State of Connecticut - Office of the State Comptroller

Healthcare Policy & Benefit Services Division

2026 - 2027 COBRA Dental Insurance Rates

Administered By **CIGNA**	**Class Coverage**	**Monthly COBRA Rate**
Basic Dental Plan	Employee Only	$42.30
	Employee +1	$129.01
	Family	$129.01
Enhanced Dental Plan	Employee Only	$41.42
	Employee +1	$126.34
	Family	$126.34
Dental HMO - Closed to New Enrollments	Employee Only	$25.08
	Employee +1	$55.18
	Family	$67.72
Judges Plan	Employee Only	$44.20
	Employee +1	$134.35
	Family	$134.35
Total Care DHMO	Employee Only	$31.28
	Employee +1	$68.82
	Family	$84.47