



**State of Connecticut - Office of the State Comptroller**  
**Healthcare Policy & Benefit Services Division**  
**2020 - 2021 COBRA Dental Insurance Rates**

Administered By

**CIGNA**

	<b>Class Coverage</b>	<b>Monthly COBRA Rate</b>
Basic Dental Plan	Employee Only	\$39.94
	Employee +1	\$121.83
	Family	\$121.83
Enhanced Dental Plan	Employee Only	\$34.41
	Employee +1	\$104.97
	Family	\$104.97
Dental HMO	Employee Only	\$23.69
	Employee +1	\$52.13
	Family	\$63.97
Judges Plan	Employee Only	\$41.75
	Employee +1	\$126.92
	Family	\$126.92