



EMPLOYEES HIRED ON / AFTER JAN 1ST, 2018

2026 MEDICAL RATE SHEET

FOR EMPLOYEES REPRESENTED BY FRATERNAL ORDER OF POLICE (FOP)

Full-Time / Salary Range:
<\$35,000

10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
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OAP Extended Network

Employee	\$ 25.20	\$ 21.00	\$ 19.30
Spouse	\$ 330.00	\$ 275.00	\$ 253.85
Children	\$ 234.00	\$ 195.00	\$ 180.00
Family	\$ 652.20	\$ 543.50	\$ 501.69
Employee & DP w/t Children	\$ 652.20	\$ 543.50	\$ 501.69
Employee w/t Children & DP	\$ 652.20	\$ 543.50	\$ 501.69

LocalPlus Focused Network

Employee	\$ 8.40	\$ 7.00	\$ 6.46
Spouse	\$ 260.40	\$ 217.00	\$ 200.31
Children	\$ 183.60	\$ 153.00	\$ 141.23
Family	\$ 522.00	\$ 435.00	\$ 401.54
Employee & DP w/t Children	\$ 522.00	\$ 435.00	\$ 401.54
Employee w/t Children & DP	\$ 522.00	\$ 435.00	\$ 401.54

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 250.80	\$ 209.00	\$ 192.92
Children	\$ 176.40	\$ 147.00	\$ 135.69
Family	\$ 501.60	\$ 418.00	\$ 385.85
Employee & DP w/t Children	\$ 501.60	\$ 418.00	\$ 385.85
Employee w/t Children & DP	\$ 501.60	\$ 418.00	\$ 385.85

*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.

Note: Employee-Only Rate must be added to the dependent rate, i.e., spouse/domestic partner, child(ren), or family to get the total deduction per paycheck.



EMPLOYEES HIRED ON / AFTER JAN 1ST, 2018

2026 MEDICAL RATE SHEET

FOR EMPLOYEES REPRESENTED BY FRATERNAL ORDER OF POLICE (FOP)

Full-Time / Salary Range:
>\$35,000 - \$55,000

10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
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OAP Extended Network

Employee	\$ 36.00	\$ 30.00	\$ 27.69
Spouse	\$ 370.80	\$ 309.00	\$ 285.23
Children	\$ 259.80	\$ 216.50	\$ 199.85
Family	\$ 733.20	\$ 611.00	\$ 564.00
Employee & DP w/t Children	\$ 733.20	\$ 611.00	\$ 564.00
Employee w/t Children & DP	\$ 733.20	\$ 611.00	\$ 564.00

LocalPlus Focused Network

Employee	\$ 15.00	\$ 12.50	\$ 11.54
Spouse	\$ 293.40	\$ 244.50	\$ 225.69
Children	\$ 206.40	\$ 172.00	\$ 158.77
Family	\$ 586.80	\$ 489.00	\$ 451.38
Employee & DP w/t Children	\$ 586.80	\$ 489.00	\$ 451.38
Employee w/t Children & DP	\$ 586.80	\$ 489.00	\$ 451.38

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 282.00	\$ 235.00	\$ 216.92
Children	\$ 198.60	\$ 165.50	\$ 152.77
Family	\$ 565.20	\$ 471.00	\$ 434.77
Employee & DP w/t Children	\$ 565.20	\$ 471.00	\$ 434.77
Employee w/t Children & DP	\$ 565.20	\$ 471.00	\$ 434.77

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Note: Employee-Only Rate must be added to the dependent rate, i.e., spouse/domestic partner, child(ren), or family to get the total deduction per paycheck.



EMPLOYEES HIRED ON / AFTER JAN 1ST, 2018

2026 MEDICAL RATE SHEET

FOR EMPLOYEES REPRESENTED BY FRATERNAL ORDER OF POLICE (FOP)

Full-Time / Salary Range:
>\$55,000 - \$70,000

	10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
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OAP Extended Network

Employee	\$ 46.80	\$ 39.00	\$ 36.00
Spouse	\$ 442.80	\$ 369.00	\$ 340.62
Children	\$ 310.80	\$ 259.00	\$ 239.08
Family	\$ 889.20	\$ 741.00	\$ 684.00
Employee & DP w/t Children	\$ 889.20	\$ 741.00	\$ 684.00
Employee w/t Children & DP	\$ 889.20	\$ 741.00	\$ 684.00

LocalPlus Focused Network

Employee	\$ 21.00	\$ 17.50	\$ 16.15
Spouse	\$ 354.00	\$ 295.00	\$ 272.31
Children	\$ 249.60	\$ 208.00	\$ 192.00
Family	\$ 708.60	\$ 590.50	\$ 545.08
Employee & DP w/t Children	\$ 708.60	\$ 590.50	\$ 545.08
Employee w/t Children & DP	\$ 708.60	\$ 590.50	\$ 545.08

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 329.40	\$ 274.50	\$ 253.38
Children	\$ 232.20	\$ 193.50	\$ 178.62
Family	\$ 658.80	\$ 549.00	\$ 506.77
Employee & DP w/t Children	\$ 658.80	\$ 549.00	\$ 506.77
Employee w/t Children & DP	\$ 658.80	\$ 549.00	\$ 506.77

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Note: Employee-Only Rate must be added to the dependent rate, i.e., spouse/domestic partner, child(ren), or family to get the total deduction per paycheck.



EMPLOYEES HIRED ON / AFTER JAN 1ST, 2018

2026 MEDICAL RATE SHEET

FOR EMPLOYEES REPRESENTED BY FRATERNAL ORDER OF POLICE (FOP)

Full-Time / Salary Range:
>\$70,000 - \$90,000

	10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
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OAP Extended Network

Employee	\$ 57.00	\$ 47.50	\$ 43.85
Spouse	\$ 475.80	\$ 396.50	\$ 366.00
Children	\$ 333.60	\$ 278.50	\$ 256.62
Family	\$ 951.00	\$ 792.50	\$ 731.54
Employee & DP w/t Children	\$ 951.00	\$ 792.50	\$ 731.54
Employee w/t Children & DP	\$ 951.00	\$ 792.50	\$ 731.54

LocalPlus Focused Network

Employee	\$ 27.00	\$ 22.50	\$ 20.77
Spouse	\$ 382.20	\$ 318.00	\$ 294.00
Children	\$ 269.40	\$ 224.50	\$ 207.23
Family	\$ 765.00	\$ 637.50	\$ 588.46
Employee & DP w/t Children	\$ 765.00	\$ 637.50	\$ 588.46
Employee w/t Children & DP	\$ 765.00	\$ 637.50	\$ 588.46

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 368.40	\$ 307.00	\$ 283.38
Children	\$ 259.20	\$ 216.00	\$ 199.38
Family	\$ 738.00	\$ 615.00	\$ 567.69
Employee & DP w/t Children	\$ 738.00	\$ 615.00	\$ 567.69
Employee w/t Children & DP	\$ 738.00	\$ 615.00	\$ 567.69

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EMPLOYEES HIRED ON / AFTER JAN 1ST, 2018

2026 MEDICAL RATE SHEET

FOR EMPLOYEES REPRESENTED BY FRATERNAL ORDER OF POLICE (FOP)

Full-Time / Salary Range:
> \$90,000

10-Months
(20 Deductions)

11-Months
(24 Deductions)

12-Months
(26 Deductions)

OAP Extended Network

	10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
Employee	\$ 82.80	\$ 69.00	\$ 63.69
Spouse	\$ 580.20	\$ 483.50	\$ 446.31
Children	\$ 410.40	\$ 342.00	\$ 315.69
Family	\$ 1,169.40	\$ 974.50	\$ 899.54
Employee & DP w/t Children	\$ 1,169.40	\$ 974.50	\$ 899.54
Employee w/t Children & DP	\$ 1,169.40	\$ 974.50	\$ 899.54

Local Plus Focus Network

	10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
Employee	\$ 45.60	\$ 38.00	\$ 35.08
Spouse	\$ 463.80	\$ 386.50	\$ 356.77
Children	\$ 326.40	\$ 272.00	\$ 251.08
Family	\$ 927.60	\$ 773.00	\$ 713.54
Employee & DP w/t Children	\$ 927.60	\$ 773.00	\$ 713.54
Employee w/t Children & DP	\$ 927.60	\$ 773.00	\$ 713.54

SureFit Network*

	10-Months (20 Deductions)	11-Months (24 Deductions)	12-Months (26 Deductions)
Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 408.00	\$ 340.00	\$ 313.85
Children	\$ 286.80	\$ 239.00	\$ 220.62
Family	\$ 816.00	\$ 680.00	\$ 627.69
Employee & DP w/t Children	\$ 816.00	\$ 680.00	\$ 627.69
Employee w/t Children & DP	\$ 816.00	\$ 680.00	\$ 627.69

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