

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
2024**

**EXECUTIVE & NON-EXEMPT
PRE-MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

Retiree Cost per Month

Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*	Monthly Amount **Hire Date Prior to 1/1/2010	Monthly Amount **Hire Date on or after 1/1/2010 with 20 or more years of service	Monthly Amount **Hire Date on or after 1/1/2014 with 20 or more years of service	Monthly Amount **Hire Date on or after 1/1/2010 with less than 20 years of service
Retiree	\$247.08	\$429.71	\$805.71	\$1,074.28
Retiree + 1	\$832.59	\$1,074.31	\$2,014.34	\$2,685.78
Retiree + Family	\$1,203.24	\$1,504.04	\$2,820.08	\$3,760.11

DENTAL PLAN

Retiree Cost Per Month

Eligible Retiree/Surviving Spouse*	Monthly Amount
Retiree	\$40.39
Retiree + 1	\$82.12
Retiree + Family	\$108.85

***Eligibility extends only to spouse to whom employee is married at time of retirement.**

****For active employees: Review contract for applicable contribution percentage of the prevailing premium based on hire date and years of service.**