COBRA
2027 MEDICAL RATE SHEET

CIGNA Medical Plans

	OAP EXTENDED NETWORK	LOCALPLUS FOCUSED NETWORK	SureFit NETWORK*
Participant Only	$ 1,145.46	$ 1,111.80	$ 1,081.20
Participant & Spouse/Domestic Partner	$ 2,744.82	$ 2,659.14	$ 2,583.66
Participant & Children	$ 2,270.52	$ 2,200.14	$ 2,137.92
Participant & Family	$ 4,346.22	$ 4,210.56	$ 4,087.14
Participant & Adult Child	$ 2,119.56	$ 2,057.34	$ 2,000.22

*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.