



State of Connecticut - Office of the State Comptroller
Healthcare Policy & Benefit Services Division
2023 - 2024 COBRA Dental Insurance Rates

Administered By

CIGNA

**Class
Coverage**

**Monthly
COBRA Rate**

Basic Dental Plan	Employee Only	\$40.53
	Employee +1	\$123.63
	Family	\$123.63
Enhanced Dental Plan	Employee Only	\$34.24
	Employee +1	\$104.44
	Family	\$104.44
Dental HMO	Employee Only	\$23.18
	Employee +1	\$51.01
	Family	\$62.60
Judges Plan	Employee Only	\$42.36
	Employee +1	\$128.78
	Family	\$128.78
Total Care DHMO	Employee Only	\$28.93
	Employee +1	\$63.64
	Family	\$78.10