

# Cigna Healthcare Medical and Pediatric Dental Plan

## Rate Sheet

Medical and Pediatric Dental rates applicable for Individual and Family Connect plan insurance policies with effective dates of January 1, 2024, to December 31, 2024.

### How to Determine the Medical Plan Premium (Rate)

1. In the Medical Rating Area Table, find the county your client resides in and the corresponding rating area.
2. Find the corresponding chart organized by the rating area, which is displayed in the top right corner.
3. In the first column of that page, find the row that corresponds to the age of the policyholder.
4. Find the column that identifies the plan your customer is interested in. The cell in which the policyholder's age intersects with the customer's plan is the monthly premium..
5. If there is more than one family member, locate the premium for their age(s) and then add all the premiums together.
6. If there are more than three children under the age of 21, see Medical Plan Rating Rules.
7. If there are children age 18 and under, Pediatric Dental will be added to the plan.
8. See Pediatric Dental Rating Rules to calculate the rate.

### Medical Plan Rating Rules

1. Medical rates apply to a maximum of three children under the age of 21.
2. Other rating rules (e.g., maximum dependent age, allowable relationships) vary by state. You can view state eligibility requirements on [Cigna.com](https://www.cigna.com)<sup>®</sup>, scroll down to select your state. On the state page, under "Policies, Disclosures, and Requirements," click on the link for "View Eligibility Requirements for Your State" on the right side.

### Medical Rating Area Table

COUNTY NAME	RATING AREA
Cook	Rating Area #1
Lake, McHenry	Rating Area #2
DuPage, Kane	Rating Area #3
Grundy, Kankakee, Kendall, Will	Rating Area #4

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### How to Determine the Pediatric Dental Plan Premium (Rate)

1. Note that the medical plan rate does not include the Pediatric Dental premium.
2. In the Pediatric Dental Rate Area Table, find the area your client resides in and the corresponding monthly rate. That is the monthly premium for one child or young adult.
3. Add rates for each child and young adult under the age of 19 for plans not sold on the Health Insurance Marketplace.
4. If there are more than three children under the age of 19, see Pediatric Dental Plan Rating Rules.

### Pediatric Dental Plan Rating Rules

for off-marketplace plans only

1. Pediatric Dental rates apply to a maximum of three children under the age of 19.
2. Only children and young adults under the age of 19 as of the policy effective date will receive and pay a premium for Pediatric Dental Essential Health Benefits.
3. **Max Rating Rule for Pediatric Dental:** The three child maximum rating rule will apply to the Pediatric Dental plans. The three oldest children under age 19 eligible for pediatric dental benefits will receive a dental rate.

### Pediatric Dental Rating Area Table

RATING AREA	MONTHLY RATES
Rating Area #1	\$29.00
Rating Area #2	\$29.00
Rating Area #3	\$29.00
Rating Area #4	\$29.00

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER 5000 Indiv Med Deductible	CONNECT SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay
0-14	\$241.96	\$255.64	\$236.77	\$236.21	\$271.04	\$270.15	\$267.31	\$313.44
15	\$263.46	\$278.36	\$257.81	\$257.20	\$295.13	\$294.16	\$291.07	\$341.30
16	\$271.69	\$287.05	\$265.86	\$265.23	\$304.34	\$303.34	\$300.15	\$351.96
17	\$279.91	\$295.74	\$273.91	\$273.26	\$313.56	\$312.52	\$309.24	\$362.61
18	\$288.77	\$305.10	\$282.57	\$281.90	\$323.48	\$322.41	\$319.02	\$374.08
19	\$297.62	\$314.45	\$291.24	\$290.55	\$333.40	\$332.30	\$328.80	\$385.55
20	\$306.79	\$324.14	\$300.21	\$299.50	\$343.67	\$342.54	\$338.94	\$397.44
21	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
22	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
23	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
24	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
25	\$317.55	\$335.51	\$310.74	\$310.00	\$355.72	\$354.55	\$350.82	\$411.37
26	\$323.87	\$342.19	\$316.93	\$316.18	\$362.80	\$361.61	\$357.80	\$419.56
27	\$331.46	\$350.21	\$324.36	\$323.59	\$371.31	\$370.08	\$366.19	\$429.40
28	\$343.80	\$363.24	\$336.43	\$335.63	\$385.12	\$383.86	\$379.82	\$445.38
29	\$353.92	\$373.93	\$346.33	\$345.51	\$396.46	\$395.16	\$391.00	\$458.49
30	\$358.98	\$379.28	\$351.28	\$350.45	\$402.13	\$400.81	\$396.59	\$465.04
31	\$366.57	\$387.30	\$358.71	\$357.86	\$410.63	\$409.28	\$404.98	\$474.88
32	\$374.16	\$395.32	\$366.14	\$365.27	\$419.14	\$417.76	\$413.36	\$484.71
33	\$378.91	\$400.33	\$370.78	\$369.90	\$424.45	\$423.05	\$418.60	\$490.86
34	\$383.97	\$405.68	\$375.73	\$374.84	\$430.12	\$428.70	\$424.19	\$497.41
35	\$386.50	\$408.35	\$378.21	\$377.31	\$432.96	\$431.53	\$426.99	\$500.69
36	\$389.03	\$411.03	\$380.68	\$379.78	\$435.79	\$434.35	\$429.79	\$503.97
37	\$391.56	\$413.70	\$383.16	\$382.25	\$438.62	\$437.18	\$432.58	\$507.24
38	\$394.09	\$416.37	\$385.64	\$384.72	\$441.46	\$440.01	\$435.38	\$510.52
39	\$399.15	\$421.72	\$390.59	\$389.66	\$447.13	\$445.66	\$440.97	\$517.08
40	\$404.21	\$427.07	\$395.54	\$394.60	\$452.80	\$451.31	\$446.56	\$523.63
41	\$411.80	\$435.09	\$402.97	\$402.01	\$461.30	\$459.78	\$454.94	\$533.47

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER 5000 Indiv Med Deductible	CONNECT SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay
42	\$419.07	\$442.77	\$410.09	\$409.11	\$469.45	\$467.90	\$462.98	\$542.89
43	\$429.20	\$453.47	\$419.99	\$418.99	\$480.79	\$479.20	\$474.16	\$556.00
44	\$441.85	\$466.83	\$432.37	\$431.35	\$494.96	\$493.33	\$488.14	\$572.39
45	\$456.71	\$482.54	\$446.92	\$445.86	\$511.61	\$509.93	\$504.56	\$591.65
46	\$474.42	\$501.25	\$464.25	\$463.15	\$531.45	\$529.70	\$524.13	\$614.59
47	\$494.35	\$522.31	\$483.75	\$482.60	\$553.77	\$551.95	\$546.14	\$640.41
48	\$517.12	\$546.37	\$506.03	\$504.83	\$579.28	\$577.37	\$571.30	\$669.91
49	\$539.58	\$570.09	\$528.01	\$526.75	\$604.44	\$602.45	\$596.11	\$699.00
50	\$564.88	\$596.82	\$552.77	\$551.46	\$632.78	\$630.70	\$624.06	\$731.78
51	\$589.87	\$623.22	\$577.22	\$575.85	\$660.77	\$658.60	\$651.67	\$764.14
52	\$617.38	\$652.30	\$604.14	\$602.71	\$691.59	\$689.32	\$682.07	\$799.79
53	\$645.22	\$681.70	\$631.38	\$629.88	\$722.77	\$720.39	\$712.81	\$835.85
54	\$675.26	\$713.45	\$660.78	\$659.21	\$756.43	\$753.94	\$746.01	\$874.77
55	\$705.31	\$745.20	\$690.18	\$688.55	\$790.09	\$787.49	\$779.20	\$913.70
56	\$737.89	\$779.61	\$722.06	\$720.35	\$826.58	\$823.86	\$815.19	\$955.90
57	\$770.78	\$814.37	\$754.25	\$752.46	\$863.43	\$860.59	\$851.53	\$998.51
58	\$805.89	\$851.46	\$788.61	\$786.73	\$902.76	\$899.79	\$890.32	\$1,043.99
59	\$823.28	\$869.84	\$805.63	\$803.72	\$922.24	\$919.21	\$909.54	\$1,066.52
60	\$858.39	\$906.93	\$839.98	\$837.99	\$961.57	\$958.41	\$948.32	\$1,112.00
61	\$888.75	\$939.01	\$869.69	\$867.63	\$995.58	\$992.31	\$981.87	\$1,151.34
62	\$908.68	\$960.07	\$889.19	\$887.08	\$1,017.91	\$1,014.55	\$1,003.88	\$1,177.15
63	\$933.67	\$986.47	\$913.64	\$911.48	\$1,045.90	\$1,042.45	\$1,031.48	\$1,209.52
64+	\$948.84	\$1,002.51	\$928.50	\$926.30	\$1,062.90	\$1,059.39	\$1,048.26	\$1,229.19

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	PLUS WITH NORTHWESTERN MEDICINE BRONZE 5000 Indiv Med Deductible - Rx Copay	PLUS BRONZE CMS Standard	PLUS WITH NORTHWESTERN MEDICINE SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 3000 Indiv Med Deductible - Rx Copay	PLUS SILVER CMS Standard	PLUS GOLD CMS Standard - Rx Copay
0-14	\$279.91	\$273.26	\$311.30	\$312.41	\$307.97	\$362.61
15	\$304.79	\$297.54	\$338.97	\$340.18	\$335.35	\$394.84
16	\$314.30	\$306.83	\$349.55	\$350.79	\$345.81	\$407.16
17	\$323.81	\$316.12	\$360.13	\$361.41	\$356.28	\$419.49
18	\$334.06	\$326.12	\$371.52	\$372.85	\$367.55	\$432.76
19	\$344.30	\$336.12	\$382.92	\$384.28	\$378.82	\$446.03
20	\$354.92	\$346.48	\$394.72	\$396.12	\$390.50	\$459.78
21	\$365.89	\$357.20	\$406.92	\$408.37	\$402.58	\$474.00
22	\$365.89	\$357.20	\$406.92	\$408.37	\$402.58	\$474.00
23	\$365.89	\$357.20	\$406.92	\$408.37	\$402.58	\$474.00
24	\$365.89	\$357.20	\$406.92	\$408.37	\$402.58	\$474.00
25	\$367.36	\$358.62	\$408.55	\$410.01	\$404.19	\$475.89
26	\$374.67	\$365.77	\$416.69	\$418.18	\$412.24	\$485.37
27	\$383.46	\$374.34	\$426.46	\$427.98	\$421.90	\$496.75
28	\$397.73	\$388.27	\$442.33	\$443.90	\$437.60	\$515.23
29	\$409.43	\$399.70	\$455.35	\$456.97	\$450.48	\$530.40
30	\$415.29	\$405.42	\$461.86	\$463.50	\$456.92	\$537.99
31	\$424.07	\$413.99	\$471.63	\$473.31	\$466.59	\$549.36
32	\$432.85	\$422.56	\$481.39	\$483.11	\$476.25	\$560.74
33	\$438.34	\$427.92	\$487.50	\$489.23	\$482.29	\$567.85
34	\$444.19	\$433.64	\$494.01	\$495.77	\$488.73	\$575.43
35	\$447.12	\$436.49	\$497.26	\$499.03	\$491.95	\$579.22
36	\$450.05	\$439.35	\$500.52	\$502.30	\$495.17	\$583.01
37	\$452.97	\$442.21	\$503.77	\$505.57	\$498.39	\$586.81
38	\$455.90	\$445.07	\$507.03	\$508.83	\$501.61	\$590.60
39	\$461.76	\$450.78	\$513.54	\$515.37	\$508.05	\$598.18
40	\$467.61	\$456.50	\$520.05	\$521.90	\$514.49	\$605.77
41	\$476.39	\$465.07	\$529.82	\$531.70	\$524.15	\$617.14

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	PLUS WITH NORTHWESTERN MEDICINE BRONZE 5000 Indiv Med Deductible - Rx Copay	PLUS BRONZE CMS Standard	PLUS WITH NORTHWESTERN MEDICINE SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 3000 Indiv Med Deductible - Rx Copay	PLUS SILVER CMS Standard	PLUS GOLD CMS Standard - Rx Copay
42	\$484.81	\$473.28	\$539.18	\$541.10	\$533.41	\$628.04
43	\$496.52	\$484.72	\$552.20	\$554.16	\$546.30	\$643.21
44	\$511.15	\$499.00	\$568.47	\$570.50	\$562.40	\$662.17
45	\$528.35	\$515.79	\$587.60	\$589.69	\$581.32	\$684.45
46	\$548.84	\$535.79	\$610.39	\$612.56	\$603.86	\$710.99
47	\$571.89	\$558.30	\$636.02	\$638.29	\$629.23	\$740.86
48	\$598.23	\$584.02	\$665.32	\$667.69	\$658.21	\$774.98
49	\$624.21	\$609.38	\$694.21	\$696.69	\$686.80	\$808.64
50	\$653.48	\$637.95	\$726.77	\$729.36	\$719.00	\$846.56
51	\$682.39	\$666.17	\$758.91	\$761.62	\$750.81	\$884.00
52	\$714.22	\$697.25	\$794.32	\$797.15	\$785.83	\$925.24
53	\$746.42	\$728.68	\$830.13	\$833.08	\$821.26	\$966.95
54	\$781.18	\$762.61	\$868.78	\$871.88	\$859.50	\$1,011.98
55	\$815.94	\$796.55	\$907.44	\$910.67	\$897.75	\$1,057.01
56	\$853.63	\$833.34	\$949.36	\$952.74	\$939.21	\$1,105.83
57	\$891.68	\$870.49	\$991.68	\$995.21	\$981.08	\$1,155.13
58	\$932.29	\$910.14	\$1,036.84	\$1,040.54	\$1,025.77	\$1,207.74
59	\$952.42	\$929.78	\$1,059.23	\$1,063.00	\$1,047.91	\$1,233.81
60	\$993.03	\$969.43	\$1,104.39	\$1,108.33	\$1,092.59	\$1,286.42
61	\$1,028.16	\$1,003.72	\$1,143.46	\$1,147.53	\$1,131.24	\$1,331.93
62	\$1,051.21	\$1,026.22	\$1,169.09	\$1,173.26	\$1,156.60	\$1,361.79
63	\$1,080.11	\$1,054.44	\$1,201.24	\$1,205.52	\$1,188.41	\$1,399.24
64+	\$1,097.67	\$1,071.59	\$1,220.76	\$1,225.11	\$1,207.73	\$1,421.99

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	PLUS BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay
0-14	\$241.96	\$255.64	\$279.91	\$236.77	\$236.21	\$273.26	\$271.04
15	\$263.46	\$278.36	\$304.79	\$257.81	\$257.20	\$297.54	\$295.13
16	\$271.69	\$287.05	\$314.30	\$265.86	\$265.23	\$306.83	\$304.34
17	\$279.91	\$295.74	\$323.81	\$273.91	\$273.26	\$316.12	\$313.56
18	\$288.77	\$305.10	\$334.06	\$282.57	\$281.90	\$326.12	\$323.48
19	\$297.62	\$314.45	\$344.30	\$291.24	\$290.55	\$336.12	\$333.40
20	\$306.79	\$324.14	\$354.92	\$300.21	\$299.50	\$346.48	\$343.67
21	\$316.28	\$334.17	\$365.89	\$309.50	\$308.77	\$357.20	\$354.30
22	\$316.28	\$334.17	\$365.89	\$309.50	\$308.77	\$357.20	\$354.30
23	\$316.28	\$334.17	\$365.89	\$309.50	\$308.77	\$357.20	\$354.30
24	\$316.28	\$334.17	\$365.89	\$309.50	\$308.77	\$357.20	\$354.30
25	\$317.55	\$335.51	\$367.36	\$310.74	\$310.00	\$358.62	\$355.72
26	\$323.87	\$342.19	\$374.67	\$316.93	\$316.18	\$365.77	\$362.80
27	\$331.46	\$350.21	\$383.46	\$324.36	\$323.59	\$374.34	\$371.31
28	\$343.80	\$363.24	\$397.73	\$336.43	\$335.63	\$388.27	\$385.12
29	\$353.92	\$373.93	\$409.43	\$346.33	\$345.51	\$399.70	\$396.46
30	\$358.98	\$379.28	\$415.29	\$351.28	\$350.45	\$405.42	\$402.13
31	\$366.57	\$387.30	\$424.07	\$358.71	\$357.86	\$413.99	\$410.63
32	\$374.16	\$395.32	\$432.85	\$366.14	\$365.27	\$422.56	\$419.14
33	\$378.91	\$400.33	\$438.34	\$370.78	\$369.90	\$427.92	\$424.45
34	\$383.97	\$405.68	\$444.19	\$375.73	\$374.84	\$433.64	\$430.12
35	\$386.50	\$408.35	\$447.12	\$378.21	\$377.31	\$436.49	\$432.96
36	\$389.03	\$411.03	\$450.05	\$380.68	\$379.78	\$439.35	\$435.79
37	\$391.56	\$413.70	\$452.97	\$383.16	\$382.25	\$442.21	\$438.62
38	\$394.09	\$416.37	\$455.90	\$385.64	\$384.72	\$445.07	\$441.46
39	\$399.15	\$421.72	\$461.76	\$390.59	\$389.66	\$450.78	\$447.13
40	\$404.21	\$427.07	\$467.61	\$395.54	\$394.60	\$456.50	\$452.80
41	\$411.80	\$435.09	\$476.39	\$402.97	\$402.01	\$465.07	\$461.30

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	PLUS BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay
42	\$419.07	\$442.77	\$484.81	\$410.09	\$409.11	\$473.28	\$469.45
43	\$429.20	\$453.47	\$496.52	\$419.99	\$418.99	\$484.72	\$480.79
44	\$441.85	\$466.83	\$511.15	\$432.37	\$431.35	\$499.00	\$494.96
45	\$456.71	\$482.54	\$528.35	\$446.92	\$445.86	\$515.79	\$511.61
46	\$474.42	\$501.25	\$548.84	\$464.25	\$463.15	\$535.79	\$531.45
47	\$494.35	\$522.31	\$571.89	\$483.75	\$482.60	\$558.30	\$553.77
48	\$517.12	\$546.37	\$598.23	\$506.03	\$504.83	\$584.02	\$579.28
49	\$539.58	\$570.09	\$624.21	\$528.01	\$526.75	\$609.38	\$604.44
50	\$564.88	\$596.82	\$653.48	\$552.77	\$551.46	\$637.95	\$632.78
51	\$589.87	\$623.22	\$682.39	\$577.22	\$575.85	\$666.17	\$660.77
52	\$617.38	\$652.30	\$714.22	\$604.14	\$602.71	\$697.25	\$691.59
53	\$645.22	\$681.70	\$746.42	\$631.38	\$629.88	\$728.68	\$722.77
54	\$675.26	\$713.45	\$781.18	\$660.78	\$659.21	\$762.61	\$756.43
55	\$705.31	\$745.20	\$815.94	\$690.18	\$688.55	\$796.55	\$790.09
56	\$737.89	\$779.61	\$853.63	\$722.06	\$720.35	\$833.34	\$826.58
57	\$770.78	\$814.37	\$891.68	\$754.25	\$752.46	\$870.49	\$863.43
58	\$805.89	\$851.46	\$932.29	\$788.61	\$786.73	\$910.14	\$902.76
59	\$823.28	\$869.84	\$952.42	\$805.63	\$803.72	\$929.78	\$922.24
60	\$858.39	\$906.93	\$993.03	\$839.98	\$837.99	\$969.43	\$961.57
61	\$888.75	\$939.01	\$1,028.16	\$869.69	\$867.63	\$1,003.72	\$995.58
62	\$908.68	\$960.07	\$1,051.21	\$889.19	\$887.08	\$1,026.22	\$1,017.91
63	\$933.67	\$986.47	\$1,080.11	\$913.64	\$911.48	\$1,054.44	\$1,045.90
64+	\$948.84	\$1,002.51	\$1,097.67	\$928.50	\$926.30	\$1,071.59	\$1,062.90



# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER CMS Standard	PLUS SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay	PLUS GOLD CMS Standard - Rx Copay
0-14	\$270.15	\$311.30	\$312.41	\$267.31	\$307.97	\$313.44	\$362.61
15	\$294.16	\$338.97	\$340.18	\$291.07	\$335.35	\$341.30	\$394.84
16	\$303.34	\$349.55	\$350.79	\$300.15	\$345.81	\$351.96	\$407.16
17	\$312.52	\$360.13	\$361.41	\$309.24	\$356.28	\$362.61	\$419.49
18	\$322.41	\$371.52	\$372.85	\$319.02	\$367.55	\$374.08	\$432.76
19	\$332.30	\$382.92	\$384.28	\$328.80	\$378.82	\$385.55	\$446.03
20	\$342.54	\$394.72	\$396.12	\$338.94	\$390.50	\$397.44	\$459.78
21	\$353.13	\$406.92	\$408.37	\$349.42	\$402.58	\$409.73	\$474.00
22	\$353.13	\$406.92	\$408.37	\$349.42	\$402.58	\$409.73	\$474.00
23	\$353.13	\$406.92	\$408.37	\$349.42	\$402.58	\$409.73	\$474.00
24	\$353.13	\$406.92	\$408.37	\$349.42	\$402.58	\$409.73	\$474.00
25	\$354.55	\$408.55	\$410.01	\$350.82	\$404.19	\$411.37	\$475.89
26	\$361.61	\$416.69	\$418.18	\$357.80	\$412.24	\$419.56	\$485.37
27	\$370.08	\$426.46	\$427.98	\$366.19	\$421.90	\$429.40	\$496.75
28	\$383.86	\$442.33	\$443.90	\$379.82	\$437.60	\$445.38	\$515.23
29	\$395.16	\$455.35	\$456.97	\$391.00	\$450.48	\$458.49	\$530.40
30	\$400.81	\$461.86	\$463.50	\$396.59	\$456.92	\$465.04	\$537.99
31	\$409.28	\$471.63	\$473.31	\$404.98	\$466.59	\$474.88	\$549.36
32	\$417.76	\$481.39	\$483.11	\$413.36	\$476.25	\$484.71	\$560.74
33	\$423.05	\$487.50	\$489.23	\$418.60	\$482.29	\$490.86	\$567.85
34	\$428.70	\$494.01	\$495.77	\$424.19	\$488.73	\$497.41	\$575.43
35	\$431.53	\$497.26	\$499.03	\$426.99	\$491.95	\$500.69	\$579.22
36	\$434.35	\$500.52	\$502.30	\$429.79	\$495.17	\$503.97	\$583.01
37	\$437.18	\$503.77	\$505.57	\$432.58	\$498.39	\$507.24	\$586.81
38	\$440.01	\$507.03	\$508.83	\$435.38	\$501.61	\$510.52	\$590.60

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 5000 Indiv Med Deductible	PLUS WITH NORTHWESTERN MEDICINE SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER CMS Standard	PLUS SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay	PLUS GOLD CMS Standard - Rx Copay
39	\$445.66	\$513.54	\$515.37	\$440.97	\$508.05	\$517.08	\$598.18
40	\$451.31	\$520.05	\$521.90	\$446.56	\$514.49	\$523.63	\$605.77
41	\$459.78	\$529.82	\$531.70	\$454.94	\$524.15	\$533.47	\$617.14
42	\$467.90	\$539.18	\$541.10	\$462.98	\$533.41	\$542.89	\$628.04
43	\$479.20	\$552.20	\$554.16	\$474.16	\$546.30	\$556.00	\$643.21
44	\$493.33	\$568.47	\$570.50	\$488.14	\$562.40	\$572.39	\$662.17
45	\$509.93	\$587.60	\$589.69	\$504.56	\$581.32	\$591.65	\$684.45
46	\$529.70	\$610.39	\$612.56	\$524.13	\$603.86	\$614.59	\$710.99
47	\$551.95	\$636.02	\$638.29	\$546.14	\$629.23	\$640.41	\$740.86
48	\$577.37	\$665.32	\$667.69	\$571.30	\$658.21	\$669.91	\$774.98
49	\$602.45	\$694.21	\$696.69	\$596.11	\$686.80	\$699.00	\$808.64
50	\$630.70	\$726.77	\$729.36	\$624.06	\$719.00	\$731.78	\$846.56
51	\$658.60	\$758.91	\$761.62	\$651.67	\$750.81	\$764.14	\$884.00
52	\$689.32	\$794.32	\$797.15	\$682.07	\$785.83	\$799.79	\$925.24
53	\$720.39	\$830.13	\$833.08	\$712.81	\$821.26	\$835.85	\$966.95
54	\$753.94	\$868.78	\$871.88	\$746.01	\$859.50	\$874.77	\$1,011.98
55	\$787.49	\$907.44	\$910.67	\$779.20	\$897.75	\$913.70	\$1,057.01
56	\$823.86	\$949.36	\$952.74	\$815.19	\$939.21	\$955.90	\$1,105.83
57	\$860.59	\$991.68	\$995.21	\$851.53	\$981.08	\$998.51	\$1,155.13
58	\$899.79	\$1,036.84	\$1,040.54	\$890.32	\$1,025.77	\$1,043.99	\$1,207.74
59	\$919.21	\$1,059.23	\$1,063.00	\$909.54	\$1,047.91	\$1,066.52	\$1,233.81
60	\$958.41	\$1,104.39	\$1,108.33	\$948.32	\$1,092.59	\$1,112.00	\$1,286.42
61	\$992.31	\$1,143.46	\$1,147.53	\$981.87	\$1,131.24	\$1,151.34	\$1,331.93
62	\$1,014.55	\$1,169.09	\$1,173.26	\$1,003.88	\$1,156.60	\$1,177.15	\$1,361.79
63	\$1,042.45	\$1,201.24	\$1,205.52	\$1,031.48	\$1,188.41	\$1,209.52	\$1,399.24
64+	\$1,059.39	\$1,220.76	\$1,225.11	\$1,048.26	\$1,207.73	\$1,229.19	\$1,421.99

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER 5000 Indiv Med Deductible	CONNECT SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay
0-14	\$241.96	\$255.64	\$236.77	\$236.21	\$271.04	\$270.15	\$267.31	\$313.44
15	\$263.46	\$278.36	\$257.81	\$257.20	\$295.13	\$294.16	\$291.07	\$341.30
16	\$271.69	\$287.05	\$265.86	\$265.23	\$304.34	\$303.34	\$300.15	\$351.96
17	\$279.91	\$295.74	\$273.91	\$273.26	\$313.56	\$312.52	\$309.24	\$362.61
18	\$288.77	\$305.10	\$282.57	\$281.90	\$323.48	\$322.41	\$319.02	\$374.08
19	\$297.62	\$314.45	\$291.24	\$290.55	\$333.40	\$332.30	\$328.80	\$385.55
20	\$306.79	\$324.14	\$300.21	\$299.50	\$343.67	\$342.54	\$338.94	\$397.44
21	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
22	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
23	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
24	\$316.28	\$334.17	\$309.50	\$308.77	\$354.30	\$353.13	\$349.42	\$409.73
25	\$317.55	\$335.51	\$310.74	\$310.00	\$355.72	\$354.55	\$350.82	\$411.37
26	\$323.87	\$342.19	\$316.93	\$316.18	\$362.80	\$361.61	\$357.80	\$419.56
27	\$331.46	\$350.21	\$324.36	\$323.59	\$371.31	\$370.08	\$366.19	\$429.40
28	\$343.80	\$363.24	\$336.43	\$335.63	\$385.12	\$383.86	\$379.82	\$445.38
29	\$353.92	\$373.93	\$346.33	\$345.51	\$396.46	\$395.16	\$391.00	\$458.49
30	\$358.98	\$379.28	\$351.28	\$350.45	\$402.13	\$400.81	\$396.59	\$465.04
31	\$366.57	\$387.30	\$358.71	\$357.86	\$410.63	\$409.28	\$404.98	\$474.88
32	\$374.16	\$395.32	\$366.14	\$365.27	\$419.14	\$417.76	\$413.36	\$484.71
33	\$378.91	\$400.33	\$370.78	\$369.90	\$424.45	\$423.05	\$418.60	\$490.86
34	\$383.97	\$405.68	\$375.73	\$374.84	\$430.12	\$428.70	\$424.19	\$497.41
35	\$386.50	\$408.35	\$378.21	\$377.31	\$432.96	\$431.53	\$426.99	\$500.69
36	\$389.03	\$411.03	\$380.68	\$379.78	\$435.79	\$434.35	\$429.79	\$503.97
37	\$391.56	\$413.70	\$383.16	\$382.25	\$438.62	\$437.18	\$432.58	\$507.24
38	\$394.09	\$416.37	\$385.64	\$384.72	\$441.46	\$440.01	\$435.38	\$510.52

# Cigna Healthcare Medical Plan

## Rate Sheet

Monthly rates for insurance policies with effective dates of January 1, 2024, through December 31, 2024.

AGE	CONNECT BRONZE 5000 Indiv Med Deductible - Rx Copay	CONNECT BRONZE 0 Indiv Med Deductible	CONNECT BRONZE 6500 Indiv Med Deductible Enhanced Diabetes Care	CONNECT BRONZE CMS Standard	CONNECT SILVER 3000 Indiv Med Deductible - Rx Copay	CONNECT SILVER 5000 Indiv Med Deductible	CONNECT SILVER CMS Standard	CONNECT GOLD CMS Standard - Rx Copay
39	\$399.15	\$421.72	\$390.59	\$389.66	\$447.13	\$445.66	\$440.97	\$517.08
40	\$404.21	\$427.07	\$395.54	\$394.60	\$452.80	\$451.31	\$446.56	\$523.63
41	\$411.80	\$435.09	\$402.97	\$402.01	\$461.30	\$459.78	\$454.94	\$533.47
42	\$419.07	\$442.77	\$410.09	\$409.11	\$469.45	\$467.90	\$462.98	\$542.89
43	\$429.20	\$453.47	\$419.99	\$418.99	\$480.79	\$479.20	\$474.16	\$556.00
44	\$441.85	\$466.83	\$432.37	\$431.35	\$494.96	\$493.33	\$488.14	\$572.39
45	\$456.71	\$482.54	\$446.92	\$445.86	\$511.61	\$509.93	\$504.56	\$591.65
46	\$474.42	\$501.25	\$464.25	\$463.15	\$531.45	\$529.70	\$524.13	\$614.59
47	\$494.35	\$522.31	\$483.75	\$482.60	\$553.77	\$551.95	\$546.14	\$640.41
48	\$517.12	\$546.37	\$506.03	\$504.83	\$579.28	\$577.37	\$571.30	\$669.91
49	\$539.58	\$570.09	\$528.01	\$526.75	\$604.44	\$602.45	\$596.11	\$699.00
50	\$564.88	\$596.82	\$552.77	\$551.46	\$632.78	\$630.70	\$624.06	\$731.78
51	\$589.87	\$623.22	\$577.22	\$575.85	\$660.77	\$658.60	\$651.67	\$764.14
52	\$617.38	\$652.30	\$604.14	\$602.71	\$691.59	\$689.32	\$682.07	\$799.79
53	\$645.22	\$681.70	\$631.38	\$629.88	\$722.77	\$720.39	\$712.81	\$835.85
54	\$675.26	\$713.45	\$660.78	\$659.21	\$756.43	\$753.94	\$746.01	\$874.77
55	\$705.31	\$745.20	\$690.18	\$688.55	\$790.09	\$787.49	\$779.20	\$913.70
56	\$737.89	\$779.61	\$722.06	\$720.35	\$826.58	\$823.86	\$815.19	\$955.90
57	\$770.78	\$814.37	\$754.25	\$752.46	\$863.43	\$860.59	\$851.53	\$998.51
58	\$805.89	\$851.46	\$788.61	\$786.73	\$902.76	\$899.79	\$890.32	\$1,043.99
59	\$823.28	\$869.84	\$805.63	\$803.72	\$922.24	\$919.21	\$909.54	\$1,066.52
60	\$858.39	\$906.93	\$839.98	\$837.99	\$961.57	\$958.41	\$948.32	\$1,112.00
61	\$888.75	\$939.01	\$869.69	\$867.63	\$995.58	\$992.31	\$981.87	\$1,151.34
62	\$908.68	\$960.07	\$889.19	\$887.08	\$1,017.91	\$1,014.55	\$1,003.88	\$1,177.15
63	\$933.67	\$986.47	\$913.64	\$911.48	\$1,045.90	\$1,042.45	\$1,031.48	\$1,209.52
64+	\$948.84	\$1,002.51	\$928.50	\$926.30	\$1,062.90	\$1,059.39	\$1,048.26	\$1,229.19