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Cigna Healthcare Small Group Q1 2026 Arizona Rate Sheet.

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

Q1 2026 Small Group Health Plan Rates | AZ | Rating Area I
(Mohave, Coconino, Apache, Navajo)

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$434.12	\$577.48	\$577.48
15	\$472.70	\$628.82	\$628.82
16	\$487.46	\$648.44	\$648.44
17	\$502.21	\$668.07	\$668.07
18	\$518.10	\$689.21	\$689.21
19	\$533.99	\$710.34	\$710.34
20	\$550.45	\$732.23	\$732.23
21	\$567.47	\$754.88	\$754.88
22	\$567.47	\$754.88	\$754.88
23	\$567.47	\$754.88	\$754.88
24	\$567.47	\$754.88	\$754.88
25	\$569.74	\$757.90	\$757.90
26	\$581.09	\$773.00	\$773.00
27	\$594.71	\$791.11	\$791.11
28	\$616.84	\$820.55	\$820.55
29	\$635.00	\$844.71	\$844.71
30	\$644.08	\$856.79	\$856.79
31	\$657.70	\$874.91	\$874.91
32	\$671.32	\$893.02	\$893.02
33	\$679.83	\$904.35	\$904.35
34	\$688.91	\$916.42	\$916.42
35	\$693.45	\$922.46	\$922.46
36	\$697.99	\$928.50	\$928.50
37	\$702.53	\$934.54	\$934.54
38	\$707.07	\$940.58	\$940.58
39	\$716.15	\$952.66	\$952.66
40	\$725.23	\$964.74	\$964.74
41	\$738.85	\$982.85	\$982.85
42	\$751.90	\$1,000.22	\$1,000.22
43	\$770.06	\$1,024.37	\$1,024.37
44	\$792.76	\$1,054.57	\$1,054.57
45	\$819.43	\$1,090.05	\$1,090.05
46	\$851.21	\$1,132.32	\$1,132.32
47	\$886.96	\$1,179.88	\$1,179.88
48	\$927.82	\$1,234.23	\$1,234.23
49	\$968.11	\$1,287.83	\$1,287.83
50	\$1,013.50	\$1,348.22	\$1,348.22
51	\$1,058.33	\$1,407.85	\$1,407.85
52	\$1,107.71	\$1,473.53	\$1,473.53
53	\$1,157.64	\$1,539.96	\$1,539.96
54	\$1,211.55	\$1,611.67	\$1,611.67
55	\$1,265.46	\$1,683.38	\$1,683.38
56	\$1,323.91	\$1,761.14	\$1,761.14
57	\$1,382.93	\$1,839.64	\$1,839.64
58	\$1,445.92	\$1,923.44	\$1,923.44
59	\$1,477.13	\$1,964.95	\$1,964.95
60	\$1,540.12	\$2,048.75	\$2,048.75
61	\$1,594.60	\$2,121.21	\$2,121.21
62	\$1,630.35	\$2,168.77	\$2,168.77
63	\$1,675.18	\$2,228.41	\$2,228.41
64 and over	\$1,702.41	\$2,264.64	\$2,264.64

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 2
(Yavapai)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$463.25	\$602.27	\$602.27
15	\$504.42	\$655.80	\$655.80
16	\$520.17	\$676.27	\$676.27
17	\$535.91	\$696.74	\$696.74
18	\$552.87	\$718.78	\$718.78
19	\$569.82	\$740.83	\$740.83
20	\$587.38	\$763.66	\$763.66
21	\$605.55	\$787.28	\$787.28
22	\$605.55	\$787.28	\$787.28
23	\$605.55	\$787.28	\$787.28
24	\$605.55	\$787.28	\$787.28
25	\$607.97	\$790.43	\$790.43
26	\$620.08	\$806.17	\$806.17
27	\$634.62	\$825.07	\$825.07
28	\$658.23	\$855.77	\$855.77
29	\$677.61	\$880.96	\$880.96
30	\$687.30	\$893.56	\$893.56
31	\$701.83	\$912.45	\$912.45
32	\$716.37	\$931.35	\$931.35
33	\$725.45	\$943.16	\$943.16
34	\$735.14	\$955.75	\$955.75
35	\$739.98	\$962.05	\$962.05
36	\$744.83	\$968.35	\$968.35
37	\$749.67	\$974.65	\$974.65
38	\$754.52	\$980.95	\$980.95
39	\$764.21	\$993.54	\$993.54
40	\$773.89	\$1,006.14	\$1,006.14
41	\$788.43	\$1,025.04	\$1,025.04
42	\$802.35	\$1,043.14	\$1,043.14
43	\$821.73	\$1,068.34	\$1,068.34
44	\$845.95	\$1,099.83	\$1,099.83
45	\$874.42	\$1,136.83	\$1,136.83
46	\$908.33	\$1,180.92	\$1,180.92
47	\$946.48	\$1,230.51	\$1,230.51
48	\$990.08	\$1,287.20	\$1,287.20
49	\$1,033.07	\$1,343.10	\$1,343.10
50	\$1,081.51	\$1,406.08	\$1,406.08
51	\$1,129.35	\$1,468.27	\$1,468.27
52	\$1,182.04	\$1,536.77	\$1,536.77
53	\$1,235.32	\$1,606.05	\$1,606.05
54	\$1,292.85	\$1,680.84	\$1,680.84
55	\$1,350.38	\$1,755.63	\$1,755.63
56	\$1,412.75	\$1,836.72	\$1,836.72
57	\$1,475.73	\$1,918.59	\$1,918.59
58	\$1,542.94	\$2,005.98	\$2,005.98
59	\$1,576.25	\$2,049.28	\$2,049.28
60	\$1,643.47	\$2,136.67	\$2,136.67
61	\$1,701.60	\$2,212.25	\$2,212.25
62	\$1,739.75	\$2,261.85	\$2,261.85
63	\$1,787.59	\$2,324.04	\$2,324.04
64 and over	\$1,816.65	\$2,361.83	\$2,361.83

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 3
(La Paz, Yuma)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$463.25	\$562.04	\$562.04
15	\$504.42	\$612.00	\$612.00
16	\$520.17	\$631.10	\$631.10
17	\$535.91	\$650.21	\$650.21
18	\$552.87	\$670.78	\$670.78
19	\$569.82	\$691.35	\$691.35
20	\$587.38	\$712.65	\$712.65
21	\$605.55	\$734.70	\$734.70
22	\$605.55	\$734.70	\$734.70
23	\$605.55	\$734.70	\$734.70
24	\$605.55	\$734.70	\$734.70
25	\$607.97	\$737.63	\$737.63
26	\$620.08	\$752.33	\$752.33
27	\$634.62	\$769.96	\$769.96
28	\$658.23	\$798.61	\$798.61
29	\$677.61	\$822.12	\$822.12
30	\$687.30	\$833.88	\$833.88
31	\$701.83	\$851.51	\$851.51
32	\$716.37	\$869.14	\$869.14
33	\$725.45	\$880.16	\$880.16
34	\$735.14	\$891.92	\$891.92
35	\$739.98	\$897.80	\$897.80
36	\$744.83	\$903.68	\$903.68
37	\$749.67	\$909.55	\$909.55
38	\$754.52	\$915.43	\$915.43
39	\$764.21	\$927.19	\$927.19
40	\$773.89	\$938.94	\$938.94
41	\$788.43	\$956.57	\$956.57
42	\$802.35	\$973.47	\$973.47
43	\$821.73	\$996.98	\$996.98
44	\$845.95	\$1,026.37	\$1,026.37
45	\$874.42	\$1,060.90	\$1,060.90
46	\$908.33	\$1,102.04	\$1,102.04
47	\$946.48	\$1,148.33	\$1,148.33
48	\$990.08	\$1,201.23	\$1,201.23
49	\$1,033.07	\$1,253.39	\$1,253.39
50	\$1,081.51	\$1,312.17	\$1,312.17
51	\$1,129.35	\$1,370.21	\$1,370.21
52	\$1,182.04	\$1,434.13	\$1,434.13
53	\$1,235.32	\$1,498.78	\$1,498.78
54	\$1,292.85	\$1,568.57	\$1,568.57
55	\$1,350.38	\$1,638.37	\$1,638.37
56	\$1,412.75	\$1,714.04	\$1,714.04
57	\$1,475.73	\$1,790.45	\$1,790.45
58	\$1,542.94	\$1,872.00	\$1,872.00
59	\$1,576.25	\$1,912.41	\$1,912.41
60	\$1,643.47	\$1,993.96	\$1,993.96
61	\$1,701.60	\$2,064.49	\$2,064.49
62	\$1,739.75	\$2,110.78	\$2,110.78
63	\$1,787.59	\$2,168.82	\$2,168.82
64 and over	\$1,816.65	\$2,204.09	\$2,204.09

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 4
(Maricopa)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$371.13	\$483.07	\$483.07
15	\$404.12	\$526.01	\$526.01
16	\$416.73	\$542.43	\$542.43
17	\$429.35	\$558.85	\$558.85
18	\$442.93	\$576.53	\$576.53
19	\$456.51	\$594.21	\$594.21
20	\$470.58	\$612.52	\$612.52
21	\$485.14	\$631.47	\$631.47
22	\$485.14	\$631.47	\$631.47
23	\$485.14	\$631.47	\$631.47
24	\$485.14	\$631.47	\$631.47
25	\$487.08	\$633.99	\$633.99
26	\$496.78	\$646.62	\$646.62
27	\$508.42	\$661.78	\$661.78
28	\$527.34	\$686.40	\$686.40
29	\$542.87	\$706.61	\$706.61
30	\$550.63	\$716.71	\$716.71
31	\$562.27	\$731.87	\$731.87
32	\$573.92	\$747.03	\$747.03
33	\$581.20	\$756.50	\$756.50
34	\$588.96	\$766.60	\$766.60
35	\$592.84	\$771.65	\$771.65
36	\$596.72	\$776.70	\$776.70
37	\$600.60	\$781.76	\$781.76
38	\$604.48	\$786.81	\$786.81
39	\$612.24	\$796.91	\$796.91
40	\$620.01	\$807.01	\$807.01
41	\$631.65	\$822.17	\$822.17
42	\$642.81	\$836.69	\$836.69
43	\$658.33	\$856.90	\$856.90
44	\$677.74	\$882.16	\$882.16
45	\$700.54	\$911.84	\$911.84
46	\$727.71	\$947.20	\$947.20
47	\$758.27	\$986.98	\$986.98
48	\$793.20	\$1,032.45	\$1,032.45
49	\$827.65	\$1,077.28	\$1,077.28
50	\$866.46	\$1,127.80	\$1,127.80
51	\$904.78	\$1,177.69	\$1,177.69
52	\$946.99	\$1,232.62	\$1,232.62
53	\$989.68	\$1,288.19	\$1,288.19
54	\$1,035.77	\$1,348.18	\$1,348.18
55	\$1,081.86	\$1,408.17	\$1,408.17
56	\$1,131.83	\$1,473.21	\$1,473.21
57	\$1,182.28	\$1,538.88	\$1,538.88
58	\$1,236.13	\$1,608.98	\$1,608.98
59	\$1,262.81	\$1,643.71	\$1,643.71
60	\$1,316.66	\$1,713.80	\$1,713.80
61	\$1,363.24	\$1,774.42	\$1,774.42
62	\$1,393.80	\$1,814.20	\$1,814.20
63	\$1,432.13	\$1,864.09	\$1,864.09
64 and over	\$1,455.41	\$1,894.40	\$1,894.40

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 5
(Pinal, Gila)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$376.38	\$483.49	\$483.49
15	\$409.83	\$526.47	\$526.47
16	\$422.63	\$542.90	\$542.90
17	\$435.42	\$559.34	\$559.34
18	\$449.19	\$577.03	\$577.03
19	\$462.97	\$594.73	\$594.73
20	\$477.24	\$613.06	\$613.06
21	\$492.00	\$632.02	\$632.02
22	\$492.00	\$632.02	\$632.02
23	\$492.00	\$632.02	\$632.02
24	\$492.00	\$632.02	\$632.02
25	\$493.96	\$634.55	\$634.55
26	\$503.80	\$647.19	\$647.19
27	\$515.61	\$662.36	\$662.36
28	\$534.80	\$687.00	\$687.00
29	\$550.54	\$707.23	\$707.23
30	\$558.42	\$717.34	\$717.34
31	\$570.22	\$732.51	\$732.51
32	\$582.03	\$747.68	\$747.68
33	\$589.41	\$757.16	\$757.16
34	\$597.28	\$767.27	\$767.27
35	\$601.22	\$772.33	\$772.33
36	\$605.16	\$777.38	\$777.38
37	\$609.09	\$782.44	\$782.44
38	\$613.03	\$787.49	\$787.49
39	\$620.90	\$797.61	\$797.61
40	\$628.77	\$807.72	\$807.72
41	\$640.58	\$822.89	\$822.89
42	\$651.90	\$837.42	\$837.42
43	\$667.64	\$857.65	\$857.65
44	\$687.32	\$882.93	\$882.93
45	\$710.44	\$912.63	\$912.63
46	\$738.00	\$948.03	\$948.03
47	\$768.99	\$987.84	\$987.84
48	\$804.42	\$1,033.35	\$1,033.35
49	\$839.35	\$1,078.22	\$1,078.22
50	\$878.71	\$1,128.78	\$1,128.78
51	\$917.57	\$1,178.71	\$1,178.71
52	\$960.38	\$1,233.70	\$1,233.70
53	\$1,003.67	\$1,289.32	\$1,289.32
54	\$1,050.41	\$1,349.36	\$1,349.36
55	\$1,097.15	\$1,409.40	\$1,409.40
56	\$1,147.83	\$1,474.50	\$1,474.50
57	\$1,199.00	\$1,540.23	\$1,540.23
58	\$1,253.61	\$1,610.38	\$1,610.38
59	\$1,280.67	\$1,645.14	\$1,645.14
60	\$1,335.28	\$1,715.30	\$1,715.30
61	\$1,382.51	\$1,775.97	\$1,775.97
62	\$1,413.51	\$1,815.79	\$1,815.79
63	\$1,452.38	\$1,865.72	\$1,865.72
64 and over	\$1,475.99	\$1,896.06	\$1,896.06

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 6
(Pima, Santa Cruz)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$318.39	\$407.67	\$407.67
15	\$346.69	\$443.91	\$443.91
16	\$357.51	\$457.76	\$457.76
17	\$368.33	\$471.62	\$471.62
18	\$379.98	\$486.54	\$486.54
19	\$391.64	\$501.46	\$501.46
20	\$403.71	\$516.91	\$516.91
21	\$416.19	\$532.90	\$532.90
22	\$416.19	\$532.90	\$532.90
23	\$416.19	\$532.90	\$532.90
24	\$416.19	\$532.90	\$532.90
25	\$417.86	\$535.03	\$535.03
26	\$426.18	\$545.69	\$545.69
27	\$436.17	\$558.48	\$558.48
28	\$452.40	\$579.26	\$579.26
29	\$465.72	\$596.32	\$596.32
30	\$472.38	\$604.84	\$604.84
31	\$482.37	\$617.63	\$617.63
32	\$492.36	\$630.42	\$630.42
33	\$498.60	\$638.42	\$638.42
34	\$505.26	\$646.94	\$646.94
35	\$508.59	\$651.20	\$651.20
36	\$511.92	\$655.47	\$655.47
37	\$515.25	\$659.73	\$659.73
38	\$518.58	\$663.99	\$663.99
39	\$525.24	\$672.52	\$672.52
40	\$531.89	\$681.05	\$681.05
41	\$541.88	\$693.84	\$693.84
42	\$551.46	\$706.09	\$706.09
43	\$564.77	\$723.15	\$723.15
44	\$581.42	\$744.46	\$744.46
45	\$600.98	\$769.51	\$769.51
46	\$624.29	\$799.35	\$799.35
47	\$650.51	\$832.92	\$832.92
48	\$680.48	\$871.29	\$871.29
49	\$710.03	\$909.13	\$909.13
50	\$743.32	\$951.76	\$951.76
51	\$776.20	\$993.86	\$993.86
52	\$812.41	\$1,040.22	\$1,040.22
53	\$849.03	\$1,087.12	\$1,087.12
54	\$888.57	\$1,137.74	\$1,137.74
55	\$928.11	\$1,188.37	\$1,188.37
56	\$970.98	\$1,243.26	\$1,243.26
57	\$1,014.26	\$1,298.68	\$1,298.68
58	\$1,060.46	\$1,357.83	\$1,357.83
59	\$1,083.35	\$1,387.14	\$1,387.14
60	\$1,129.55	\$1,446.29	\$1,446.29
61	\$1,169.50	\$1,497.45	\$1,497.45
62	\$1,195.72	\$1,531.02	\$1,531.02
63	\$1,228.60	\$1,573.12	\$1,573.12
64 and over	\$1,248.57	\$1,598.70	\$1,598.70

**Q1 2026 Small Group Health Plan Rates | AZ | Rating Area 7
(Graham, Greenlee, Cochise)**

Age	Silver \$4250	Flex HMO	Flex HMO CMG
0-14	\$353.80	\$477.18	\$477.18
15	\$385.24	\$519.59	\$519.59
16	\$397.27	\$535.81	\$535.81
17	\$409.29	\$552.03	\$552.03
18	\$422.24	\$569.50	\$569.50
19	\$435.19	\$586.96	\$586.96
20	\$448.60	\$605.05	\$605.05
21	\$462.48	\$623.76	\$623.76
22	\$462.48	\$623.76	\$623.76
23	\$462.48	\$623.76	\$623.76
24	\$462.48	\$623.76	\$623.76
25	\$464.33	\$626.26	\$626.26
26	\$473.58	\$638.73	\$638.73
27	\$484.68	\$653.70	\$653.70
28	\$502.71	\$678.03	\$678.03
29	\$517.51	\$697.99	\$697.99
30	\$524.91	\$707.97	\$707.97
31	\$536.01	\$722.94	\$722.94
32	\$547.11	\$737.91	\$737.91
33	\$554.05	\$747.27	\$747.27
34	\$561.45	\$757.25	\$757.25
35	\$565.15	\$762.24	\$762.24
36	\$568.85	\$767.23	\$767.23
37	\$572.55	\$772.22	\$772.22
38	\$576.25	\$777.21	\$777.21
39	\$583.65	\$787.19	\$787.19
40	\$591.05	\$797.17	\$797.17
41	\$602.15	\$812.14	\$812.14
42	\$612.78	\$826.49	\$826.49
43	\$627.58	\$846.45	\$846.45
44	\$646.08	\$871.40	\$871.40
45	\$667.82	\$900.71	\$900.71
46	\$693.72	\$935.64	\$935.64
47	\$722.85	\$974.94	\$974.94
48	\$756.15	\$1,019.85	\$1,019.85
49	\$788.99	\$1,064.14	\$1,064.14
50	\$825.99	\$1,114.04	\$1,114.04
51	\$862.52	\$1,163.32	\$1,163.32
52	\$902.76	\$1,217.59	\$1,217.59
53	\$943.46	\$1,272.48	\$1,272.48
54	\$987.39	\$1,331.73	\$1,331.73
55	\$1,031.33	\$1,390.99	\$1,390.99
56	\$1,078.96	\$1,455.24	\$1,455.24
57	\$1,127.06	\$1,520.11	\$1,520.11
58	\$1,178.40	\$1,589.35	\$1,589.35
59	\$1,203.83	\$1,623.66	\$1,623.66
60	\$1,255.17	\$1,692.89	\$1,692.89
61	\$1,299.56	\$1,752.77	\$1,752.77
62	\$1,328.70	\$1,792.07	\$1,792.07
63	\$1,365.24	\$1,841.35	\$1,841.35
64 and over	\$1,387.44	\$1,871.28	\$1,871.28



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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