



**State of Connecticut - Office of the State Comptroller**  
**Healthcare Policy & Benefit Services Division**  
**2025 - 2026 COBRA Dental Insurance Rates**

Administered By

**CIGNA**

	<b>Class Coverage</b>	<b>Monthly COBRA Rate</b>
Basic Dental Plan	Employee Only	\$41.07
	Employee +1	\$125.25
	Family	\$125.25
Enhanced Dental Plan	Employee Only	\$40.22
	Employee +1	\$122.67
	Family	\$122.67
Dental HMO - Closed to New Enrollments	Employee Only	\$24.11
	Employee +1	\$53.05
	Family	\$65.11
Judges Plan	Employee Only	\$42.91
	Employee +1	\$130.45
	Family	\$130.45
Total Care DHMO	Employee Only	\$30.08
	Employee +1	\$66.18
	Family	\$81.21