

**CITY OF AURORA
GROUP HEALTH/DENTAL PREMIUMS
2020**

**AFSCME LOCAL 1514
PRE MEDICARE RETIREE HEALTH PLAN**

CITY OF AURORA COMPREHENSIVE HEALTH PLAN

Retiree Cost per Month

Eligible Retiree/Surviving Spouse/Medicare Supplemental Coverage*	Monthly Amount
Retiree	\$ 194.74
Retiree + 1	\$ 656.20
Retiree + Family	\$ 948.33

DENTAL PLAN

Retiree Cost Per Month

Eligible Retiree/Surviving Spouse*	2020 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: Check contract for applicable contribution percentage of the prevailing premium based on hire date and years of service.