

**CITY OF AURORA  
GROUP HEALTH/DENTAL PREMIUMS  
C.O.B.R.A.  
2025**

**HEALTH PLAN**

**CITY OF AURORA  
COMPREHENSIVE HEALTH PLANS OR  
HMO ILLINOIS**

**C.O.B.R.A. Monthly Premiums**

	<b>PPO</b>	<b>VALUE HSA</b>	<b>HMO</b>
<b>Single</b>	\$928.13	\$545.87	\$ 772.08
<b>Employee + Child(ren)</b>	\$1,855.72	\$1,091.77	\$1,459.52
<b>Employee + Spouse</b>	\$2,320.38	\$1,364.77	\$1,520.91
<b>Family</b>	\$3,248.55	\$1,910.59	\$2,258.16

**DENTAL PLAN**

**C.O.B.R.A. Monthly Premiums**

<b>Single</b>	\$ 41.20
<b>Employee + 1</b>	\$ 83.76
<b>Family</b>	\$111.03