



COBRA 2025 MEDICAL RATE SHEET

	OAP EXTENDED NETWORK	LOCALPLUS FOCUSED NETWORK	SUREFIT NETWORK*
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CIGNA MEDICAL PLANS			
Participant Only	\$ 978.18	\$ 949.62	\$ 923.10
Participant & Spouse/Domestic Partner	\$ 2,343.96	\$ 2,271.54	\$ 2,206.26
Participant & Children	\$ 1,939.02	\$ 1,878.84	\$ 1,825.80
Participant & Family	\$ 3,711.78	\$ 3,595.50	\$ 3,490.44
Participant & Adult Child	\$ 1,809.48	\$ 1,756.44	\$ 1,707.48

*The SureFit Network requires the selection of a Primary Care Physician (PCP). If a PCP is not selected, Cigna will assign you a participating provider based on your ZIP code. You must live in the tri-county (Miami-Dade, Broward and Palm Beach) service area.