



EMPLOYEES HIRED PRIOR TO 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 (26 Deductions)	12-Months (24 Deductions)
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OAP Extended Network

Employee	\$ 25.20	\$ 21.00	\$ 19.30
Spouse	\$ 142.80	\$ 119.00	\$ 109.85
Children	\$ 102.60	\$ 85.50	\$ 78.92
Family	\$ 272.40	\$ 227.00	\$ 209.54
Employee & DP w/t Children	\$ 272.40	\$ 227.00	\$ 209.54
Employee w/t Children & DP	\$ 272.40	\$ 227.00	\$ 209.54

LocalPlus Focused Network

Employee	\$ 8.40	\$ 7.00	\$ 6.46
Spouse	\$ 101.40	\$ 84.50	\$ 78.00
Children	\$ 72.00	\$ 60.00	\$ 55.38
Family	\$ 203.40	\$ 169.50	\$ 156.46
Employee & DP w/t Children	\$ 203.40	\$ 169.50	\$ 156.46
Employee w/t Children & DP	\$ 203.40	\$ 169.50	\$ 156.46

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 95.40	\$ 79.50	\$ 73.38
Children	\$ 67.20	\$ 56.00	\$ 51.69
Family	\$ 190.80	\$ 159.00	\$ 146.77
Employee & DP w/t Children	\$ 190.80	\$ 159.00	\$ 146.77
Employee w/t Children & DP	\$ 190.80	\$ 159.00	\$ 146.77

*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 PRIOR TO 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 (26 Deductions)	12-Months (24 Deductions)
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OAP Extended Network

Employee	\$ 36.00	\$ 30.00	\$ 27.69
Spouse	\$ 200.40	\$ 167.00	\$ 154.15
Children	\$ 139.20	\$ 116.00	\$ 107.08
Family	\$ 388.20	\$ 323.50	\$ 298.62
Employee & DP w/t Children	\$ 388.20	\$ 323.50	\$ 298.62
Employee w/t Children & DP	\$ 388.20	\$ 323.50	\$ 298.62

LocalPlus Focused Network

Employee	\$ 15.00	\$ 12.50	\$ 11.54
Spouse	\$ 148.20	\$ 123.50	\$ 114.00
Children	\$ 103.80	\$ 86.50	\$ 79.85
Family	\$ 295.80	\$ 246.50	\$ 227.54
Employee & DP w/t Children	\$ 295.80	\$ 246.50	\$ 227.54
Employee w/t Children & DP	\$ 295.80	\$ 246.50	\$ 227.54

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 140.40	\$ 117.00	\$ 108.00
Children	\$ 98.40	\$ 82.00	\$ 75.69
Family	\$ 280.80	\$ 234.00	\$ 216.00
Employee & DP w/t Children	\$ 280.80	\$ 234.00	\$ 216.00
Employee w/t Children & DP	\$ 280.80	\$ 234.00	\$ 216.00

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EMPLOYEES HIRED PRIOR TO 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 (26 Deductions)	12-Months (24 Deductions)
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OAP Extended Network

Employee	\$ 46.80	\$ 39.00	\$ 36.00
Spouse	\$ 303.60	\$ 253.00	\$ 233.54
Children	\$ 212.40	\$ 177.00	\$ 163.38
Family	\$ 610.80	\$ 509.00	\$ 469.85
Employee & DP w/t Children	\$ 610.80	\$ 509.00	\$ 469.85
Employee w/t Children & DP	\$ 610.80	\$ 509.00	\$ 469.85

LocalPlus Focused Network

Employee	\$ 21.00	\$ 17.50	\$ 16.15
Spouse	\$ 234.60	\$ 195.50	\$ 180.46
Children	\$ 165.60	\$ 138.00	\$ 127.38
Family	\$ 469.80	\$ 391.50	\$ 361.38
Employee & DP w/t Children	\$ 469.80	\$ 391.50	\$ 361.38
Employee w/t Children & DP	\$ 469.80	\$ 391.50	\$ 361.38

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 207.60	\$ 173.00	\$ 159.69
Children	\$ 146.40	\$ 122.00	\$ 112.62
Family	\$ 415.00	\$ 346.00	\$ 319.38
Employee & DP w/t Children	\$ 415.00	\$ 346.00	\$ 319.38
Employee w/t Children & DP	\$ 415.00	\$ 346.00	\$ 319.38

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EMPLOYEES HIRED PRIOR TO 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	\$ 351.00	\$ 292.50	\$ 270.00
Children	\$ 245.40	\$ 204.50	\$ 188.77
Family	\$ 699.00	\$ 582.50	\$ 537.69
Employee & DP w/t Children	\$ 699.00	\$ 582.50	\$ 537.69
Employee w/t Children & DP	\$ 699.00	\$ 582.50	\$ 537.69

LocalPlus Focused Network

Employee	\$ 27.00	\$ 22.50	\$ 20.77
Spouse	\$ 275.40	\$ 229.50	\$ 211.85
Children	\$ 194.40	\$ 162.00	\$ 149.54
Family	\$ 550.80	\$ 459.00	\$ 423.69
Employee & DP w/t Children	\$ 550.80	\$ 459.00	\$ 423.69
Employee w/t Children & DP	\$ 550.80	\$ 459.00	\$ 423.69

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 264.00	\$ 220.00	\$ 203.08
Children	\$ 186.00	\$ 155.00	\$ 143.08
Family	\$ 528.00	\$ 440.00	\$ 406.15
Employee & DP w/t Children	\$ 528.00	\$ 440.00	\$ 406.15
Employee w/t Children & DP	\$ 528.00	\$ 440.00	\$ 406.15

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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 PRIOR TO 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)
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OAP Extended Network

Employee	\$ 82.80	\$ 69.00	\$ 63.69
Spouse	\$ 499.80	\$ 416.50	\$ 384.46
Children	\$ 354.60	\$ 295.50	\$ 272.77
Family	\$ 1,011.00	\$ 842.50	\$ 777.69
Employee & DP w/t Children	\$ 1,011.00	\$ 842.50	\$ 777.69
Employee w/t Children & DP	\$ 1,011.00	\$ 842.50	\$ 777.69

Local Plus Focus Network

Employee	\$ 45.60	\$ 38.00	\$ 35.08
Spouse	\$ 391.00	\$ 326.00	\$ 300.92
Children	\$ 276.00	\$ 230.00	\$ 212.31
Family	\$ 782.40	\$ 652.00	\$ 601.85
Employee & DP w/t Children	\$ 782.40	\$ 652.00	\$ 601.85
Employee w/t Children & DP	\$ 782.40	\$ 652.00	\$ 601.85

SureFit Network*

Employee	\$ 0.00	\$ 0.00	\$ 0.00
Spouse	\$ 319.80	\$ 266.50	\$ 246.00
Children	\$ 225.00	\$ 187.50	\$ 173.08
Family	\$ 639.00	\$ 533.00	\$ 492.00
Employee & DP w/t Children	\$ 639.00	\$ 533.00	\$ 492.00
Employee w/t Children & DP	\$ 639.00	\$ 533.00	\$ 492.00

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