

FIREFIGHTERS BENEFITS FUND

OPEN ENROLLMENT

For coverage beginning **January 1, 2026**

MEDICAL, VISION & DENTAL INSURANCES

Palm Beach County Firefighters Employee Benefits Fund

WHEN: October 21, 2025 – November 2, 2025

All employees of Palm Beach County Fire Rescue are eligible to participate in the Palm Beach County Firefighters Employee Benefits Plan. Once each year, the Board of Trustees establishes a period, known as **Open Enrollment**, during which any eligible person may:

- Start, end, or change coverage
- Add or remove dependents without a qualifying event

Qualifying events include birth, marriage, divorce, retirement, death, or certain changes in coverage through a spouse's employer. Changes outside of Open Enrollment may only be made with a qualifying event.

This limitation preserves our IRS cafeteria plan status, which allows for pre-tax premium deductions. During Open Enrollment, eligible participants may make changes to enrollment in the **Medical Plan, Dental Plan, or Vision Plan**.

IMPORTANT REMINDERS

- There are **many changes to the Medical and Vision Plans** for 2026.
- There are **no changes** to the Dental Plan.
- Please review details in the **newsletter** or online at www.myffbenefits.com.
- If you do not wish to make changes, **no action is required**.

CHANGES FOR ACTIVE FIRE RESCUE EMPLOYEES

All Open Enrollment changes must be completed **online through the County's My Benefits portal** at your work location.

- For benefit questions, call the Fund office (contact info below).
- For login issues, contact the **IT Helpline**. 561-616-6940

CHANGES FOR RETIREES

- Forms are available at www.myffbenefits.com.
 - Complete forms carefully and provide your **cell phone and email** for follow-up if additional information is required.
 - Forms may be returned by **fax or email** to the Fund office.
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FIREFIGHTER CANCER BENEFITS

Under Florida law (2019), eligibility for the **Firefighter Cancer Benefit** requires that you be covered by your employer's health insurance.

If you are currently covered under another plan, such as your spouse's employer or the military, you should strongly consider enrolling in the Employee Benefits Fund during Open Enrollment. Full details are available on our website.

QUESTIONS?

Palm Beach County Firefighters Employee Benefits Fund
561-969-6663 | FAX: 561-727-3709

Mon–Fri, 8:00 AM – 4:30 PM

Contacts: Tamara Fitzpatrick, Ed Morejon, or Rick Rhodes

www.myffbenefits.com

2026 Active Medical Rates

Coverage	Rate
Type	26pp
Employee Only	\$ 110.00
Employee + 1	\$ 245.00
Employee + 2	\$ 281.00
Employee + 3	\$ 331.00
Employee + 4	\$ 345.00
Employee + 5	\$ 359.00
Employee + 6	\$ 373.00
Employee + 7	\$ 387.00
Employee + 8	\$ 401.00
*Overage Dependent	\$184.62
*Overage Dependent: Additional amounts for each dep. end of year age 26 – 30 will be added to rates for other levels of coverage and 100% employee paid on post-tax basis.	

ACTIVE DENTAL PPO LOW

Coverage Type	1/1/2026	Rate/26 PP
Emp	PE1L	\$ 23.31
Emp + Spouse	PESL	\$ 49.09
Emp + Children	PECL	\$ 61.53
Emp + Family	PEFL	\$ 82.32

ACTIVE DENTAL PPO HIGH

Coverage Type	1/1/2026	Rate/26 PP
Emp	PE1H	\$ 28.03
Emp + Spouse	PESH	\$ 59.03
Emp + Children	PECH	\$ 73.99
Emp + Family	PEFH	\$ 99.00

ACTIVE DENTAL HMO

Coverage Type	1/1/2026	Rate/ 26PP
Emp	HE1	\$ 5.86
Emp + Spouse	HES	\$ 10.25
Emp + Children	HEC	\$ 12.69
Emp + Family	HEF	\$ 16.10

2026 Retiree Medical Rates

Coverage	2026
Type	Retiree
	Rate
Retiree Only	\$ 1,068.00
Retiree + 1	\$ 1,539.00
Retiree + 2	\$ 1,629.00
Retiree + 3	\$ 1,723.00
Retiree + 4	\$ 1,755.00
Retiree + 5	\$ 1,787.00
Retiree + 6	\$ 1,819.00
Retiree + 7	\$ 1,851.00
Retiree + 8	\$ 1,883.00
Retiree Only - w/Medicare	\$ 883.00
Retiree + 1 - w/ 1 Medicare	\$ 1,354.00
Retiree + 2 - w/ 1 Medicare	\$ 1,444.00
Retiree + 3 - w/ 1 Medicare	\$ 1,538.00
Retiree + 4 - w/ 1 Medicare	\$ 1,570.00
Retiree + 5 - w/ 1 Medicare	\$ 1,601.00
Retiree + 6 - w/ 1 Medicare	\$ 1,633.00
Retiree + 7 - w/ 1 Medicare	\$ 1,665.00
Retiree + 1 - w/ 2 Medicare	\$ 1,169.00
Retiree + 2 - w/ 2 Medicare	\$ 1,259.00
Retiree + 3 - w/ 2 Medicare	\$ 1,353.00
Retiree + 4 - w/ 2 Medicare	\$ 1,385.00
Retiree + 5 - w/ 2 Medicare	\$ 1,416.00
Retiree + 6 - w/ 2 Medicare	\$ 1,448.00
Retiree + 7 - w/ 2 Medicare	\$ 1,480.00
***Overage Dependent	\$ 400.00
*Overage Dependent: Additional amounts for each dep. end of year age 26 – 30 will be added to rates for other levels of coverage.	

RETIREE DENTAL PPO LOW

Coverage Type	1/1/26	Rate/Month
Retiree Only	PR1L	\$ 50.50
Retiree + Spouse	PRSL	\$ 106.35
Retiree + Children	PRCL	\$ 133.30
Retiree + Family	PRFL	\$ 178.35

RETIREE DENTAL PPO HIGH

Coverage Type	1/1/26	Rate/Month
Retiree Only	PR1H	\$ 60.73
Retiree + Spouse	PRSH	\$ 127.89
Retiree + Children	PRCH	\$ 160.30
Retiree + Family	PRFH	\$ 214.48

RETIREE DENTAL HMO

Coverage Type	1/1/26	Rate/Month
Retiree Only	HR1	\$ 12.69
Retiree + Spouse	HRS	\$ 22.19
Retiree + Children	HRC	\$ 27.48
Retiree + Family	HRF	\$ 34.88

Humana Vision

Active Employee (26 PP)

****Plan 1 Buy Up**

Single	\$2.48
Family	\$7.09

Plan 2 Basic (included in the Medical Premium)

Single	No Charge Included in your Medical Premium
Family	No Charge Included in your Medical Premium

Humana Vision

Retiree Monthly

****Plan 1 Buy Up**

Single	\$5.37
Family	\$15.36

Plan 2 Basic (included in the Medical Premium)

Single	No Charge Included in your Medical Premium
Family	No Charge Included in your Medical Premium

**** You must be enrolled in the Firefighters Medical Insurance for this benefit**

**PALM BEACH COUNTY FIREFIGHTERS EMPLOYEE BENEFITS FUND
2026 COBRA RATES**

		4-Tier Cobra Rates - 2026*
Medical*	SINGLE	
	+ Spouse	TBD
	+Child(ren	
	Family	

*Rates include vision, clinic, administrative costs, reinsurance as well as projected costs for medical and prescription drugs.

Includes 2% administrative fee as allowed for COBRA rates

COBRA DENTAL PPO LOW

Coverage Type	1/1/26	COBRA Rate
Retiree Only	PC1L	\$ 51.51
Retiree + Spouse	PCSL	\$ 108.48
Retiree + Children	PCCL	\$ 135.97
Retiree + Family	PCFL	\$ 181.92

COBRA DENTAL PPO HIGH

Coverage Type	1/1/26	COBRA Rate
Retiree Only	PC1H	\$ 61.95
Retiree + Spouse	PCSH	\$ 130.45
Retiree + Children	PCCH	\$ 163.51
Retiree + Family	PCFH	\$ 218.77

COBRA DENTAL HMO

Coverage Type	1/1/26	COBRA Rate
Retiree Only	HC1	\$ 12.95
Retiree + Spouse	HCS	\$ 22.64
Retiree + Children	HCC	\$ 28.03
Retiree + Family	HCF	\$ 35.58