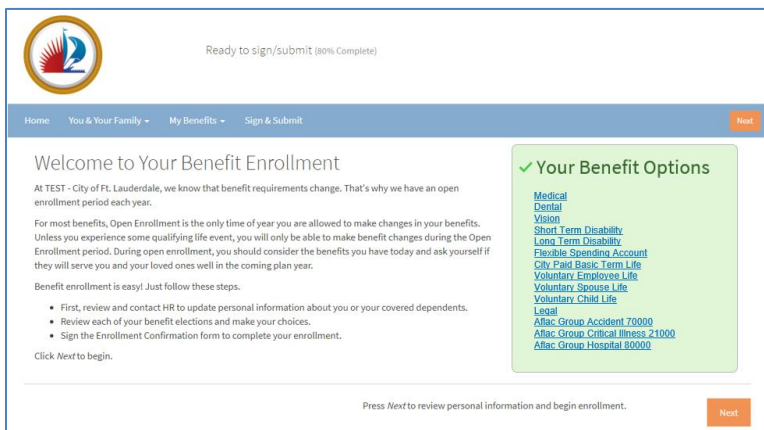
LOGIN TO SELF-ENROLL:

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

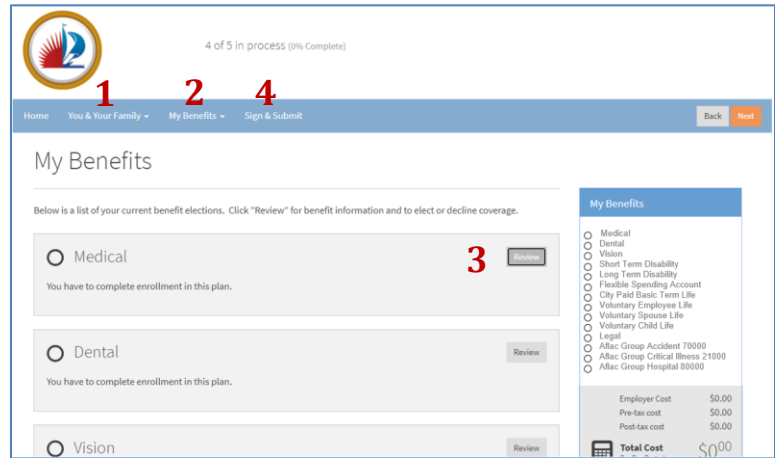
STEP 2. To login, enter your employee ID and 4-digit PIN. All pins have been reset to a 4-digit default pin, which is your 2-digit birth month and the last two digits of your birth year. For example, if you were born May 21, 1973, your PIN would be "0573".



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:



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

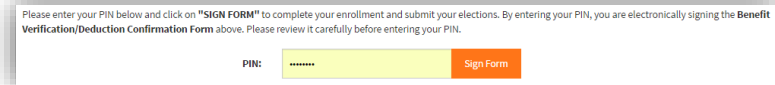
Click **My Benefits** to view a snapshot of your current benefit elections.

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**.



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.**