



State of Connecticut - Office of the State Comptroller

Healthcare Policy & Benefit Services Division

July 2023 - June 2024 Full (100%) Dental Insurance Rates

Administered By

CIGNA

Plan Name	Class Coverage	Monthly Dental Rate	BiWeekly Dental Rate
Basic Dental Plan	Employee Only	\$39.74	\$18.34
	Employee +1	\$121.21	\$55.94
	Family	\$121.21	\$55.94
Enhanced Dental Plan	Employee Only	\$33.57	\$15.49
	Employee +1	\$102.39	\$47.26
	Family	\$102.39	\$47.26
Dental HMO	Employee Only	\$22.73	\$10.49
	Employee +1	\$50.01	\$23.08
	Family	\$61.37	\$28.32
Judges Plan	Employee Only	\$41.53	\$19.17
	Employee +1	\$126.25	\$58.27
	Family	\$126.25	\$58.27
Total Care DHMO	Employee Only	\$28.36	\$13.09
	Employee +1	\$62.39	\$28.80
	Family	\$76.57	\$35.34