



CITY OF FORT LAUDERDALE

Voluntary Benefits Rate Sheet



Legal Insurance (post-tax)

BI-WEEKLY Premiums		
Coverage	UltimateAdvisor	UltimateAdvisor Plus
Family	\$7.61	\$10.15

Group Accident Insurance* (pretax)

Coverage	BI-WEEKLY Premium
Employee	\$8.01
Employee & Spouse	\$13.38
Employee & Child(ren)	\$16.88
Family	\$22.25

Group Critical Illness Advantage Insurance* (pretax)

Employee Non-Tobacco BI-WEEKLY Premiums

Age	\$10,000	\$20,000	\$30,000
18-25	\$1.83	\$3.01	\$4.19
26-30	\$2.33	\$4.02	\$5.70
31-35	\$2.66	\$4.67	\$6.68
36-40	\$3.38	\$6.11	\$8.85
41-45	\$4.03	\$7.41	\$10.80
46-50	\$4.77	\$8.88	\$13.00
51-55	\$7.23	\$13.82	\$20.40
56-60	\$7.05	\$13.46	\$19.86
61-65	\$14.28	\$27.91	\$41.55
66+	\$25.08	\$49.50	\$73.93

Spouse Non-Tobacco BI-WEEKLY Premiums

Age	\$5,000	\$10,000	\$15,000
18-25	\$1.24	\$1.83	\$2.42
26-30	\$1.49	\$2.33	\$3.18
31-35	\$1.66	\$2.66	\$3.67
36-40	\$2.02	\$3.38	\$4.75
41-45	\$2.34	\$4.03	\$5.72
46-50	\$2.71	\$4.77	\$6.82
51-55	\$3.94	\$7.23	\$10.52
56-60	\$3.85	\$7.05	\$10.26
61-65	\$7.47	\$14.28	\$21.10
66+	\$12.86	\$25.08	\$37.29

* All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms. Rates shown may be different than the rates deducted based on the premium schedule shown on the enrollment site. Final rates will be included in your confirmation statement when your enrollment is complete.

Group Critical Illness Advantage Insurance* (pretax) (continued)

Employee Tobacco BI-WEEKLY Premiums			
Age	\$10,000	\$20,000	\$30,000
18-25	\$2.36	\$4.07	\$5.79
26-30	\$3.05	\$5.46	\$7.86
31-35	\$3.75	\$6.86	\$9.96
36-40	\$5.00	\$9.34	\$13.69
41-45	\$5.97	\$11.29	\$16.61
46-50	\$7.10	\$13.54	\$19.99
51-55	\$11.05	\$21.46	\$31.86
56-60	\$11.17	\$21.68	\$32.20
61-65	\$22.12	\$43.58	\$65.05
66+	\$38.02	\$75.40	\$112.77

Spouse Tobacco BI-WEEKLY Premiums			
Age	\$5,000	\$10,000	\$15,000
18-25	\$1.51	\$2.36	\$3.22
26-30	\$1.85	\$3.05	\$4.26
31-35	\$2.20	\$3.75	\$5.30
36-40	\$2.82	\$5.00	\$7.17
41-45	\$3.31	\$5.97	\$8.63
46-50	\$3.87	\$7.10	\$10.32
51-55	\$5.85	\$11.05	\$16.25
56-60	\$5.91	\$11.17	\$16.43
61-65	\$11.38	\$22.12	\$32.85
66+	\$19.34	\$38.02	\$56.71

Group Hospital Indemnity Insurance* (post-tax)

Hospital Indemnity Insurance - Mid	
Coverage	BI-WEEKLY Premium
Employee	\$8.25
Employee & Spouse	\$15.73
Employee & Child(ren)	\$12.54
Family	\$20.02

Hospital Indemnity Insurance - High	
Coverage	BI-WEEKLY Premium
Employee	\$14.58
Employee & Spouse	\$29.40
Employee & Child(ren)	\$23.05
Family	\$37.87

Short-Term Disability Insurance* (post-tax)

BI-WEEKLY Premium per Unit (\$100 of Monthly Benefit)						
Age	7/7 EP	7/7 EP	90/90 EP	90/90 EP	180/180 EP	180/180 EP
	3 Mo Period	6 Mo Period	12 Mo Period	24 Mo Period	12 Mo Period	24 Mo Period
18-49	\$1.02	\$1.38	\$0.48	\$0.66	\$0.42	\$0.54
50-64	\$1.26	\$1.62	\$0.84	\$1.20	\$0.72	\$0.96
65-74	\$1.44	\$2.04	\$1.20	\$1.74	\$1.02	\$1.44

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