



**State of Connecticut - Office of the State Comptroller**  
**Healthcare Policy & Benefit Services Division**  
**2018 - 2019 COBRA Dental Insurance Rates**

Administered By

**CIGNA**

|                      | <b>Class Coverage</b> | <b>Monthly COBRA Rate</b> |
|----------------------|-----------------------|---------------------------|
| Basic Dental Plan    | Employee Only         | \$51.03                   |
|                      | Employee +1           | \$155.64                  |
|                      | Family                | \$155.64                  |
| Enhanced Dental Plan | Employee Only         | \$43.97                   |
|                      | Employee +1           | \$134.12                  |
|                      | Family                | \$134.12                  |
| Dental HMO           | Employee Only         | \$29.62                   |
|                      | Employee +1           | \$65.17                   |
|                      | Family                | \$79.98                   |
| Judges Plan          | Employee Only         | \$53.35                   |
|                      | Employee +1           | \$162.17                  |
|                      | Family                | \$162.17                  |