

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
2026**

**ELECTRICIANS  
PRE-MEDICARE RETIREE HEALTH PLAN**

**CITY OF AURORA COMPREHENSIVE HEALTH PLAN**

**Retiree Cost per Month (PPO)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount **Hire Date Prior to 1/1/2011</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with less than 20 years of service</b>
<b>Retiree</b>	\$265.56	\$442.60	\$1,106.51
<b>Retiree + 1</b>	\$829.91	\$1,106.54	\$2,766.35
<b>Retiree + Family</b>	\$1,239.33	\$1,549.16	\$3,872.91

**Retiree Cost per Month (HMO)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount **Hire Date Prior to 1/1/2011</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with less than 20 years of service</b>
<b>Retiree</b>	\$220.91	\$368.18	\$920.44
<b>Retiree + 1</b>	\$543.95	\$725.27	\$1,813.17
<b>Retiree + Family</b>	\$861.47	\$1,076.83	\$2,692.08

**Retiree Cost per Month (HDHP)**

<b>Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*</b>	<b>Monthly Amount **Hire Date Prior to 1/1/2011</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with 20 or more years of service</b>	<b>Monthly Amount **Hire Date on or after 1/1/2011 with less than 20 years of service</b>
<b>Retiree</b>	\$156.19	\$260.31	\$650.79
<b>Retiree + 1</b>	\$488.13	\$650.83	\$1,627.09
<b>Retiree + Family</b>	\$728.90	\$911.12	\$2,277.81

## DENTAL PLAN

### Retiree Cost Per Month

Eligible Retiree/Surviving Spouse*	Monthly Amount
<b>Retiree</b>	\$40.39
<b>Retiree + 1</b>	\$82.12
<b>Retiree + Family</b>	\$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.**

## VISION UPGRADE PLAN

### Retiree Cost Per Month (HMO ONLY)

Eligible Retiree/Surviving Spouse *	Monthly Amount
<b>Retiree</b>	\$17.76
<b>Retiree + 1</b>	\$44.40
<b>Retiree + Family</b>	\$62.16

*\*The above vision upgrade plan is for HMO plan members only or those planning on being in the HMO plan.*

*The vision benefits above are already included in the PPO & HDHP (HSA) plans.*

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