Cigna Healthcare Small Group Q1 2027 Arizona Rate Sheet.

Cigna Healthcare Small Group
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997170 a 10/26

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$478.93	$641.26	$641.26
15	$521.50	$698.26	$698.26
16	$537.78	$720.06	$720.06
17	$554.06	$741.85	$741.85
18	$571.59	$765.32	$765.32
19	$589.12	$788.80	$788.80
20	$607.27	$813.11	$813.11
21	$626.06	$838.25	$838.25
22	$626.06	$838.25	$838.25
23	$626.06	$838.25	$838.25
24	$626.06	$838.25	$838.25
25	$628.56	$841.61	$841.61
26	$641.08	$858.37	$858.37
27	$656.11	$878.49	$878.49
28	$680.52	$911.18	$911.18
29	$700.56	$938.00	$938.00
30	$710.57	$951.42	$951.42
31	$725.60	$971.54	$971.54
32	$740.62	$991.65	$991.65
33	$750.02	$1,004.23	$1,004.23
34	$760.03	$1,017.64	$1,017.64
35	$765.04	$1,024.34	$1,024.34
36	$770.05	$1,031.05	$1,031.05
37	$775.06	$1,037.76	$1,037.76
38	$780.07	$1,044.46	$1,044.46
39	$790.08	$1,057.88	$1,057.88
40	$800.10	$1,071.29	$1,071.29
41	$815.13	$1,091.41	$1,091.41
42	$829.52	$1,110.68	$1,110.68
43	$849.56	$1,137.51	$1,137.51
44	$874.60	$1,171.04	$1,171.04
45	$904.03	$1,210.44	$1,210.44
46	$939.08	$1,257.38	$1,257.38
47	$978.53	$1,310.19	$1,310.19
48	$1,023.60	$1,370.54	$1,370.54
49	$1,068.05	$1,430.06	$1,430.06
50	$1,118.14	$1,497.12	$1,497.12
51	$1,167.59	$1,563.34	$1,563.34
52	$1,222.06	$1,636.27	$1,636.27
53	$1,277.15	$1,710.04	$1,710.04
54	$1,336.63	$1,789.67	$1,789.67
55	$1,396.11	$1,869.30	$1,869.30
56	$1,460.59	$1,955.64	$1,955.64
57	$1,525.70	$2,042.82	$2,042.82
58	$1,595.19	$2,135.87	$2,135.87
59	$1,629.62	$2,181.97	$2,181.97
60	$1,699.12	$2,275.02	$2,275.02
61	$1,759.22	$2,355.49	$2,355.49
62	$1,798.66	$2,408.30	$2,408.30
63	$1,848.12	$2,474.52	$2,474.52
64 and over	$1,878.17	$2,514.75	$2,514.75

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$511.07	$668.78	$668.78
15	$556.50	$728.23	$728.23
16	$573.87	$750.96	$750.96
17	$591.24	$773.69	$773.69
18	$609.94	$798.17	$798.17
19	$628.65	$822.65	$822.65
20	$648.02	$848.00	$848.00
21	$668.07	$874.23	$874.23
22	$668.07	$874.23	$874.23
23	$668.07	$874.23	$874.23
24	$668.07	$874.23	$874.23
25	$670.74	$877.72	$877.72
26	$684.10	$895.21	$895.21
27	$700.13	$916.19	$916.19
28	$726.19	$950.29	$950.29
29	$747.57	$978.26	$978.26
30	$758.26	$992.25	$992.25
31	$774.29	$1,013.23	$1,013.23
32	$790.32	$1,034.21	$1,034.21
33	$800.34	$1,047.32	$1,047.32
34	$811.03	$1,061.31	$1,061.31
35	$816.38	$1,068.31	$1,068.31
36	$821.72	$1,075.30	$1,075.30
37	$827.07	$1,082.29	$1,082.29
38	$832.41	$1,089.29	$1,089.29
39	$843.10	$1,103.28	$1,103.28
40	$853.79	$1,117.26	$1,117.26
41	$869.82	$1,138.24	$1,138.24
42	$885.19	$1,158.35	$1,158.35
43	$906.57	$1,186.33	$1,186.33
44	$933.29	$1,221.30	$1,221.30
45	$964.69	$1,262.38	$1,262.38
46	$1,002.10	$1,311.34	$1,311.34
47	$1,044.19	$1,366.42	$1,366.42
48	$1,092.29	$1,429.36	$1,429.36
49	$1,139.72	$1,491.43	$1,491.43
50	$1,193.17	$1,561.37	$1,561.37
51	$1,245.94	$1,630.43	$1,630.43
52	$1,304.07	$1,706.49	$1,706.49
53	$1,362.86	$1,783.42	$1,783.42
54	$1,426.32	$1,866.48	$1,866.48
55	$1,489.79	$1,949.53	$1,949.53
56	$1,558.60	$2,039.57	$2,039.57
57	$1,628.08	$2,130.49	$2,130.49
58	$1,702.23	$2,227.53	$2,227.53
59	$1,738.98	$2,275.62	$2,275.62
60	$1,813.13	$2,372.65	$2,372.65
61	$1,877.27	$2,456.58	$2,456.58
62	$1,919.35	$2,511.66	$2,511.66
63	$1,972.13	$2,580.72	$2,580.72
64 and over	$2,004.20	$2,622.68	$2,622.68

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$511.07	$624.12	$624.12
15	$556.50	$679.59	$679.59
16	$573.87	$700.81	$700.81
17	$591.24	$722.02	$722.02
18	$609.94	$744.86	$744.86
19	$628.65	$767.70	$767.70
20	$648.02	$791.36	$791.36
21	$668.07	$815.84	$815.84
22	$668.07	$815.84	$815.84
23	$668.07	$815.84	$815.84
24	$668.07	$815.84	$815.84
25	$670.74	$819.10	$819.10
26	$684.10	$835.42	$835.42
27	$700.13	$855.00	$855.00
28	$726.19	$886.82	$886.82
29	$747.57	$912.92	$912.92
30	$758.26	$925.98	$925.98
31	$774.29	$945.56	$945.56
32	$790.32	$965.14	$965.14
33	$800.34	$977.37	$977.37
34	$811.03	$990.43	$990.43
35	$816.38	$996.95	$996.95
36	$821.72	$1,003.48	$1,003.48
37	$827.07	$1,010.01	$1,010.01
38	$832.41	$1,016.53	$1,016.53
39	$843.10	$1,029.59	$1,029.59
40	$853.79	$1,042.64	$1,042.64
41	$869.82	$1,062.22	$1,062.22
42	$885.19	$1,080.99	$1,080.99
43	$906.57	$1,107.09	$1,107.09
44	$933.29	$1,139.73	$1,139.73
45	$964.69	$1,178.07	$1,178.07
46	$1,002.10	$1,223.76	$1,223.76
47	$1,044.19	$1,275.16	$1,275.16
48	$1,092.29	$1,333.90	$1,333.90
49	$1,139.72	$1,391.82	$1,391.82
50	$1,193.17	$1,457.09	$1,457.09
51	$1,245.94	$1,521.54	$1,521.54
52	$1,304.07	$1,592.52	$1,592.52
53	$1,362.86	$1,664.31	$1,664.31
54	$1,426.32	$1,741.81	$1,741.81
55	$1,489.79	$1,819.32	$1,819.32
56	$1,558.60	$1,903.35	$1,903.35
57	$1,628.08	$1,988.20	$1,988.20
58	$1,702.23	$2,078.76	$2,078.76
59	$1,738.98	$2,123.63	$2,123.63
60	$1,813.13	$2,214.19	$2,214.19
61	$1,877.27	$2,292.51	$2,292.51
62	$1,919.35	$2,343.90	$2,343.90
63	$1,972.13	$2,408.35	$2,408.35
64 and over	$2,004.20	$2,447.51	$2,447.51

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$409.45	$536.42	$536.42
15	$445.84	$584.11	$584.11
16	$459.76	$602.34	$602.34
17	$473.67	$620.57	$620.57
18	$488.66	$640.20	$640.20
19	$503.64	$659.84	$659.84
20	$519.17	$680.17	$680.17
21	$535.22	$701.21	$701.21
22	$535.22	$701.21	$701.21
23	$535.22	$701.21	$701.21
24	$535.22	$701.21	$701.21
25	$537.36	$704.01	$704.01
26	$548.07	$718.04	$718.04
27	$560.91	$734.87	$734.87
28	$581.79	$762.21	$762.21
29	$598.91	$784.65	$784.65
30	$607.48	$795.87	$795.87
31	$620.32	$812.70	$812.70
32	$633.17	$829.53	$829.53
33	$641.20	$840.05	$840.05
34	$649.76	$851.27	$851.27
35	$654.04	$856.88	$856.88
36	$658.32	$862.49	$862.49
37	$662.61	$868.10	$868.10
38	$666.89	$873.71	$873.71
39	$675.45	$884.93	$884.93
40	$684.01	$896.15	$896.15
41	$696.86	$912.97	$912.97
42	$709.17	$929.10	$929.10
43	$726.30	$951.54	$951.54
44	$747.71	$979.59	$979.59
45	$772.86	$1,012.55	$1,012.55
46	$802.83	$1,051.81	$1,051.81
47	$836.55	$1,095.99	$1,095.99
48	$875.09	$1,146.48	$1,146.48
49	$913.09	$1,196.26	$1,196.26
50	$955.91	$1,252.36	$1,252.36
51	$998.19	$1,307.75	$1,307.75
52	$1,044.75	$1,368.76	$1,368.76
53	$1,091.85	$1,430.47	$1,430.47
54	$1,142.70	$1,497.08	$1,497.08
55	$1,193.55	$1,563.70	$1,563.70
56	$1,248.67	$1,635.92	$1,635.92
57	$1,304.34	$1,708.85	$1,708.85
58	$1,363.75	$1,786.68	$1,786.68
59	$1,393.18	$1,825.25	$1,825.25
60	$1,452.59	$1,903.08	$1,903.08
61	$1,503.97	$1,970.40	$1,970.40
62	$1,537.69	$2,014.57	$2,014.57
63	$1,579.98	$2,069.97	$2,069.97
64 and over	$1,605.66	$2,103.63	$2,103.63

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$415.23	$536.89	$536.89
15	$452.14	$584.62	$584.62
16	$466.26	$602.86	$602.86
17	$480.37	$621.11	$621.11
18	$495.57	$640.76	$640.76
19	$510.76	$660.41	$660.41
20	$526.51	$680.77	$680.77
21	$542.79	$701.82	$701.82
22	$542.79	$701.82	$701.82
23	$542.79	$701.82	$701.82
24	$542.79	$701.82	$701.82
25	$544.96	$704.63	$704.63
26	$555.82	$718.67	$718.67
27	$568.84	$735.51	$735.51
28	$590.01	$762.88	$762.88
29	$607.38	$785.34	$785.34
30	$616.07	$796.57	$796.57
31	$629.09	$813.41	$813.41
32	$642.12	$830.25	$830.25
33	$650.26	$840.78	$840.78
34	$658.95	$852.01	$852.01
35	$663.29	$857.63	$857.63
36	$667.63	$863.24	$863.24
37	$671.97	$868.85	$868.85
38	$676.32	$874.47	$874.47
39	$685.00	$885.70	$885.70
40	$693.68	$896.93	$896.93
41	$706.71	$913.77	$913.77
42	$719.20	$929.91	$929.91
43	$736.57	$952.37	$952.37
44	$758.28	$980.44	$980.44
45	$783.79	$1,013.43	$1,013.43
46	$814.18	$1,052.73	$1,052.73
47	$848.38	$1,096.95	$1,096.95
48	$887.46	$1,147.48	$1,147.48
49	$926.00	$1,197.31	$1,197.31
50	$969.42	$1,253.45	$1,253.45
51	$1,012.30	$1,308.90	$1,308.90
52	$1,059.53	$1,369.96	$1,369.96
53	$1,107.29	$1,431.72	$1,431.72
54	$1,158.86	$1,498.39	$1,498.39
55	$1,210.42	$1,565.06	$1,565.06
56	$1,266.33	$1,637.35	$1,637.35
57	$1,322.78	$1,710.34	$1,710.34
58	$1,383.03	$1,788.24	$1,788.24
59	$1,412.88	$1,826.84	$1,826.84
60	$1,473.13	$1,904.74	$1,904.74
61	$1,525.24	$1,972.12	$1,972.12
62	$1,559.43	$2,016.33	$2,016.33
63	$1,602.31	$2,071.78	$2,071.78
64 and over	$1,628.37	$2,105.46	$2,105.46

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$351.26	$452.69	$452.69
15	$382.48	$492.93	$492.93
16	$394.42	$508.32	$508.32
17	$406.36	$523.70	$523.70
18	$419.21	$540.27	$540.27
19	$432.07	$556.84	$556.84
20	$445.39	$574.00	$574.00
21	$459.16	$591.76	$591.76
22	$459.16	$591.76	$591.76
23	$459.16	$591.76	$591.76
24	$459.16	$591.76	$591.76
25	$461.00	$594.12	$594.12
26	$470.18	$605.96	$605.96
27	$481.20	$620.16	$620.16
28	$499.11	$643.24	$643.24
29	$513.80	$662.18	$662.18
30	$521.15	$671.64	$671.64
31	$532.17	$685.85	$685.85
32	$543.19	$700.05	$700.05
33	$550.07	$708.92	$708.92
34	$557.42	$718.39	$718.39
35	$561.09	$723.13	$723.13
36	$564.77	$727.86	$727.86
37	$568.44	$732.60	$732.60
38	$572.11	$737.33	$737.33
39	$579.46	$746.80	$746.80
40	$586.81	$756.27	$756.27
41	$597.83	$770.47	$770.47
42	$608.39	$784.08	$784.08
43	$623.08	$803.01	$803.01
44	$641.45	$826.68	$826.68
45	$663.03	$854.50	$854.50
46	$688.74	$887.64	$887.64
47	$717.67	$924.92	$924.92
48	$750.73	$967.52	$967.52
49	$783.33	$1,009.54	$1,009.54
50	$820.06	$1,056.88	$1,056.88
51	$856.33	$1,103.63	$1,103.63
52	$896.28	$1,155.11	$1,155.11
53	$936.69	$1,207.18	$1,207.18
54	$980.31	$1,263.40	$1,263.40
55	$1,023.93	$1,319.62	$1,319.62
56	$1,071.22	$1,380.57	$1,380.57
57	$1,118.97	$1,442.11	$1,442.11
58	$1,169.94	$1,507.80	$1,507.80
59	$1,195.19	$1,540.34	$1,540.34
60	$1,246.16	$1,606.03	$1,606.03
61	$1,290.24	$1,662.84	$1,662.84
62	$1,319.17	$1,700.12	$1,700.12
63	$1,355.44	$1,746.87	$1,746.87
64 and over	$1,377.48	$1,775.27	$1,775.27

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

Age	Silver $4250	Flex HMO	Flex HMO CMG
0-14	$390.32	$529.88	$529.88
15	$425.02	$576.98	$576.98
16	$438.28	$594.99	$594.99
17	$451.55	$613.00	$613.00
18	$465.83	$632.39	$632.39
19	$480.12	$651.79	$651.79
20	$494.92	$671.87	$671.87
21	$510.22	$692.65	$692.65
22	$510.22	$692.65	$692.65
23	$510.22	$692.65	$692.65
24	$510.22	$692.65	$692.65
25	$512.26	$695.43	$695.43
26	$522.47	$709.28	$709.28
27	$534.71	$725.90	$725.90
28	$554.61	$752.92	$752.92
29	$570.94	$775.08	$775.08
30	$579.10	$786.16	$786.16
31	$591.35	$802.79	$802.79
32	$603.59	$819.41	$819.41
33	$611.25	$829.80	$829.80
34	$619.41	$840.88	$840.88
35	$623.49	$846.42	$846.42
36	$627.58	$851.96	$851.96
37	$631.66	$857.51	$857.51
38	$635.74	$863.05	$863.05
39	$643.90	$874.13	$874.13
40	$652.07	$885.21	$885.21
41	$664.31	$901.84	$901.84
42	$676.05	$917.77	$917.77
43	$692.37	$939.93	$939.93
44	$712.78	$967.64	$967.64
45	$736.76	$1,000.19	$1,000.19
46	$765.34	$1,038.98	$1,038.98
47	$797.48	$1,082.62	$1,082.62
48	$834.22	$1,132.49	$1,132.49
49	$870.44	$1,181.67	$1,181.67
50	$911.26	$1,237.08	$1,237.08
51	$951.57	$1,291.80	$1,291.80
52	$995.96	$1,352.06	$1,352.06
53	$1,040.86	$1,413.01	$1,413.01
54	$1,089.33	$1,478.82	$1,478.82
55	$1,137.80	$1,544.62	$1,544.62
56	$1,190.35	$1,615.96	$1,615.96
57	$1,243.42	$1,688.00	$1,688.00
58	$1,300.05	$1,764.88	$1,764.88
59	$1,328.11	$1,802.98	$1,802.98
60	$1,384.75	$1,879.86	$1,879.86
61	$1,433.73	$1,946.36	$1,946.36
62	$1,465.87	$1,990.00	$1,990.00
63	$1,506.18	$2,044.72	$2,044.72
64 and over	$1,530.66	$2,077.95	$2,077.95



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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