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

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

DENTAL PLAN

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

Single	$ 41.20
Employee + 1	$ 83.76
Family	$111.03