



State of Connecticut - Office of the State Comptroller

Healthcare Policy & Benefit Services Division

July 2024 - June 2025 Full (100%) Dental Insurance Rates

Administered By

CIGNA

Plan Name	Class Coverage	Monthly Dental Rate
Basic Dental Plan	Employee Only	\$40.83
	Employee +1	\$124.53
	Family	\$124.53
Enhanced Dental Plan	Employee Only	\$34.49
	Employee +1	\$105.19
	Family	\$105.19
Dental HMO	Employee Only	\$22.73
	Employee +1	\$50.01
	Family	\$61.37
Judges Plan	Employee Only	\$42.67
	Employee +1	\$129.72
	Family	\$129.72
Total Care DHMO	Employee Only	\$28.36
	Employee +1	\$62.39
	Family	\$76.57