Cigna Healthcare Small Group Q3 2027 Arizona Rate Sheet.

Cigna Healthcare Small Group
Offered by Cigna Health and Life Insurance Company or its affiliates

995283 a 10/26

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area I
(Mohave, Coconino, Apache, Navajo)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$496.30	$664.78	$664.78
15	$540.41	$723.87	$723.87
16	$557.28	$746.47	$746.47
17	$574.15	$769.06	$769.06
18	$592.31	$793.39	$793.39
19	$610.48	$817.72	$817.72
20	$629.29	$842.92	$842.92
21	$648.75	$868.99	$868.99
22	$648.75	$868.99	$868.99
23	$648.75	$868.99	$868.99
24	$648.75	$868.99	$868.99
25	$651.35	$872.47	$872.47
26	$664.32	$889.85	$889.85
27	$679.89	$910.71	$910.71
28	$705.19	$944.60	$944.60
29	$725.95	$972.40	$972.40
30	$736.33	$986.31	$986.31
31	$751.90	$1,007.16	$1,007.16
32	$767.47	$1,028.02	$1,028.02
33	$777.20	$1,041.05	$1,041.05
34	$787.58	$1,054.96	$1,054.96
35	$792.77	$1,061.91	$1,061.91
36	$797.96	$1,068.86	$1,068.86
37	$803.15	$1,075.81	$1,075.81
38	$808.34	$1,082.77	$1,082.77
39	$818.72	$1,096.67	$1,096.67
40	$829.10	$1,110.57	$1,110.57
41	$844.67	$1,131.43	$1,131.43
42	$859.60	$1,151.42	$1,151.42
43	$880.36	$1,179.22	$1,179.22
44	$906.31	$1,213.98	$1,213.98
45	$936.80	$1,254.83	$1,254.83
46	$973.13	$1,303.49	$1,303.49
47	$1,014.00	$1,358.24	$1,358.24
48	$1,060.71	$1,420.81	$1,420.81
49	$1,106.77	$1,482.50	$1,482.50
50	$1,158.67	$1,552.02	$1,552.02
51	$1,209.92	$1,620.67	$1,620.67
52	$1,266.36	$1,696.28	$1,696.28
53	$1,323.45	$1,772.75	$1,772.75
54	$1,385.09	$1,855.30	$1,855.30
55	$1,446.72	$1,937.86	$1,937.86
56	$1,513.54	$2,027.36	$2,027.36
57	$1,581.01	$2,117.74	$2,117.74
58	$1,653.02	$2,214.20	$2,214.20
59	$1,688.70	$2,261.99	$2,261.99
60	$1,760.71	$2,358.45	$2,358.45
61	$1,822.99	$2,441.87	$2,441.87
62	$1,863.86	$2,496.62	$2,496.62
63	$1,915.12	$2,565.27	$2,565.27
64 and over	$1,946.25	$2,606.97	$2,606.97

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 2 (Yavapai)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$529.60	$693.31	$693.31
15	$576.67	$754.94	$754.94
16	$594.67	$778.50	$778.50
17	$612.67	$802.07	$802.07
18	$632.06	$827.44	$827.44
19	$651.44	$852.82	$852.82
20	$671.52	$879.10	$879.10
21	$692.29	$906.29	$906.29
22	$692.29	$906.29	$906.29
23	$692.29	$906.29	$906.29
24	$692.29	$906.29	$906.29
25	$695.05	$909.91	$909.91
26	$708.90	$928.04	$928.04
27	$725.51	$949.79	$949.79
28	$752.51	$985.14	$985.14
29	$774.67	$1,014.14	$1,014.14
30	$785.74	$1,028.64	$1,028.64
31	$802.36	$1,050.39	$1,050.39
32	$818.97	$1,072.14	$1,072.14
33	$829.36	$1,085.73	$1,085.73
34	$840.43	$1,100.23	$1,100.23
35	$845.97	$1,107.48	$1,107.48
36	$851.51	$1,114.73	$1,114.73
37	$857.05	$1,121.98	$1,121.98
38	$862.59	$1,129.24	$1,129.24
39	$873.66	$1,143.74	$1,143.74
40	$884.74	$1,158.24	$1,158.24
41	$901.36	$1,179.99	$1,179.99
42	$917.28	$1,200.83	$1,200.83
43	$939.43	$1,229.83	$1,229.83
44	$967.12	$1,266.08	$1,266.08
45	$999.66	$1,308.68	$1,308.68
46	$1,038.43	$1,359.43	$1,359.43
47	$1,082.04	$1,416.53	$1,416.53
48	$1,131.89	$1,481.78	$1,481.78
49	$1,181.04	$1,546.13	$1,546.13
50	$1,236.42	$1,618.63	$1,618.63
51	$1,291.11	$1,690.23	$1,690.23
52	$1,351.34	$1,769.07	$1,769.07
53	$1,412.26	$1,848.83	$1,848.83
54	$1,478.03	$1,934.93	$1,934.93
55	$1,543.80	$2,021.02	$2,021.02
56	$1,615.10	$2,114.37	$2,114.37
57	$1,687.10	$2,208.62	$2,208.62
58	$1,763.94	$2,309.22	$2,309.22
59	$1,802.02	$2,359.07	$2,359.07
60	$1,878.86	$2,459.67	$2,459.67
61	$1,945.32	$2,546.67	$2,546.67
62	$1,988.93	$2,603.77	$2,603.77
63	$2,043.63	$2,675.36	$2,675.36
64 and over	$2,076.85	$2,718.86	$2,718.86

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 3
(La Paz, Yuma)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$529.60	$647.00	$647.00
15	$576.67	$704.52	$704.52
16	$594.67	$726.51	$726.51
17	$612.67	$748.50	$748.50
18	$632.06	$772.18	$772.18
19	$651.44	$795.86	$795.86
20	$671.52	$820.38	$820.38
21	$692.29	$845.76	$845.76
22	$692.29	$845.76	$845.76
23	$692.29	$845.76	$845.76
24	$692.29	$845.76	$845.76
25	$695.05	$849.14	$849.14
26	$708.90	$866.06	$866.06
27	$725.51	$886.35	$886.35
28	$752.51	$919.34	$919.34
29	$774.67	$946.40	$946.40
30	$785.74	$959.93	$959.93
31	$802.36	$980.23	$980.23
32	$818.97	$1,000.53	$1,000.53
33	$829.36	$1,013.22	$1,013.22
34	$840.43	$1,026.75	$1,026.75
35	$845.97	$1,033.52	$1,033.52
36	$851.51	$1,040.28	$1,040.28
37	$857.05	$1,047.05	$1,047.05
38	$862.59	$1,053.81	$1,053.81
39	$873.66	$1,067.35	$1,067.35
40	$884.74	$1,080.88	$1,080.88
41	$901.36	$1,101.18	$1,101.18
42	$917.28	$1,120.63	$1,120.63
43	$939.43	$1,147.69	$1,147.69
44	$967.12	$1,181.52	$1,181.52
45	$999.66	$1,221.27	$1,221.27
46	$1,038.43	$1,268.64	$1,268.64
47	$1,082.04	$1,321.92	$1,321.92
48	$1,131.89	$1,382.81	$1,382.81
49	$1,181.04	$1,442.86	$1,442.86
50	$1,236.42	$1,510.52	$1,510.52
51	$1,291.11	$1,577.34	$1,577.34
52	$1,351.34	$1,650.92	$1,650.92
53	$1,412.26	$1,725.35	$1,725.35
54	$1,478.03	$1,805.69	$1,805.69
55	$1,543.80	$1,886.04	$1,886.04
56	$1,615.10	$1,973.15	$1,973.15
57	$1,687.10	$2,061.11	$2,061.11
58	$1,763.94	$2,154.99	$2,154.99
59	$1,802.02	$2,201.51	$2,201.51
60	$1,878.86	$2,295.39	$2,295.39
61	$1,945.32	$2,376.58	$2,376.58
62	$1,988.93	$2,429.86	$2,429.86
63	$2,043.63	$2,496.68	$2,496.68
64 and over	$2,076.85	$2,537.27	$2,537.27

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 4 (Maricopa)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$424.29	$556.10	$556.10
15	$462.00	$605.53	$605.53
16	$476.42	$624.43	$624.43
17	$490.84	$643.33	$643.33
18	$506.37	$663.68	$663.68
19	$521.90	$684.04	$684.04
20	$537.99	$705.12	$705.12
21	$554.63	$726.92	$726.92
22	$554.63	$726.92	$726.92
23	$554.63	$726.92	$726.92
24	$554.63	$726.92	$726.92
25	$556.84	$729.83	$729.83
26	$567.94	$744.37	$744.37
27	$581.25	$761.82	$761.82
28	$602.88	$790.17	$790.17
29	$620.63	$813.43	$813.43
30	$629.50	$825.06	$825.06
31	$642.81	$842.51	$842.51
32	$656.12	$859.95	$859.95
33	$664.44	$870.86	$870.86
34	$673.31	$882.49	$882.49
35	$677.75	$888.30	$888.30
36	$682.19	$894.12	$894.12
37	$686.63	$899.93	$899.93
38	$691.06	$905.75	$905.75
39	$699.94	$917.38	$917.38
40	$708.81	$929.01	$929.01
41	$722.12	$946.46	$946.46
42	$734.88	$963.17	$963.17
43	$752.63	$986.44	$986.44
44	$774.81	$1,015.51	$1,015.51
45	$800.88	$1,049.68	$1,049.68
46	$831.94	$1,090.39	$1,090.39
47	$866.88	$1,136.18	$1,136.18
48	$906.81	$1,188.52	$1,188.52
49	$946.19	$1,240.13	$1,240.13
50	$990.56	$1,298.29	$1,298.29
51	$1,034.38	$1,355.71	$1,355.71
52	$1,082.63	$1,418.96	$1,418.96
53	$1,131.44	$1,482.93	$1,482.93
54	$1,184.12	$1,551.98	$1,551.98
55	$1,236.81	$1,621.04	$1,621.04
56	$1,293.94	$1,695.91	$1,695.91
57	$1,351.62	$1,771.51	$1,771.51
58	$1,413.18	$1,852.20	$1,852.20
59	$1,443.69	$1,892.18	$1,892.18
60	$1,505.25	$1,972.87	$1,972.87
61	$1,558.50	$2,042.66	$2,042.66
62	$1,593.44	$2,088.45	$2,088.45
63	$1,637.25	$2,145.88	$2,145.88
64 and over	$1,663.88	$2,180.76	$2,180.76

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 5 (Pinal, Gila)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$430.29	$556.58	$556.58
15	$468.53	$606.06	$606.06
16	$483.16	$624.97	$624.97
17	$497.78	$643.89	$643.89
18	$513.53	$664.26	$664.26
19	$529.28	$684.63	$684.63
20	$545.59	$705.73	$705.73
21	$562.47	$727.56	$727.56
22	$562.47	$727.56	$727.56
23	$562.47	$727.56	$727.56
24	$562.47	$727.56	$727.56
25	$564.72	$730.47	$730.47
26	$575.97	$745.02	$745.02
27	$589.47	$762.48	$762.48
28	$611.40	$790.86	$790.86
29	$629.40	$814.14	$814.14
30	$638.40	$825.78	$825.78
31	$651.90	$843.24	$843.24
32	$665.40	$860.70	$860.70
33	$673.84	$871.62	$871.62
34	$682.83	$883.26	$883.26
35	$687.33	$889.08	$889.08
36	$691.83	$894.90	$894.90
37	$696.33	$900.72	$900.72
38	$700.83	$906.54	$906.54
39	$709.83	$918.18	$918.18
40	$718.83	$929.82	$929.82
41	$732.33	$947.28	$947.28
42	$745.27	$964.02	$964.02
43	$763.27	$987.30	$987.30
44	$785.77	$1,016.40	$1,016.40
45	$812.20	$1,050.60	$1,050.60
46	$843.70	$1,091.34	$1,091.34
47	$879.14	$1,137.18	$1,137.18
48	$919.63	$1,189.56	$1,189.56
49	$959.57	$1,241.22	$1,241.22
50	$1,004.57	$1,299.42	$1,299.42
51	$1,049.00	$1,356.90	$1,356.90
52	$1,097.93	$1,420.20	$1,420.20
53	$1,147.43	$1,484.22	$1,484.22
54	$1,200.87	$1,553.34	$1,553.34
55	$1,254.30	$1,622.46	$1,622.46
56	$1,312.23	$1,697.40	$1,697.40
57	$1,370.73	$1,773.06	$1,773.06
58	$1,433.17	$1,853.82	$1,853.82
59	$1,464.10	$1,893.84	$1,893.84
60	$1,526.53	$1,974.60	$1,974.60
61	$1,580.53	$2,044.44	$2,044.44
62	$1,615.97	$2,090.28	$2,090.28
63	$1,660.40	$2,147.75	$2,147.75
64 and over	$1,687.40	$2,182.68	$2,182.68

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 6
(Pima, Santa Cruz)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$363.99	$469.30	$469.30
15	$396.35	$511.01	$511.01
16	$408.72	$526.96	$526.96
17	$421.09	$542.91	$542.91
18	$434.41	$560.09	$560.09
19	$447.73	$577.26	$577.26
20	$461.53	$595.05	$595.05
21	$475.81	$613.46	$613.46
22	$475.81	$613.46	$613.46
23	$475.81	$613.46	$613.46
24	$475.81	$613.46	$613.46
25	$477.71	$615.91	$615.91
26	$487.22	$628.18	$628.18
27	$498.64	$642.90	$642.90
28	$517.20	$666.83	$666.83
29	$532.43	$686.46	$686.46
30	$540.04	$696.28	$696.28
31	$551.46	$711.00	$711.00
32	$562.88	$725.72	$725.72
33	$570.01	$734.92	$734.92
34	$577.63	$744.74	$744.74
35	$581.43	$749.65	$749.65
36	$585.24	$754.55	$754.55
37	$589.05	$759.46	$759.46
38	$592.85	$764.37	$764.37
39	$600.47	$774.18	$774.18
40	$608.08	$784.00	$784.00
41	$619.50	$798.72	$798.72
42	$630.44	$812.83	$812.83
43	$645.67	$832.46	$832.46
44	$664.70	$857.00	$857.00
45	$687.06	$885.83	$885.83
46	$713.71	$920.19	$920.19
47	$743.68	$958.84	$958.84
48	$777.94	$1,003.00	$1,003.00
49	$811.72	$1,046.56	$1,046.56
50	$849.79	$1,095.64	$1,095.64
51	$887.38	$1,144.10	$1,144.10
52	$928.77	$1,197.47	$1,197.47
53	$970.64	$1,251.45	$1,251.45
54	$1,015.84	$1,309.73	$1,309.73
55	$1,061.05	$1,368.01	$1,368.01
56	$1,110.05	$1,431.20	$1,431.20
57	$1,159.54	$1,495.00	$1,495.00
58	$1,212.35	$1,563.09	$1,563.09
59	$1,238.52	$1,596.83	$1,596.83
60	$1,291.34	$1,664.93	$1,664.93
61	$1,337.01	$1,723.82	$1,723.82
62	$1,366.99	$1,762.47	$1,762.47
63	$1,404.58	$1,810.93	$1,810.93
64 and over	$1,427.42	$1,840.37	$1,840.37

Q3 2027 Small Group Health Plan Rates | AZ | Rating Area 7
(Graham, Greenlee, Cochise)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$404.47	$549.31	$549.31
15	$440.42	$598.14	$598.14
16	$454.17	$616.81	$616.81
17	$467.92	$635.48	$635.48
18	$482.72	$655.59	$655.59
19	$497.53	$675.69	$675.69
20	$512.86	$696.51	$696.51
21	$528.72	$718.06	$718.06
22	$528.72	$718.06	$718.06
23	$528.72	$718.06	$718.06
24	$528.72	$718.06	$718.06
25	$530.84	$720.93	$720.93
26	$541.41	$735.29	$735.29
27	$554.10	$752.52	$752.52
28	$574.72	$780.53	$780.53
29	$591.64	$803.50	$803.50
30	$600.10	$814.99	$814.99
31	$612.79	$832.23	$832.23
32	$625.48	$849.46	$849.46
33	$633.41	$860.23	$860.23
34	$641.87	$871.72	$871.72
35	$646.10	$877.46	$877.46
36	$650.33	$883.21	$883.21
37	$654.56	$888.95	$888.95
38	$658.79	$894.70	$894.70
39	$667.25	$906.19	$906.19
40	$675.70	$917.68	$917.68
41	$688.39	$934.91	$934.91
42	$700.55	$951.42	$951.42
43	$717.47	$974.40	$974.40
44	$738.62	$1,003.12	$1,003.12
45	$763.47	$1,036.87	$1,036.87
46	$793.08	$1,077.08	$1,077.08
47	$826.39	$1,122.32	$1,122.32
48	$864.46	$1,174.02	$1,174.02
49	$902.00	$1,225.00	$1,225.00
50	$944.29	$1,282.45	$1,282.45
51	$986.06	$1,339.17	$1,339.17
52	$1,032.06	$1,401.65	$1,401.65
53	$1,078.59	$1,464.83	$1,464.83
54	$1,128.82	$1,533.05	$1,533.05
55	$1,179.05	$1,601.26	$1,601.26
56	$1,233.50	$1,675.22	$1,675.22
57	$1,288.49	$1,749.90	$1,749.90
58	$1,347.18	$1,829.61	$1,829.61
59	$1,376.26	$1,869.10	$1,869.10
60	$1,434.95	$1,948.80	$1,948.80
61	$1,485.70	$2,017.74	$2,017.74
62	$1,519.01	$2,062.97	$2,062.97
63	$1,560.78	$2,119.70	$2,119.70
64 and over	$1,586.16	$2,154.17	$2,154.17



See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details. All this information and more can be found on our Broker Resources page.

For costs and details of coverage, contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT), Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Express Scripts, Inc. or their affiliates and Cigna Healthcare of Arizona, Inc. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations.

995283 a 10/26 © 2026 Cigna Healthcare. Some content provided under license.