



PART-TIME (B,E,F,L) EMPLOYEES 2026 MEDICAL RATE SHEET

OAP EXTENDED NETWORK	LOCALPLUS FOCUSED NETWORK	SUREFIT NETWORK*
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CIGNA Medical Plans

Employee Only	\$ 1,071.00	\$ 1,040.00	\$ 1,011.00
Employee & Spouse/Domestic Partner	\$ 2,566.00	\$ 2,487.00	\$ 2,416.00
Employee & Children	\$ 2,123.00	\$ 2,058.00	\$ 1,999.00
Employee & Family	\$ 4,065.00	\$ 3,938.00	\$ 3,822.00
Adult Child	\$ 911.00 per child	\$ 884.00 per child	\$ 859.00 per child

*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: There is no Board contribution toward the employee’s coverage. Part-time employees are responsible for the full monthly cost of the Board-approved healthcare plans.



[GROUP] EMPLOYEES

2026 [BENEFIT] RATE SHEET

[Provider] [Benefit Name]

Note: Gendanimint. To dest, is maximenda dipid quae poreicilia verro odi beat que suntinctam nonessum volupta tempos

10-Months	20 Decutions
11-Months	24 Decutions
12-Months	26 Decutions

$$\$[Your\ Annual\ Salary] \div 52\ weeks \times .60\ (60\% \text{ of eligible earnings})$$
$$\div \$10 \times \$0.097 \times 12 \div [\# \text{ of Deductions}] = \$ \underline{\hspace{2cm}}$$

\$Column Header (XXX)	\$Column Header (XXX)	\$Column Header (XXX)
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[Provider] [Benefit Name]

Note: Gendanimint. To dest, is maximenda dipid quae poreicilia verro odi beat que suntinctam nonessum volupta tempos

Employee Only	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
Employee & Family	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X

[Provider] [Benefit Name]

Note: Gendanimint. To dest, is maximenda dipid quae poreicilia verro odi beat que suntinctam nonessum volupta tempos

[Subsection]						
Employee Only	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
Employee & Family	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
[Subsection]						
Employee Only	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
Employee & Family	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X

[Provider] [Benefit Name] (Employee Only)

Note: Gendanimint. To dest, is maximenda dipid quae poreicilia verro odi beat que suntinctam nonessum volupta tempos

[Subsection]										
Amounts	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
10-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
11-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
12-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
Amounts	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
10-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
11-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X
12-Months	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X	\$ X