City of Lake Worth Beach
Imputed Income: Dependent Over Age 26 and Domestic Partner
Plan Year: 2025-2026
Effective Date: October 1, 2025

Plan	Monthly Premium Rate	Employer Monthly Cost	Employee Monthly Cost	Value Attributable to Non-Tax Qualified Dependents Imputed Income [1] Per Month	Value Attributable to Non-Tax Qualified Dependents Imputed Income [1] Per Pay (24)
				Difference of EE Tier (Child and/or Spouse Tier)	
Cigna - OAPIN					
Employee Only	$836.31	$836.31	**$0.00**	n/a	**n/a**
Employee + Spouse	$1,728.18	$1,432.56	**$295.62**	n/a	**n/a**
Employee + Spouse (DP)	$1,728.18	$1,432.56	**$295.62**	**$891.87**	**$445.94**
Employee + Child(ren)	$1,569.81	$1,326.91	**$242.90**	n/a	n/a
Employee + Child(ren) (with OAD[2])	$1,569.81	$1,326.91	**$242.90**	**$733.50**	**$366.75**
Employee + Family	$2,611.72	$2,010.87	**$600.85**	n/a	n/a
Employee + Family (with OAD[2])	$2,611.72	$2,010.87	**$600.85**	**$733.50**	**$366.75**
Employee + Family (with DP & **EE's** Child(ren))	$2,611.72	$2,010.87	**$600.85**	**$891.87**	**$445.94**
Employee + Family (with DP & **DP's** Child(ren))	$2,611.72	$2,010.87	**$600.85**	**$1,775.41**	**$887.71**
Employee + Family (with DP & **EE's** Child(ren) + OAD[2])	$2,611.72	$2,010.87	**$600.85**	**$1,625.37**	**$812.69**
Employee + Family (with DP & **DP's** Child(ren) + OAD[2])	$2,611.72	$2,010.87	**$600.85**	**$2,508.91**	**$1,254.46**
Cigna Dental PPO Plan					
Employee Only	$32.56	$20.66	**$11.90**	n/a	n/a
Employee + Spouse	$60.10	$23.76	**$36.34**	n/a	n/a
Employee + Spouse (DP)	$60.10	$23.76	**$36.34**	**$27.54**	**$13.77**
Employee + Child(ren)	$81.78	$26.28	**$55.50**	n/a	n/a
Employee + Child(ren) (with OAD[2])	$81.78	$26.28	**$55.50**	**$49.22**	**$24.61**
Employee + Family	$125.27	$31.21	**$94.06**	n/a	n/a
Employee + Family (with OAD[2])	$125.27	$31.21	**$94.06**	**$49.22**	**$24.61**
Employee + Family (with DP & **EE's** Child(ren))	$125.27	$31.21	**$94.06**	**$27.54**	**$13.77**
Employee + Family (with DP & **DP's** Child(ren))	$125.27	$31.21	**$94.06**	**$92.71**	**$46.36**
Employee + Family (with DP & **EE's** Child(ren) + OAD[2])	$125.27	$31.21	**$94.06**	**$76.76**	**$38.38**
Employee + Family (with DP & **DP's** Child(ren) + OAD[2])	$125.27	$31.21	**$94.06**	**$141.93**	**$70.97**
Cigna Dental DHMO Plan					
Employee Only	$19.98	$19.98	**$0.00**	n/a	n/a
Employee + Spouse	$36.70	$24.90	**$11.80**	n/a	n/a
Employee + Spouse (DP)	$36.70	$24.90	**$11.80**	**$16.72**	**$8.36**
Employee + Child(ren)	$44.99	$27.67	**$17.32**	n/a	n/a
Employee + Child(ren) (with OAD[2])	$44.99	$27.67	**$17.32**	**$25.01**	**$12.51**
Employee + Family	$66.08	$35.42	**$30.66**	n/a	n/a
Employee + Family (with OAD[2])	$66.08	$35.42	**$30.66**	**$25.01**	**$12.51**
Employee + Family (with DP & **EE's** Child(ren))	$66.08	$35.42	**$30.66**	**$16.72**	**$8.36**
Employee + Family (with DP & **DP's** Child(ren))	$66.08	$35.42	**$30.66**	**$46.10**	**$23.05**
Employee + Family (with DP & **EE's** Child(ren) + OAD[2])	$66.08	$35.42	**$30.66**	**$41.73**	**$20.87**
Employee + Family (with DP & **DP's** Child(ren) + OAD[2])	$66.08	$35.42	**$30.66**	**$71.11**	**$35.56**
EyeMed Vision Plan					
Employee Only	$5.70	$5.70	**$0.00**	n/a	n/a
Employee + Spouse	$11.42	$5.70	**$5.72**	n/a	n/a
Employee + Spouse (DP)	$11.42	$5.70	**$5.72**	**$5.72**	**$2.86**
Employee + Child(ren)	$9.67	$5.70	**$3.97**	n/a	n/a
Employee + Child(ren) (with OAD[2])	$9.67	$5.70	**$3.97**	**$3.97**	**$1.99**
Employee + Family	$15.96	$5.70	**$10.26**	n/a	n/a
Employee + Family (with OAD[2])	$15.96	$5.70	**$10.26**	**$3.97**	**$1.99**
Employee + Family (with DP & **EE's** Child(ren))	$15.96	$5.70	**$10.26**	**$5.72**	**$2.86**
Employee + Family (with DP & **DP's** Child(ren))	$15.96	$5.70	**$10.26**	**$10.26**	**$5.13**
Employee + Family (with DP & **EE's** Child(ren) + OAD[2])	$15.96	$5.70	**$10.26**	**$9.69**	**$4.85**
Employee + Family (with DP & **DP's** Child(ren) + OAD[2])	$15.96	$5.70	**$10.26**	**$14.23**	**$7.12**

[1]Imputed Income represents the amount of premium that is attributable to the coverage of the non-tax qualified dependents, over-age dependent (OAD) and/or domestic partners (DP), that is either subsidized by the employer or taken as a pre-tax deduction.

NOTE: Per IRS rules, employees covering adult children under their medical, dental, and/or vision plan(s) may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1st of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, "imputed income" must be reported on the employee's W-2 for any portion of the value of premium that is subsidized by the employer (or subject to pre-tax deductions) and attributable to the applicable adult child's coverage for the coverage

[2]The value of over-age dependent coverage must be applied to each covered over-age dependent if there is more than one over-age dependent on the plan.

City of Lake Worth Beach
COBRA Rates - 2025-2026 Plan Year
Effective Date: October 1, 2025

MEDICAL	Total Monthly Premium	COBRA Rate with 2%
OAPIN Plan	**Cigna**	**Cigna**
Employee Only	$836.31	$853.04
Employee + Spouse	$1,728.18	$1,762.74
Employee + Child(ren)	$1,569.81	$1,601.21
Employee + Family	$2,611.72	$2,663.95
DENTAL	**Total Monthly Premium**	**COBRA Rate with 2%**
DPPO Plan	**Cigna**	**Cigna**
Employee Only	$32.56	$33.21
Employee + Spouse	$60.10	$61.30
Employee + Child(ren)	$81.78	$83.42
Employee + Family	$125.27	$127.78
DMO Plan	**Cigna**	**Cigna**
Employee Only	$19.98	$20.38
Employee + Spouse	$36.70	$37.43
Employee + Child(ren)	$44.99	$45.89
Employee + Family	$66.08	$67.40
VISION	**Total Monthly Premium**	**COBRA Rate with 2%**
Vision Plan	**EyeMed**	**EyeMed**
Employee Only	$5.70	$5.81
Employee + Spouse	$11.42	$11.65
Employee + Child(ren)	$9.67	$9.86
Employee + Family	$15.96	$16.28
Employee Assistance Program	**Total Monthly Premium**	**COBRA Rate with 2%**
EAP	**Cigna**	**Cigna**
Employee + Family	$2.92	$2.98