



RETIREE 2025 MEDICAL RATE SHEET

UNDER AGE 65 OR OVER AGE 65 AND NOT MEDICARE ELIGIBLE

	OAP EXTENDED NETWORK	LOCALPLUS FOCUSED NETWORK	SUREFIT NETWORK*
CIGNA MEDICAL PLANS			
Retiree Only	\$ 959.00	\$ 931.00	\$ 905.00
Spouse/Domestic Partner	\$ 1,339.00	\$ 1,296.00	\$ 1,258.00
Child(ren)	\$ 942.00	\$ 911.00	\$ 885.00
Family	\$ 2,680.00	\$ 2,594.00	\$ 2,517.00
Adult Dependent Child	\$ 815.00	\$ 791.00	\$ 769.00

*Plan 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.

NOTE: You must add the Retiree Only rate to the Dependent rate to get the total monthly premium.

OVER AGE 65 OR UNDER AGE 65 MEDICARE ELIGIBLE MEDICARE HEALTHCARE (MEDICAL & PHARMACY) PLANS MONTHLY RATES

PROVIDER	PLAN	RATES
AVMED MEDICAL PLANS*	ACCESS HMO-POS* (Miami-Dade & Broward County Only)	\$ 0.00
	CHOICE HMO* (Miami-Dade & Broward County Only)	\$ 0.00
	CIRCLE HMO* (Miami-Dade & Broward County Only)	\$ 0.00
	ONE HMO*	\$ 0.00
HUMANA MEDICAL PLANS	ZERO PREMIUM HMO*	\$ 0.00
	PASSIVE PPO	\$ 448.91
	TRADITIONAL PPO	\$ 308.91
UNITEDHEALTHCARE MEDICAL PLANS	DIFFERENTIAL PPO	\$ 267.53
	PASSIVE PPO	\$ 392.38

*Plan requires the selection of a Primary Care Physician (PCP) at the time of enrollment.

UNITEDHEALTHCARE MEDICARE SUPPLEMENT PLANS

Please be advised that the Supplement rates are based on the applicant's date of birth, place of residence and tobacco usage. Rates for the calendar year receive CMS approval in November. To receive your individual rate, please contact the healthcare company directly. Pre-65 Medicare recipients are not eligible for these supplement plans.

UNITEDHEALTHCARE PHARMACY PLANS (MEDICARE PART D ONLY)

4-TIER HIGH	4-TIER LOW	5-TIER STANDARD
\$ 351.92	\$ 163.00	\$ 169.81