Cigna Healthcare Small Group Q4 2027 Arizona Rate Sheet.

Cigna Healthcare Small Group
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995284 a 10/26

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area I
(Mohave, Coconino, Apache, Navajo)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$505.27	$676.93	$676.93
15	$550.18	$737.10	$737.10
16	$567.36	$760.11	$760.11
17	$584.53	$783.12	$783.12
18	$603.02	$807.90	$807.90
19	$621.52	$832.67	$832.67
20	$640.67	$858.33	$858.33
21	$660.48	$884.88	$884.88
22	$660.48	$884.88	$884.88
23	$660.48	$884.88	$884.88
24	$660.48	$884.88	$884.88
25	$663.13	$888.42	$888.42
26	$676.34	$906.12	$906.12
27	$692.19	$927.35	$927.35
28	$717.95	$961.86	$961.86
29	$739.08	$990.18	$990.18
30	$749.65	$1,004.34	$1,004.34
31	$765.50	$1,025.58	$1,025.58
32	$781.35	$1,046.81	$1,046.81
33	$791.26	$1,060.09	$1,060.09
34	$801.83	$1,074.24	$1,074.24
35	$807.11	$1,081.32	$1,081.32
36	$812.40	$1,088.40	$1,088.40
37	$817.68	$1,095.48	$1,095.48
38	$822.96	$1,102.56	$1,102.56
39	$833.53	$1,116.72	$1,116.72
40	$844.10	$1,130.88	$1,130.88
41	$859.95	$1,152.11	$1,152.11
42	$875.14	$1,172.47	$1,172.47
43	$896.28	$1,200.78	$1,200.78
44	$922.70	$1,236.18	$1,236.18
45	$953.74	$1,277.77	$1,277.77
46	$990.73	$1,327.32	$1,327.32
47	$1,032.34	$1,383.07	$1,383.07
48	$1,079.89	$1,446.78	$1,446.78
49	$1,126.79	$1,509.60	$1,509.60
50	$1,179.63	$1,580.40	$1,580.40
51	$1,231.80	$1,650.30	$1,650.30
52	$1,289.27	$1,727.29	$1,727.29
53	$1,347.39	$1,805.15	$1,805.15
54	$1,410.13	$1,889.22	$1,889.22
55	$1,472.88	$1,973.28	$1,973.28
56	$1,540.91	$2,064.42	$2,064.42
57	$1,609.60	$2,156.45	$2,156.45
58	$1,682.91	$2,254.67	$2,254.67
59	$1,719.24	$2,303.34	$2,303.34
60	$1,792.55	$2,401.56	$2,401.56
61	$1,855.96	$2,486.51	$2,486.51
62	$1,897.57	$2,542.26	$2,542.26
63	$1,949.75	$2,612.16	$2,612.16
64 and over	$1,981.44	$2,654.64	$2,654.64

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 2 (Yavapai)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$539.18	$705.98	$705.98
15	$587.10	$768.74	$768.74
16	$605.43	$792.73	$792.73
17	$623.75	$816.73	$816.73
18	$643.49	$842.57	$842.57
19	$663.22	$868.41	$868.41
20	$683.66	$895.17	$895.17
21	$704.80	$922.86	$922.86
22	$704.80	$922.86	$922.86
23	$704.80	$922.86	$922.86
24	$704.80	$922.86	$922.86
25	$707.62	$926.55	$926.55
26	$721.72	$945.00	$945.00
27	$738.64	$967.15	$967.15
28	$766.12	$1,003.14	$1,003.14
29	$788.68	$1,032.68	$1,032.68
30	$799.95	$1,047.44	$1,047.44
31	$816.87	$1,069.59	$1,069.59
32	$833.78	$1,091.74	$1,091.74
33	$844.36	$1,105.58	$1,105.58
34	$855.63	$1,120.35	$1,120.35
35	$861.27	$1,127.73	$1,127.73
36	$866.91	$1,135.11	$1,135.11
37	$872.55	$1,142.50	$1,142.50
38	$878.19	$1,149.88	$1,149.88
39	$889.46	$1,164.64	$1,164.64
40	$900.74	$1,179.41	$1,179.41
41	$917.66	$1,201.56	$1,201.56
42	$933.87	$1,222.78	$1,222.78
43	$956.42	$1,252.32	$1,252.32
44	$984.61	$1,289.23	$1,289.23
45	$1,017.74	$1,332.60	$1,332.60
46	$1,057.21	$1,384.28	$1,384.28
47	$1,101.61	$1,442.42	$1,442.42
48	$1,152.36	$1,508.87	$1,508.87
49	$1,202.40	$1,574.39	$1,574.39
50	$1,258.78	$1,648.22	$1,648.22
51	$1,314.46	$1,721.13	$1,721.13
52	$1,375.78	$1,801.41	$1,801.41
53	$1,437.80	$1,882.63	$1,882.63
54	$1,504.76	$1,970.30	$1,970.30
55	$1,571.71	$2,057.97	$2,057.97
56	$1,644.31	$2,153.02	$2,153.02
57	$1,717.61	$2,249.00	$2,249.00
58	$1,795.84	$2,351.44	$2,351.44
59	$1,834.61	$2,402.19	$2,402.19
60	$1,912.84	$2,504.63	$2,504.63
61	$1,980.50	$2,593.22	$2,593.22
62	$2,024.90	$2,651.36	$2,651.36
63	$2,080.58	$2,724.27	$2,724.27
64 and over	$2,114.40	$2,768.57	$2,768.57

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 3
(La Paz, Yuma)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$539.18	$658.83	$658.83
15	$587.10	$717.39	$717.39
16	$605.43	$739.79	$739.79
17	$623.75	$762.18	$762.18
18	$643.49	$786.29	$786.29
19	$663.22	$810.41	$810.41
20	$683.66	$835.38	$835.38
21	$704.80	$861.22	$861.22
22	$704.80	$861.22	$861.22
23	$704.80	$861.22	$861.22
24	$704.80	$861.22	$861.22
25	$707.62	$864.66	$864.66
26	$721.72	$881.89	$881.89
27	$738.64	$902.56	$902.56
28	$766.12	$936.14	$936.14
29	$788.68	$963.70	$963.70
30	$799.95	$977.48	$977.48
31	$816.87	$998.15	$998.15
32	$833.78	$1,018.82	$1,018.82
33	$844.36	$1,031.74	$1,031.74
34	$855.63	$1,045.52	$1,045.52
35	$861.27	$1,052.41	$1,052.41
36	$866.91	$1,059.30	$1,059.30
37	$872.55	$1,066.19	$1,066.19
38	$878.19	$1,073.08	$1,073.08
39	$889.46	$1,086.86	$1,086.86
40	$900.74	$1,100.64	$1,100.64
41	$917.66	$1,121.31	$1,121.31
42	$933.87	$1,141.11	$1,141.11
43	$956.42	$1,168.67	$1,168.67
44	$984.61	$1,203.12	$1,203.12
45	$1,017.74	$1,243.60	$1,243.60
46	$1,057.21	$1,291.83	$1,291.83
47	$1,101.61	$1,346.08	$1,346.08
48	$1,152.36	$1,408.09	$1,408.09
49	$1,202.40	$1,469.24	$1,469.24
50	$1,258.78	$1,538.14	$1,538.14
51	$1,314.46	$1,606.17	$1,606.17
52	$1,375.78	$1,681.10	$1,681.10
53	$1,437.80	$1,756.89	$1,756.89
54	$1,504.76	$1,838.70	$1,838.70
55	$1,571.71	$1,920.52	$1,920.52
56	$1,644.31	$2,009.22	$2,009.22
57	$1,717.61	$2,098.79	$2,098.79
58	$1,795.84	$2,194.38	$2,194.38
59	$1,834.61	$2,241.75	$2,241.75
60	$1,912.84	$2,337.35	$2,337.35
61	$1,980.50	$2,420.02	$2,420.02
62	$2,024.90	$2,474.28	$2,474.28
63	$2,080.58	$2,542.32	$2,542.32
64 and over	$2,114.40	$2,583.66	$2,583.66

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 4 (Maricopa)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$431.96	$566.26	$566.26
15	$470.36	$616.60	$616.60
16	$485.04	$635.84	$635.84
17	$499.72	$655.09	$655.09
18	$515.53	$675.81	$675.81
19	$531.34	$696.54	$696.54
20	$547.72	$718.01	$718.01
21	$564.66	$740.21	$740.21
22	$564.66	$740.21	$740.21
23	$564.66	$740.21	$740.21
24	$564.66	$740.21	$740.21
25	$566.91	$743.17	$743.17
26	$578.21	$757.98	$757.98
27	$591.76	$775.74	$775.74
28	$613.78	$804.61	$804.61
29	$631.85	$828.30	$828.30
30	$640.88	$840.14	$840.14
31	$654.44	$857.91	$857.91
32	$667.99	$875.67	$875.67
33	$676.46	$886.78	$886.78
34	$685.49	$898.62	$898.62
35	$690.01	$904.54	$904.54
36	$694.53	$910.46	$910.46
37	$699.04	$916.38	$916.38
38	$703.56	$922.31	$922.31
39	$712.60	$934.15	$934.15
40	$721.63	$945.99	$945.99
41	$735.18	$963.76	$963.76
42	$748.17	$980.78	$980.78
43	$766.24	$1,004.47	$1,004.47
44	$788.82	$1,034.08	$1,034.08
45	$815.36	$1,068.87	$1,068.87
46	$846.98	$1,110.32	$1,110.32
47	$882.56	$1,156.95	$1,156.95
48	$923.21	$1,210.25	$1,210.25
49	$963.30	$1,262.80	$1,262.80
50	$1,008.47	$1,322.02	$1,322.02
51	$1,053.08	$1,380.50	$1,380.50
52	$1,102.21	$1,444.90	$1,444.90
53	$1,151.90	$1,510.03	$1,510.03
54	$1,205.54	$1,580.35	$1,580.35
55	$1,259.18	$1,650.67	$1,650.67
56	$1,317.34	$1,726.92	$1,726.92
57	$1,376.07	$1,803.90	$1,803.90
58	$1,438.74	$1,886.06	$1,886.06
59	$1,469.80	$1,926.77	$1,926.77
60	$1,532.47	$2,008.94	$2,008.94
61	$1,586.68	$2,080.00	$2,080.00
62	$1,622.25	$2,126.63	$2,126.63
63	$1,666.86	$2,185.11	$2,185.11
64 and over	$1,693.97	$2,220.63	$2,220.63

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 5 (Pinal, Gila)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$438.07	$566.76	$566.76
15	$477.01	$617.14	$617.14
16	$491.90	$636.40	$636.40
17	$506.79	$655.66	$655.66
18	$522.82	$676.40	$676.40
19	$538.85	$697.15	$697.15
20	$555.46	$718.63	$718.63
21	$572.64	$740.86	$740.86
22	$572.64	$740.86	$740.86
23	$572.64	$740.86	$740.86
24	$572.64	$740.86	$740.86
25	$574.93	$743.82	$743.82
26	$586.38	$758.64	$758.64
27	$600.13	$776.42	$776.42
28	$622.46	$805.31	$805.31
29	$640.78	$829.02	$829.02
30	$649.94	$840.88	$840.88
31	$663.69	$858.66	$858.66
32	$677.43	$876.44	$876.44
33	$686.02	$887.55	$887.55
34	$695.18	$899.40	$899.40
35	$699.76	$905.33	$905.33
36	$704.35	$911.26	$911.26
37	$708.93	$917.18	$917.18
38	$713.51	$923.11	$923.11
39	$722.67	$934.96	$934.96
40	$731.83	$946.82	$946.82
41	$745.58	$964.60	$964.60
42	$758.75	$981.64	$981.64
43	$777.07	$1,005.35	$1,005.35
44	$799.98	$1,034.98	$1,034.98
45	$826.89	$1,069.80	$1,069.80
46	$858.96	$1,111.29	$1,111.29
47	$895.03	$1,157.96	$1,157.96
48	$936.26	$1,211.31	$1,211.31
49	$976.92	$1,263.91	$1,263.91
50	$1,022.73	$1,323.17	$1,323.17
51	$1,067.97	$1,381.70	$1,381.70
52	$1,117.79	$1,446.16	$1,446.16
53	$1,168.18	$1,511.35	$1,511.35
54	$1,222.58	$1,581.73	$1,581.73
55	$1,276.98	$1,652.12	$1,652.12
56	$1,335.97	$1,728.43	$1,728.43
57	$1,395.52	$1,805.47	$1,805.47
58	$1,459.08	$1,887.71	$1,887.71
59	$1,490.58	$1,928.46	$1,928.46
60	$1,554.14	$2,010.69	$2,010.69
61	$1,609.11	$2,081.82	$2,081.82
62	$1,645.19	$2,128.49	$2,128.49
63	$1,690.43	$2,187.02	$2,187.02
64 and over	$1,717.92	$2,222.58	$2,222.58

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 6
(Pima, Santa Cruz)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$370.57	$477.87	$477.87
15	$403.51	$520.35	$520.35
16	$416.11	$536.59	$536.59
17	$428.70	$552.84	$552.84
18	$442.27	$570.33	$570.33
19	$455.83	$587.82	$587.82
20	$469.88	$605.93	$605.93
21	$484.41	$624.67	$624.67
22	$484.41	$624.67	$624.67
23	$484.41	$624.67	$624.67
24	$484.41	$624.67	$624.67
25	$486.35	$627.17	$627.17
26	$496.04	$639.66	$639.66
27	$507.66	$654.66	$654.66
28	$526.55	$679.02	$679.02
29	$542.06	$699.01	$699.01
30	$549.81	$709.00	$709.00
31	$561.43	$724.00	$724.00
32	$573.06	$738.99	$738.99
33	$580.32	$748.36	$748.36
34	$588.07	$758.35	$758.35
35	$591.95	$763.35	$763.35
36	$595.82	$768.35	$768.35
37	$599.70	$773.34	$773.34
38	$603.58	$778.34	$778.34
39	$611.33	$788.34	$788.34
40	$619.08	$798.33	$798.33
41	$630.70	$813.32	$813.32
42	$641.84	$827.69	$827.69
43	$657.34	$847.68	$847.68
44	$676.72	$872.67	$872.67
45	$699.49	$902.03	$902.03
46	$726.62	$937.01	$937.01
47	$757.13	$976.36	$976.36
48	$792.01	$1,021.34	$1,021.34
49	$826.40	$1,065.69	$1,065.69
50	$865.16	$1,115.67	$1,115.67
51	$903.43	$1,165.01	$1,165.01
52	$945.57	$1,219.36	$1,219.36
53	$988.20	$1,274.33	$1,274.33
54	$1,034.22	$1,333.68	$1,333.68
55	$1,080.23	$1,393.02	$1,393.02
56	$1,130.13	$1,457.36	$1,457.36
57	$1,180.51	$1,522.33	$1,522.33
58	$1,234.28	$1,591.67	$1,591.67
59	$1,260.92	$1,626.02	$1,626.02
60	$1,314.69	$1,695.36	$1,695.36
61	$1,361.19	$1,755.33	$1,755.33
62	$1,391.71	$1,794.68	$1,794.68
63	$1,429.98	$1,844.03	$1,844.03
64 and over	$1,453.23	$1,874.01	$1,874.01

Q4 2027 Small Group Health Plan Rates | AZ | Rating Area 7
(Graham, Greenlee, Cochise)

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$411.79	$559.35	$559.35
15	$448.39	$609.08	$609.08
16	$462.38	$628.09	$628.09
17	$476.38	$647.10	$647.10
18	$491.45	$667.57	$667.57
19	$506.52	$688.04	$688.04
20	$522.13	$709.25	$709.25
21	$538.28	$731.18	$731.18
22	$538.28	$731.18	$731.18
23	$538.28	$731.18	$731.18
24	$538.28	$731.18	$731.18
25	$540.44	$734.11	$734.11
26	$551.20	$748.73	$748.73
27	$564.12	$766.28	$766.28
28	$585.11	$794.80	$794.80
29	$602.34	$818.19	$818.19
30	$610.95	$829.89	$829.89
31	$623.87	$847.44	$847.44
32	$636.79	$864.99	$864.99
33	$644.86	$875.96	$875.96
34	$653.47	$887.66	$887.66
35	$657.78	$893.51	$893.51
36	$662.09	$899.35	$899.35
37	$666.39	$905.20	$905.20
38	$670.70	$911.05	$911.05
39	$679.31	$922.75	$922.75
40	$687.92	$934.45	$934.45
41	$700.84	$952.00	$952.00
42	$713.22	$968.82	$968.82
43	$730.45	$992.21	$992.21
44	$751.98	$1,021.46	$1,021.46
45	$777.28	$1,055.83	$1,055.83
46	$807.42	$1,096.77	$1,096.77
47	$841.33	$1,142.84	$1,142.84
48	$880.09	$1,195.48	$1,195.48
49	$918.31	$1,247.40	$1,247.40
50	$961.37	$1,305.89	$1,305.89
51	$1,003.90	$1,363.66	$1,363.66
52	$1,050.73	$1,427.27	$1,427.27
53	$1,098.10	$1,491.61	$1,491.61
54	$1,149.23	$1,561.07	$1,561.07
55	$1,200.37	$1,630.54	$1,630.54
56	$1,255.81	$1,705.85	$1,705.85
57	$1,311.79	$1,781.89	$1,781.89
58	$1,371.54	$1,863.05	$1,863.05
59	$1,401.15	$1,903.27	$1,903.27
60	$1,460.90	$1,984.43	$1,984.43
61	$1,512.57	$2,054.62	$2,054.62
62	$1,546.48	$2,100.69	$2,100.69
63	$1,589.01	$2,158.45	$2,158.45
64 and over	$1,614.84	$2,193.54	$2,193.54



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.

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