State of Connecticut - Office of the State Comptroller

Healthcare Policy & Benefit Services Division

July 2026 - June 2027 Biweekly Dental Insurance Rates

Administered By
CIGNA

		Total Monthly Premium	Monthly State Share	Monthly Employee Share	BW State Share	BW Employee Share
Basic Dental Plan	Employee Only	$41.47	$41.47	$0.00	$19.14	$0.00
	Employee +1	$126.48	$100.98	$25.50	$46.61	$11.77
	Family	$126.48	$100.98	$25.50	$46.61	$11.77
	FLES	$85.01	$71.95	$13.06	$33.21	$6.03
Enhanced Dental Plan	Employee Only	$40.61	$40.61	$0.00	$18.74	$0.00
	Employee +1	$123.86	$98.88	$24.98	$45.64	$11.53
	Family	$123.86	$98.88	$24.98	$45.64	$11.53
	FLES	$83.25	$70.46	$12.79	$32.52	$5.90
Dental HMO - Closed to New Enrollments	Employee Only	$24.59	$24.59	$0.00	$11.35	$0.00
	Employee +1	$54.10	$45.25	$8.85	$20.88	$4.08
	Family	$66.39	$53.85	$12.54	$24.85	$5.79
	FLES	$41.80	$36.64	$5.16	$16.91	$2.38
Judges Plan	Employee Only	$43.33	$41.47	$1.86	$19.14	$0.86
	Employee +1	$131.72	$100.98	$30.74	$46.61	$14.19
	Family	$131.72	$100.98	$30.74	$46.61	$14.19
	FLES	$88.39	$71.95	$16.44	$33.21	$7.59
Total Care DHMO	Employee Only	$30.67	$30.67	$0.00	$14.16	$0.00
	Employee +1	$67.47	$56.43	$11.04	$26.04	$5.10
	Family	$82.81	$67.17	$15.64	$31.00	$7.22
	FLES	$52.14	$45.70	$6.44	$21.09	$2.97