

Medical Plans

Monthly Medical Premium Contributions for Non-Medicare-Eligible Coverage

NON
MEDICARE
RETIREES
2025 - 2026

Coverage Level	Quality First Select Access* (State BlueCare Prime Tiered POS)	Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G Plus])	Standard Access (State BlueCare Point of Enrollment [POE])	Expanded Access (State BlueCare Point of Service [POS])	Anthem State Preferred POS**	Anthem Out-of-Area
Group 1: Retirement date prior to July 1999						
1 person	\$0	\$0	\$0	\$0	\$0	\$0
2 persons	\$0	\$0	\$0	\$0	\$0	\$0
3+ persons	\$0	\$0	\$0	\$0	\$0	\$0
Group 2: Retirement date 7/1/99 – 5/1/09, and those under the 2009 RIP						
1 person	\$22.06	\$0	\$0	\$23.11	\$24.60	\$0
2 persons	\$48.53	\$0	\$0	\$50.84	\$54.11	\$0
3+ persons	\$59.55	\$0	\$0	\$62.40	\$66.41	\$0
Group 3: Retirement date 6/1/09 – 10/1/11						
1 person	\$22.06	\$0	\$0	\$23.11	\$24.60	\$0
2 persons	\$48.53	\$0	\$0	\$50.84	\$54.11	\$0
3+ persons	\$59.55	\$0	\$0	\$62.40	\$66.41	\$0
Group 4: Retirement date 10/2/11 – 10/1/17						
1 person	\$22.06	\$0	\$0	\$23.11	\$24.60	\$0
2 persons	\$48.53	\$0	\$0	\$50.84	\$54.11	\$0
3+ persons	\$59.55	\$0	\$0	\$62.40	\$66.41	\$0
Group 5: Retirement date 10/2/17 – 7/1/2022; 25 or more years of service OR hazardous duty						
1 person	\$21.44	\$0	\$0	\$22.01	\$23.45	\$0
2 persons	\$47.16	\$0	\$0	\$48.41	\$51.60	\$0
3+ persons	\$57.88	\$0	\$0	\$59.42	\$63.33	\$0
Group 6: Retirement date 10/2/17 – 7/1/2022; fewer than 25 years of service OR non-hazardous duty						
1 person	\$42.87	\$21.38	\$21.58	\$44.01	\$46.91	\$23.45
2 persons	\$94.32	\$47.04	\$47.48	\$96.83	\$103.20	\$51.60
3+ persons	\$115.76	\$57.74	\$58.27	\$118.83	\$126.65	\$63.33
Group 8: Retirement date August 1, 2022 or later; hazardous duty						
1 person	\$42.87	\$42.77	\$43.16	\$44.01	\$46.91	\$46.91
2 persons	\$94.32	\$94.09	\$94.96	\$96.83	\$103.20	\$103.20
3+ persons	\$115.76	\$115.47	\$116.54	\$118.83	\$126.65	\$126.65
Group 9: Retirement date August 1, 2022 or later; non-hazardous duty						
1 person	\$71.46	\$71.28	\$71.94	\$73.35	\$78.18	\$78.18
2 persons	\$157.21	\$156.81	\$158.27	\$161.38	\$171.99	\$171.99
3+ persons	\$192.94	\$192.45	\$194.24	\$198.06	\$211.08	\$211.08

*The Quality First Select Access plan is only available to employees (and their dependents) who live in Connecticut.

** Closed to new enrollment

Dental Plans

2025
2026

Monthly Dental Premium Contributions for Non-Medicare-Eligible Coverage

You'll pay for the cost of dental coverage through deductions from your monthly pension check. Your premium contribution depends on the dental plan you choose, your retirement date and the number of covered individuals. Cigna is the administrator for all State of Connecticut dental plans.

Closed to new enrollments;
the Total Care DHMO Plan
offers better coverage and
lower costs

Coverage Level	Total Care DHMO Plan	Enhanced Plan	Basic Plan	Dental Care DHMO Plan
All Retirement Groups				
1 person	\$30.33	\$40.12	\$43.10	\$24.32
2 persons	\$66.72	\$80.24	\$86.21	\$53.50
3+ persons	\$81.89	\$80.24	\$86.21	\$65.66