



State of Connecticut - Office of the State Comptroller
Healthcare Policy & Benefit Services Division
2024 - 2025 COBRA Dental Insurance Rates

Administered By

CIGNA

	Class Coverage	Monthly COBRA Rate
Basic Dental Plan	Employee Only	\$41.65
	Employee +1	\$127.02
	Family	\$127.02
Enhanced Dental Plan	Employee Only	\$35.18
	Employee +1	\$107.29
	Family	\$107.29
Dental HMO	Employee Only	\$23.18
	Employee +1	\$51.01
	Family	\$62.60
Judges Plan	Employee Only	\$43.52
	Employee +1	\$132.31
	Family	\$132.31
Total Care DHMO	Employee Only	\$28.93
	Employee +1	\$63.64
	Family	\$78.10