Arizona Creditable Coverage Testing Results

The table below shows the results for 2026 creditable coverage testing for Cigna's plan filed in Arizona.

Plan Name	Result
Cigna Healthcare Open Access Plus Silver $4250	Pass

Disclaimer:

Cigna Healthcare is providing this information as a courtesy to clients to be used for annual creditability requirements. The creditability test is based on the revised simplified determination approach as released by CMS on April 7, 2025.* For non-integrated plans, the criteria only accounts for the average plan pay equivalence comparison and does not account for the other requirements within the approach. For integrated medical and pharmacy plans, high level medical assumptions are applied to determine actuarial equivalence between the plan's prescription drug coverage and the Medicare Part D-defined standard benefit, no other criteria is used.

Note: This methodology cannot be used if your plan qualifies for Retiree Drug Subsidy (RDS). This determination is not sufficient for collection of retiree drug subsidy. Per CMS, the employer is ultimately responsible for determining the creditability of the plan, and may wish to engage an actuarial consulting firm to incorporate additional information to determine creditability. Incorporating a plan's actual experience may cause this guidance to differ. Therefore, this guidance is not to be interpreted as a formal actuarial attestation.

The Cigna Healthcare creditability tests were calculated using the 2026 Medicare Part D defined standard benefit parameters and assumes Cigna Healthcare is primary carrier in accordance with Medicare Secondary Payer rules. This determination may differ for Medicare-eligible retirees/former employees when Medicare Part A and B is the primary payer.

This information does not constitute legal advice or a legal opinion on any specific facts or circumstances. It is intended for general information purposes only, and you are urged to consult a lawyer concerning your own situation and any specific legal questions you may have. Cigna Healthcare assumes no responsibility for any circumstances arising out of the use, misuse, interpretation, or application of any information supplied in this publication, and clients remain solely responsible for assessing whether any plan is creditable under Medicare requirements.

*For 2026 only, CMS is allowing employers a choice to use the current simplified methodology or the revised methodology to determine creditability for non-RDS plans . Beginning CY 2027, CMS will no longer allow the existing simplified determination methodology, requiring non-RDS group health plans to determine creditable coverage through actuarial equivalence testing or the revised simplified determination methodology. Under this revised methodology, group health plan coverage must pay at least 72 percent of participants' prescription drug expenses, compared to 60 percent under the existing methodology. CMS revised this due to changes in Part D, as the 60 percent value no longer accurately reflects the value of the Part D benefit. Group health plan coverage must average at least 72 percent of participants' prescription drug expenses to meet the actuarial value requirement of standard Part D coverage, as mandated by section 1860D-13(b)(5) of the Act.



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